Agenda Report



2725 Judge Fran Jamieson Way Viera, FL 32940

New Business - Community Services Group

J.1. 11/12/2024

Subject:

Approval, Re: Tourist Development Council FY 2024-2025 Marketing Support Program recommendations.

Fiscal Impact:

FY 2024-2025: \$805,000, Marketing Fund 1441.

Dept/Office:

Tourism Development Office

Requested Action:

It is requested the Board of County Commissioners approve the Tourist Development Council's recommendation to approve funding for the following FY 2024-2025 Marketing Support Program applications listed.

CULTURAL - measured by out-of-county attendance:

- Thunder on Cocoa Beach \$50,000
- Cocoa Beach Air Show \$50,000
- Maxwell King Center \$25,000
- Space Coast State Fair \$25,000*
- Merritt Island Wildlife Refuge \$20,000
- Museum of Dinosaurs \$20,000
- Brevard Regional Arts Group/Henegar Center \$20,000
- Titusville Playhouse \$20,000
- Brevard Renaissance Fair \$20,000
- Valiant Air Command \$20,000
- Beach 'n Boards \$20,000
- American Police Hall of Fame \$15,000

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- Wizard of Oz Museum \$15,000
- Cocoa Village Main Street \$15,000
- Cocoa Beach Main Street \$15,000
- Cape Canaveral Lighthouse \$15,000
- Melbourne Main Street \$15,000*
- US Space Walk of Fame Foundation \$15,000
- Brevard Symphony Orchestra \$15,000
- Harry T. & Harriette V. Moore Cultural Complex \$15,000
- Cocoa Village Playhouse \$15,000
- Florida Surf Museum \$15,000
- Space Coast Symphony Orchestra \$15,000
- City of Palm Bay \$15,000

SPORTS - measured by room nights:

- Space Coast Spring Softball Games \$25,000
- Bless the Babies Bowl \$25,000
- Florida Marathon \$20,000
- Cocoa Beach Half Marathon \$5,000*
- Space Coast Clash Soccer \$20,000
- C1N 7v7 National Championship \$15,000
- Cocoa Beach Spring Training \$15,000
- Cocoa Beach Triathlon \$15,000
- Softball Magazine Spring Training \$15,000
- Central Brevard Soccer Hurricane Classic \$15,000
- Central Brevard Soccer Winter Classic \$15,000
- Space Coast Cup \$15,000
- Columbia Classic Golf \$15,000
- ESA Surf Contest \$15,000

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- Moon Golf Invitational \$15,000
- Softball Magazine Seniors \$15,000
- USA Beach Running \$15,000
- Moon Golf Jr. All-Star \$15,000
- Florida Cup Juniors Soccer \$15,000
- Florida Cup Soccer \$15,000

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

Additionally, request authority for the Director, Tourism Development Office to negotiate and sign all necessary notice of awards, agreements, budget change requests, and related documents to support the grants upon County Attorney and Risk Management approval. It is also requested to authorize the County Manager to execute necessary budget change requests.

Summary Explanation and Background:

The Marketing Support Program is designed to provide marketing support to events and year-round programming for eligible Cultural and Sports organizations. For qualified events or year-round programming, the Marketing Support Program will provide out-of-county advertising and marketing by the Tourism Development Office and/or defray the cost of renting event venues or facilities operated by Brevard County, or in the case of a sports event that does not require out-of-county advertising and marketing, a sponsorship will be available in the amount of the eligible funding. The program is reviewed by the Tourist Development Council and administered by the Tourism Development Office. The program promotes events and year-round programming for tourists to attend high-quality cultural and/or sports events in order to generate significant economic impact through participant spending.

The Tourist Development Council at their October 23, 2024 meeting unanimously recommended the Board approve funding for the listed FY 2024-2025 Marketing Support Program applications, as well as make the necessary legislative findings for each grant listed above.

The FY 2024-2025 Marketing Support Program requires each application to reach the minimum of 5,001 out-of -county attendees measured by the TDO or 200 verified room nights. Forty-four (44) applications have been

^{*}Events occurred or started before Board approval, will support future events.

11/12/2024 J.1.

recommended for approval by the TDC. All of them met the minimum out-of-county attendees or room nights to qualify for eligibility for support in the program.

The funding tiers of the FY 2024-2025 Criteria, Section 6.0 Available Funds are as follows: applications that attract 5,001-10,000 out-of- county attendees (200-1,000 room nights) are eligible for up to \$15,000; 10,001-25,000 out-of-county attendees (1,001-1,500 room nights) are eligible for up to \$20,000; 25,001-50,000 out-of -county attendees (1,501+ room nights) are eligible for up to \$25,000; and 50,001+ out-of-county attendees are eligible for up to \$50,000. Total support requests for all approved applications for the FY 2024-2025 Marketing Support Program amount to \$805,000.

Clerk to the Board Instructions:

Please return a memo of the Board's action to the Director, Tourism Development Office and County Attorney's Office.



FLORIDA'S SPACE COAST

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

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



November 13, 2024

MEMORANDUM

TO: Peter Cranis, Tourism Development Director

RE: Item J.1., Tourist Development Council FY 2024-2025 Marketing Support Program

Recommendations

The Board of County Commissioners, in regular session on November 12, 2024, tabled the Tourist Development Council FY 2024-2025 marketing support program recommendations until the Board has scheduled a workshop to give the applicants the opportunity to attend and present their cases; and authorized those falling in the interim, between now and such time when the decision is made by the Board, be eligible for retroactive reimbursement of marketing funds.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS

RACHEL M. SADOFF, CLERK

Kimberly Powell, Clerk to the Board

/ds

cc: Each Commissioner

County Manager
County Attorney

SCGTV Finance Budget

Marketing Support Program FY 2024-25

| Cultural Events | 2024 OOC# | Marketing Support | |
|--------------------------------------|-----------|-------------------|--------|
| Thunder on Cocoa Beach | 75,883 | \$50,000 | |
| Cocoa Beach Air Show | 62,141 | \$50,000 | |
| Maxwell King Center | 32,918 | \$25,000 | |
| Space Coast State Fair | 25,020 | \$25,000 | |
| Merritt Island Wildlife Refuge | 24,583 | \$20,000 | |
| Museum of Dinosaurs | 21,450 | \$20,000 | |
| Brevard Regional Arts Group/Henegar | 21,070 | \$20,000 | |
| Titusville Playhouse | 16,520 | \$20,000 | |
| Renaissance Fair | 16,333 | \$20,000 | |
| Valiant Air Command | 14,290 | \$20,000 | |
| Beach n' Boards | 13,520 | \$20,000 | |
| American Police Hall of Fame | 098'6 | \$15,000 | |
| Wizard of Oz Museum | 9,640 | \$15,000 | |
| Cocoa Village Main Street | 7,087 | \$15,000 | |
| Cocoa Beach Main Street | 6,716 | \$15,000 | |
| Cape Canaveral Lighthouse | 6,500 | \$15,000 | |
| Melbourne Main Street | 6,011 | \$15,000 | * |
| US Space Walk of Fame Foundation | 5,891 | \$15,000 | |
| Brevard Symphony Orchestra | 5,470 | \$15,000 | |
| Moore Center | 5,355 | \$15,000 | |
| Cocoa Village Playhouse | 5,292 | \$15,000 | |
| Florida Surf Museum (Surfing Santas) | 5,289 | \$15,000 | |
| Space Coast Symphony Orchestra | 5,184 | \$15,000 | |
| City of Palm Bay | 5,148 | \$15,000 | |
| | | | *Event |
| | | \$485,000 | |

*Event occurred prior to approval

\$15,000 \$15,000

\$20,000

1,011

\$5,000

\$15,000

1,000 1,000 820 578

\$15,000 \$15,000

200 200

Central Brevard Soccer Hurricane Classic Inv. Central Brevard Soccer Winter Classic Inv.

Space Coast Cup Soccer Inv.

Columbia Classic Golf Inv.

ESA Surf - open Moon Golf Inv.

Softball Mag Spring Training - open

Cocoa Beach Triathlon - open

Cocoa Beach Spring Training - open

C1N 7 v 7 National Champ. Inv.

Space Coast Clash Soccer Inv.

Cocoa Beach Half Marathon - open

\$15,000

2023 Room Nights | Marketing Support

\$25,000

2,000 1,272 1,163

7,496

Space Coast Spring Games Softball Inv.

Sports Events

Bless the Babies Bowl Inv.

Florida Marathon - open

\$20,000

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

\$805,000

Total Awards

\$15,000 \$15,000 \$15,000

434 428 294 285 250

Florida Cup Juniors Soccer Inv.

Florida Cup Soccer Inv.

Moon Golf Jr. All-star Inv.

Softball Mag Seniors - open USA Beach Running - open \$15,000

\$15,000

\$15,000

\$15,000

453 453 \$320,000

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



BREVARD COUNTY TOURISM DEVELOPMENT OFFICE

Criteria

MARKETING SUPPORT PROGRAM

Fiscal Year 2024-2025

MARKETING SUPPORT PROGRAM Fiscal Year 2024-2025

1.0 INTRODUCTION & BACKGROUND

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

The Marketing Support Program will provide support to events and year-round programming. The Tourist Development Council, and the Board of County Commissioners will review and approve the final support amounts. Funds will be allocated from Fund 1446 Cultural Fund and 1441 Marketing Fund to support the program. For qualified events or year-round programming, the Marketing Support Program will provide out-of-county advertising and marketing by the TDO and/or defray the cost of renting event venues or facilities operated by Brevard County or in the case of a sports event that does not require out-of-county advertising and marketing a sponsorship will be available in the amount of eligible funding as designated in Section 6.0. Organizations must meet or exceed the event criteria to receive this support and events must occur between October 1, 2024, and September 30, 2025.

2.0 STATEMENT OF APPLICANT RESPONSIBILITY

Please read this entire document carefully.

The Tourism Development Office (TDO) will review the submitted questionnaires when the deadline closes to determine if the questionnaire is complete and has met the criteria for support. If the request is deemed eligible and has met all the criteria, support will be awarded according to the Support Amount Tier in Section 6.0. The Support Amount Tier is determined by out-of-county attendance (or room nights as determined by the Tourism Development Office) for events and year-round programming. Once the eligibility level has been determined, the organization will be notified. The event organizer/organization is bound by these Criteria and the County's Terms and Conditions. If the event is canceled or postponed and the event already received support, the organization may be restricted for applying for support in future years. Incomplete or incorrect requests will not be accepted and will not be considered for support. Organizer/organizations must comply with deadlines set by TDO staff for submitting event information and assets or support will not be able to be provided. Questionnaires that arrive after the due date will not be reviewed or considered. If you have any questions, please contact Deborah Webster at Deborah.Webster@VisitSpaceCoast.com.

3.0 ANTI-LOBBYING

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

4.0 PROCESS AND KEY DATES

The FY 2024-2025 Marketing Support Program will provide out-of-county advertising/marketing support for qualified events or year-round programing and/or defray the costs of renting event venues or facilities operated by Brevard County or in the case of a sports event that does not require out-of-county advertising/marketing a sponsorship will be available in the amount of eligible funding as designated in Section 6.0. Organizations must meet or exceed the event criteria to receive this support and events must occur between October 1, 2024, and September 30, 2025.

| September 26, 2024 | FY 2024-2025 questionnaire window opens |
|-----------------------|--|
| September 26, 2024 | FY 2024-2025 non mandatory Information meeting |
| October 11, 2024 | FY 2024-2025 questionnaire window closes |
| October 14 – 25, 2024 | Staff reviews questionnaire, out-of-county attendance, amount of marketing support is determined & communicated to applicants. |
| November 13, 2024 | TDC for recommendations |
| December 3, 2024 | BoCC for final approval |
| September 30, 2025 | Program ends and final reports due |
| | |

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

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

5.0 ELIGIBILITY

The primary purpose of the Marketing Support Program is to promote Brevard County as an event destination and to attract out-of-county visitors. For qualified events or year-round programming, the Marketing Support Program will provide out-of-county advertising and marketing by the TDO and/or defray the cost of renting event venues or facilities operated by Brevard County or in the case of a sports event that does not require out-of-county advertising and marketing, a sponsorship will be available in the amount of eligible funding as designated in Section 6.0. These events/year-round activities can be categorized as the following:

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

To qualify for the FY 2024-2025 Marketing Support Program, the event/year-round programming must meet <u>all</u> of the following criteria:

- 1. In order to be eligible for the FY 2024-2025 cycle, organizations must complete and submit a FY 2024-2025 Marketing Support Program questionnaire.
- 2. Each event/year-round programming should attract a minimum of 5,001 out-of-county attendees (or 200 room nights evidenced by room night reports from hotels), measured by the TDO.
- 3. The event/year-round programming must have at least (1) year of prior event/year-round programming experience for measurement.
- 4. Events/year-round programming must be held at an ADA-compliant facility and must be conducted in compliance with current ADA guidelines.
- 5. All events/year-round programming supported by the Brevard County Board of County Commissioners must be suitable for viewing by people of all ages and non-political in nature.
- 6. Marketing and other support will be given in preference to organizations operated in Brevard County before those outside of Brevard County.

Organizations may submit only one questionnaire per event.

To be considered for this program, the event/year-round programming <u>must</u> be held in-person with in-person attendees, with the goal of attracting out-of-county visitors to Brevard County. Virtual events or media outlets will not qualify for this support. To be considered for this support at least 5,001 attendees must be from out-of-county (or 200 room nights). The out-of-county attendee measurement shall be conducted by TDO staff as a combined effort of an online tracking tool and/or organization's verified ticketing system.

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

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

6.0 AVAILABLE FUNDS

Funds may be available for the fiscal year 2024-2025 Marketing Support Program to support events/year-round programming in Brevard County that attract out-of-county visitors. This program is on an annual cycle only.

For <u>FY 2024-2025</u> the Marketing Support Program will provide up to \$600,000, or available unincumbered funds, whichever is lower, from the Cultural Fund (1446) (funds to be moved into the 1441 Marketing Fund). Also, up to \$240,000 may be used from 1441 Marketing Fund in addition.

Support Amount Tiers

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

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

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

<u>Category #1</u> - For qualified events or year-round programming, the Marketing Support Program will provide out-of-county advertising and marketing by the TDO staff. TDO staff will select, place and pay for advertising/marketing for organizations as determined by Support Amount Tiers above.

<u>Category #2</u> – For qualified events or year-round programming, the Marketing Support Program will defray the cost of renting event venues or facilities operated by Brevard County. TDO staff will coordinate and pay on behalf of organizations for support amount as determined by Support Amount Tiers above based on projected room nights and TDO staff analysis.

<u>Category #3</u> — For qualified sports events that do not require out-of-county advertising and marketing (i.e. invitationals, championships, all-stars, etc.) a sponsorship will be available in the amount of eligible funding as designated in Section 6.0 based on projected room nights and TDO staff analysis. Sponsorship funding will be contingent on room night production and inclusion in marketing materials. This will be coordinated by the TDO staff and the organization.

The TDO Marketing staff will select media partners and place out-of-county advertising and marketing for each eligible organization as per the Support Amount Tier table above. TDO staff will execute a plan and purchase appropriate advertising and marketing up to the awarded support amount. TDO staff will coordinate with the organizations that wish to utilize the option to defray rental costs for event venue or facilities operated by Brevard County and/or those eligible for the sports sponsorship.

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

Organizations/organizers must cooperate with TDO staff and meet all deadlines for receiving requested items, if organizations/organizers do not supply item by the deadline there is no guarantee of full marketing support. Support is contingent on event organizer supplying requested event information to TDO 90 days prior to the event date. The TDO will work with the organizers, gain approvals, and execute plan 60 days before the event. See Section 6.0 for detail on the Support Amount Tier packages.

7.0 QUESTIONNAIRE SUBMITTAL PROCEDURES

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

A non-mandatory information meeting will be conducted at 1pm for Cultural and at 2pm for Sports on September 26, 2024, you are welcome to join in both times. The questionnaire deadline is no later than 5pm EST on October 11, 2024, to be considered for support. If you have questions about the questionnaire or program, please make them in writing to Deborah Webster

at Deborah. Webster@VisitSpaceCoast.com until the application deadline.

CULTURAL

Topic: Marketing Support Program - Cultural Time: Sep 26, 2024 01:00 PM Eastern Time (US and Canada)

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

Meeting ID: 836 6415 7419

SPORTS

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

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

Meeting ID: 814 1266 1215

8.0 EVALUATION CRITERIA AND APPROVAL PROCESS

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

- 1. Questionnaires must be submitted by the deadline; no later arrivals will be accepted.
- 2. Questionnaires must be complete and contain all required information.
- 3. Questionnaires are for eligible events/year-round programming only.
- 4. Questionnaires must meet the minimum out-of-county visitor requirements.
- 5. TDO staff will review the questionnaires for eligibility and have direction and authority to disqualify those who do not meet the minimum requirements.
- 6. TDO staff will create a worksheet listing all received questionnaires who meet the minimum requirements and eligibility. Support amounts will be assigned to each organization as per Section 6.0 Available Funds.

7. Eligible questionnaires will be sent to the Tourist Development Council and the Board of County Commissioners for review and approval of recommended funding levels. The Board of County Commissioners may choose to increase or decrease the amount recommended by the TDC.

9.0 REPORTING REQUIREMENTS

For <u>FY 2024-2025</u> cycle applicants are required to complete <u>one</u> final event report. Applicants will be provided a reporting link to complete the final report by 30 days after the completed event or by September 30, 2025.

10.0 CREDIT & LOGO

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

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

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

11.0 TERMS & CONDITIONS

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

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

This program is contingent upon the availability of applicable tourist development tax funds and subject to any limitations provided by Section 125.0104(5)(a)3., Florida Statutes, and Section 102-119(3)a, (5), and (6) of the Brevard County Code, as either may be amended from time to

time. Should funds no longer be available, the COUNTY shall provide written notice to the AWARDEE. This program and funding is not a lien, either legal or equitable, on any of the COUNTY's non-tourist development related revenues.

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

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

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

I. Legal Responsibilities and Waiver of Trial by Jury

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

AWARDEE agrees to comply with all federal, state and local laws, and is responsible for any and all permits, fees, and licenses necessary to perform the event or activity. Nothing in this support

shall be construed as a waiver by COUNTY of any requirements for local permits, fees, and licenses.

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

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

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

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

II. Indemnification and Hold Harmless

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

III. Assignment of Agreement

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

IV. Insurance

If you are awarded support under this program, you will be required to procure and maintain, at your own expense and without cost to the COUNTY, a General Commercial Liability Insurance policy with a \$1,000,000 combined single limit for each occurrence to include personal injury, contractual liability covering the project performed pursuant to the program, including errors and omissions coverage upon TDO request. Depending on the event sponsored, the TDO may require additional insurance. Award recipients shall provide TDO staff with a Certificate of Insurance (COI) prior to October 1, 2024, for year-round programming and 30 days prior the event beginning. The insurance coverage enumerated above constitutes the minimum requirements and shall in no way lessen or limit the liability of grantee under the terms of the Grant. The following items are required of each COI;

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

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

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

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

requirements have been met prior to the commencement of work under this program.

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

VI. Termination

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

VII. Right to Audit Records

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

VIII. Scrutinized Companies

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

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

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

with business operations in Cuba or Syria during the term of the program.

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

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

IX. Public Records Disclosures

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

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

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

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

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

X. Notices

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

COUNTY:

Brevard County Tourism Development Office c/o Executive Director 150 Cocoa Isles Blvd.
Cocoa Beach, Florida 32931

Phone: (321) 433-4470

AWARDEE:

Contact information listed on AWARDEE's application.

XI. Foreign Disclosures

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

For TDO use: PROJECT #- C3-E



Peter Cranis, Executive Director

Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| e Coast Super Boat LLC |
|------------------------|
| der on Cocoa Beach |
| |

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

| All documents h | nave been submitted, reviewed and/or addressed in the comments. | |
|-----------------|---|--|
| Cranis, Peter | Digitally signed by Crans, Peter Date 2024 tig.17 1051:23-0400* | |
| | | |

| Response ID: | 26 Data |
|--------------|---------|
|--------------|---------|

| 2 | (Lun | +i+i | eď | ١ |
|----|------|-------|----|---|
| 4. | uil | ititu | cu | J |

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



Signature of: Kerry Bartlett

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Space Coast Super Boat LLC

Organization address

950 Mullet Rd

State

Florida

City

Cape Canaveral

Zip

32920

Primary contact name

Kerry Bartlett

Primary contact phone number

3218635228

Primary contact email

kerrybartlett@beachlinemarine.com

Secondary contact name

Mike Schwarz

Secondary contact phone number

407-460-7443

Secondary contact email

fishlipsbar@aol.com

Organization website address

www.spacecoastsuperboat.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

80-0656667

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Thunder On Cocoa Beach

Event website address (if different from organization website)

www.thunderoncocoabeach.com

Event location

Port, Cape Canaveral, Cocoa Beach

9. (untitled)

8. What is the first date of your event?

05/15/2025

10. (untitled)

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

4

11. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Radio

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

Social hashtags

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

TV/Video

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook: Thunder on Cocoa Beach Offshore Race

Instagram: Thunderoncocoabeach

14. (untitled)

12. What hashtags do you use?

#powerboatp1

15. (untitled)

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

Out-of-county advertising/marketing support

Defray rental costs for venues and/or facilities operated by Brevard County

16. (untitled)

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

Billboards

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Radio

Social media post

TV/Video

Website/blog

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

smtp@flhsi.net_2024sunbiz.pdf

20. (untitled)

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

smtp@flhsi.net_2024sunbiz.pdf

21. (untitled)

17. Upload your completed Checklist.

tdc_checklist.pdf

22. (untitled)

18.

ATTESTATION

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

Signature of: Kerry Bartlett

23. Thank You!

New Send Email

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



September 14, 2010

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

Re: Document Number L10000040324

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

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

Gina McLeod Regulatory Specialist II Division of Corporations

Letter Number: 910A00021798

www.sunbiz.org

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



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company SPACE COAST SUPER BOAT, LLC

Filing Information

Document Number

L10000040324

FEI/EIN Number

80-0656667

Date Filed

04/14/2010

Effective Date

04/12/2010

State

FL

Status

ACTIVE

Last Event

REINSTATEMENT

Event Date Filed

02/11/2013

Principal Address

950 MULLET RD

CAPE CANAVERAL, FL 32920

Changed: 09/13/2010

Mailing Address

950 MULLET RD

CAPE CANAVERAL, FL 32920

Changed: 09/13/2010

Registered Agent Name & Address

BARTLETT, KERRY D 950 MULLET RD

CAPE CANAVERAL, FL 32920

Name Changed: 09/13/2010

Address Changed: 09/13/2010 Authorized Person(s) Detail

For TDO use: PROJECT #- C17-E



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: _ | B. Lilley Productions | |
|--------------------------------|-----------------------|--|
| Applicant Event Name: | Cocoa Beach Air Show | |

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

| All documents have | la a a sa a cola maiste a al | -automod and/ | ar addraccad in | the comments |
|--------------------|------------------------------|----------------|------------------|---------------|
| All aocuments nave | peen suomittea. | reviewea ana/a | or adaressed iii | the comments. |
| | | | | |

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

Peter Cranis, Executive Director

FY 2024-2025 Warketing Support Program application

Response ID:49 Data

2. (untitled)

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



Signature of: Kyle J. Smith

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

B. Lilley Productions

Organization address

5700 N. Harbor City Blvd #280

State

FL

City

Melbourne

Zip

32940

Primary contact name

Kyle Smith

Primary contact phone number

320-699-0470

Primary contact email

kyle@blilley.com

Secondary contact name

Bryan Lilley

Secondary contact phone number

321-368-3808

Secondary contact email

bryan@blilley.com

Organization website address

air.show

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

42-2408756

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Cocoa Beach Air Show

Event website address (if different from organization website)

cocoabeachairshow.com

Event location

Lori Wilson Park, Cocoa Beach

9. (untitled)

8. What is the first date of your event?

07/12/2025

10. (untitled)

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

2

11. (untitled)

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

Digital advertising (banner ads, etc.)

Radio

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

Social hashtags

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

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : airdotshow Instagram : airdotshow YouTube : airdotshow

14. (untitled)

12. What hashtags do you use?

#airdotshow #cocoabeachairshow

15. (untitled)

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

Out-of-county advertising/marketing support

Defray rental costs for venues and/or facilities operated by Brevard County

16. (untitled)

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

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

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

ConvertTiffToPDF.pdf

20. (untitled)

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

BLP24-Sunbiz.pdf

21. (untitled)

17. Upload your completed Checklist.

Checklist.pdf

22. (untitled)

18.

ATTESTATION

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



Signature of: Kyle J. Smith

23. Thank You!

New Send Email

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

Electronic Articles of Organization For Florida Limited Liability Company

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

Article I

The name of the Limited Liability Company is: B. LILLEY PRODUCTIONS, LLC

Article II

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

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

The mailing address of the Limited Liability Company is:

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

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

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

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

Registered Agent Signature: BRYAN S. LILLEY

Article V

The name and address of managing members/managers are:

Title: MGR BRYAN S LILLEY 301 NORTH ATLANTIC AVENUE #205 COCOA BEACH, FL. 32931 US L11000038514 FILED 8:00 AM March 31, 2011 Sec. Of State Isellers

Signature of member or an authorized representative of a member

Electronic Signature: BRYAN S. LILLEY

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



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company B. LILLEY PRODUCTIONS, LLC

Filing Information

Document Number

L11000038514

FEI/EIN Number

45-2408756

Date Filed

03/31/2011

State

FL

Status

ACTIVE

Principal Address

5700 North Harbor City Blvd

Suite 280

Melbourne, FL 32940

Changed: 03/22/2022

<u>Mailing Address</u>

PO Box 360857

Melbourne, FL 32936

Changed: 01/08/2017

Registered Agent Name & Address

LILLEY, BRYAN S

5700 North Harbor City Blvd

Suite 280

Melbourne, FL 32940

Address Changed: 03/22/2022

Authorized Person(s) Detail

Name & Address

Title MGR

LILLEY, BRYAN S

5700 North Harbor City Blvd

Suite 280

Melbourne, FL 32940

<u>Annual Reports</u>

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

Document Images

| 01/27/2024 ANNUAL REPORT | View image in PDF format |
|--------------------------------------|--------------------------|
| 01/23/2023 - ANNUAL REPORT | View image in PDF format |
| 03/22/2022 ANNUAL REPORT | View image in PDF format |
| 01/14/2021 ANNUAL REPORT | View Image in PDF format |
| 01/12/2020 ANNUAL REPORT | View (mage in PDF format |
| 03-03/2019 - ANNUAL REPORT | View image in PDF format |
| 01/24/2018 ANNUAL REPORT | View image in PDF format |
| | View image in PDF format |
| 01/08/2017 - ANNUAL REPORT | View image in PDF format |
| 03/01/2016 ANNUAL REPORT | View image in PDF format |
| 01/06/2015 ANNUAL REPORT | View image in PDF format |
| 01/26/2014 ANNUAL REPORT | |
| 01/20/2013 ANNUAL REPORT | View image in PDF formst |
| 02/07/2012 ANNUAL REPORT | View image in PDF format |
| 03/31/2011 Florida Limited Liability | View image in PDF format |

For TDO use: PROJECT #- C23-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | Maxwell C. King Center for the Performing Arts | |
|------------------------------|--|--|
| Applicant Event Name: | Year-round programming | |

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

| All documents have been submitted, reviewed and/or addressed in the c | omments. |
|---|----------|
| Cranis, Peter Date: 2024.10.17 10:52:28 -04'00' | |
| Peter Cranis, Executive Director | |

FY 2024-2025 Warketing Support Program application

Response ID:68 Data

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



Signature of: Ashley Dillow

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

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

Organization address

3865 N Wickham Rd

State

FL

City

Melbourne

Zip

32935

Primary contact name

Ashley Dillow

Primary contact phone number

321.433.5720

Primary contact email

adillow@asmmelbourne.com

Secondary contact name

Madysen Brutto

Secondary contact phone number

321.433.5763

Secondary contact email

mbrutto@asmmelbourne.com

Organization website address

kingcenter.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-2844281

7. (untitled)

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

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

8. (untitled)

1 E7 ENT INFORMATION

Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Digital advertising (banner ads, etc.)

Direct mail

Radio

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

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

TV/Video

13. (untitled)

9. What are your social media handles?

Facebook : king.center

Instagram : kingcentermelbourne YouTube : maxwellc.kingcenter5404

14. (untitled)

,. What hashtags do you use?

n/a

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Direct mail

Email blast (e-newsletter, promotional, etc.)

Social media post

Website/blog

17. (untitled)

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

King Center - IRS Determination Letter.pdf

18. (untitled)

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

King_Center_-_990.pdf

19. (untitled)

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

20. (untitled)

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

King_Center_-_Sunbiz_Detail_by_Entity_Name.pdf

21. (untitled)

15. Upload your completed Checklist.

MSP_applicant_checklist_9-27-2024_KingCenter.pdf

22. (untitled)

16.

ATTESTATION

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



Signature of: Ashley Dillow

23. Thank You!

New Send Email

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

Internal Revenue Service

Director

Delaware-Maryland District

OCTOBER 21, 1997

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

Department of the Treasury

31 Hopkins Plaza, Baltimore, MD 21201

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

Employer Identification Number: 59-2844281

Person to Contact: EP/EO Tax Examiner

Telephone Number: (410) 962-6058

Dear Sir/Madam:

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

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

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

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

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during the calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

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

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

Sincerely yours,

Paul M. Harrington District Director

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| A F | or the | 2022 calendar year, or tax year beginning JUL 1, 2022 and | ending J | UN 30, 20 | 23 | |
|---------------------------|---------------------|---|---------------|-----------------------|------------|---------------------------------|
| B c | heck if | C Name of organization | | D Employer ide | entifica | ition number |
| _ | Addres | MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC. | | | | |
| - | change Name | | | 59-284 | 1128 | 1 |
| H | _chang∈ □Initial | | De em/quite | E Telephone nu | | |
| return Final return | | Number and street (or P.O. box if mail is not delivered to street address) 1519 CLEARLAKE ROAD | Room/suite | 321433 | | 0 |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | | 7,837,083. |
| | Amend | | | H(a) Is this a gro | up retu | ırn |
| | Applic | F Name and address of principal officer: LAURA MAXWELL | | for subordi | nates? | Yes X No |
| | pendir | 9 1519 CLEARLAKE ROAD, COCOA, FL 32922 | | H(b) Are all subordin | ates inclu | uded? Yes No |
| 1 7 | ax-exe | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 527 | If "No," atta | ach a lis | st. See instructions |
| _ | Vebsit | | | H(c) Group exer | nption | number |
| K F | orm of | organization: X Corporation Trust Association Other | L Year | of formation: 198 | 37 M | State of legal domicile; FL |
| Pa | rt I | Summary | | | | |
| - | 1 | Briefly describe the organization's mission or most significant activities: THE | KING C | ENTER PRO | VID | ED |
| Activities & Governance | | CULTURAL ENRICHMENT FOR BREVARD COUNTY RE | SIDENT | 'S BY SPON | ISOR | ING |
| rna | 2 | Check this box if the organization discontinued its operations or dispos | sed of more | than 25% of its no | et asse | ts. |
| ove | | | | | 3 | 19 |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 4 | 19 |
| SS | | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 5 | 206 |
| Ϋ́ | 6 | Total number of volunteers (estimate if necessary) | | | 6 | 180 |
| cti | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 7b | 0. |
| | | | - | Prior Year | | Current Year |
| ø | 8 | Contributions and grants (Part VIII, line 1h) | | 3,076,00 | | 332,075. |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 4,988,18 | | 6,501,208. |
| ě | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 225,61 | | 109,667. |
| " | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 78,82 | | 226,350. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 8,368,62 | | 7,169,300. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0. | 0. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 1,505,39 | 0. | 1,962,313. |
| es | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,505,35 | 0. | 0. |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | _ | | 0. | |
| X | _ | Total fundraising expenses (Part IX, column (D), line 25) | 0. | 3,971,31 | 9 | 5,502,075. |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 5,476,71 | | 7,464,388. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,891,91 | | -295,088. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | ginning of Current | | End of Year |
| ts or | | T. I | 100 | 10,137,23 | _ | 10,420,953. |
| Asse Rala | 20 | Total assets (Part X, line 16) | | 1,838,78 | | 1,990,563. |
| Net A | | Total liabilities (Part X, line 26) | | 8,298,44 | | 8,430,390. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 0,230,23 | | 0,130,3301 |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules | s and stateme | ents, and to the best | of my k | nowledge and belief, it is |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | | | Oy | monitoring of the comon, in the |
| a oo, | COTTGG | Galla complete, because of property (other than officer) to based on an information of the | non propers | | | |
| Sign | | Signature of officer | | Date | | |
| Her | - 5 | LAURA MAXWELL, VP OPERATIONS / CFO | | | | |
| 1101 | | Type or print name and title | | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Chi | eck | PTIN |
| Paid | | ROMAN G CARRAWAY, CPA ROMAN G CARRAWAY | Y, CP | 3/20/24 set | -employed | P00448173 |
| | arer | Firm's name CARR, RIGGS & INGRAM, LLC | | Firm's EI | | -1396621 |
| | Only | Firm's address 215 BAYTREE DRIVE | | | | |
| | • | MELBOURNE, FL 32940 | | Phone no | .321 | -255-0088 |
| | Alex II | 2C discuss this return with the preparer shows above? See instructions | | | | X Ves No |

| | MAXWELL C. KING CENTER FOR THE |
|------|--|
| Form | 1990 (2022) PERFORMING ARTS INC. 59-2844281 Pag |
| Pa | rt III Statement of Program Service Accomplishments |
| _ | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | TO IMPROVE THE QUALITY OF LIFE FOR ALL RESIDENTS OF BREVARD COUNTY |
| | THROUGH CULTURAL, EDUCATIONAL, RECREATIONAL AND COMMUNITY ARTS |
| | PROGRAMS BY PROVIDING ACCESS TO HIGH QUALITY CHALLENGING AND DIVERSE |
| | TOURING AND LOCAL PERFORMING ARTS EVENTS. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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? |
| | 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 | |
| | THE THEATRE FOR YOUTH OUTREACH (TFYO) OFFERED 6 PROGRAMS DURING FISCAL |
| | YEAR 2022-2023. THE TFYO CONTINUES TO NURTURE THE RELATIONSHIP WITH |
| | BREVARD COUNTY PUBLIC SCHOOL SYSTEM BY OFFERING AFFORDABLE AND |
| | COMPLIMENTARY TICKETS TO UNDER PRIVILEGED SCHOOL AGED CHILDREN AND |
| | PROFESSIONAL DEVELOPMENT WORKSHOPS FOR LOCAL EDUCATORS. |
| | |
| | |
| | |
| | Y |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$167,778. including grants of \$) (Revenue \$296,576 |
| | DURING FISCAL YEAR 2022-2023, THE CENTER PURCHASED NEW MAIN STAGE |
| | LIGHTS, PHASE MODULE AND FOG MACHINE TO UPGRADE THE PATRON'S SHOW |
| | EXPERIENCE. THEY ALSO REPLACED THE STRUCTURAL STEEL SUPPORT SYSTEM FOR |
| | THE SPEAKERS ABOVE THE MAIN STAGE. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expanses \$ 6,720,134. including grants of \$) (Revenue \$ 6,162,774 |
| | THE CENTER'S 2022-2023 SEASON OFFERED 110 MAIN STAGE EVENTS. THIS WAS |
| | 17 MORE SHOWS FROM THE PREVIOUS YEAR. THE CENTER ALSO PRESENTED A FREE |
| | CONCERT PRESENTED BY THE BREVARD SYMPHONY ORCHESTRA TO ENGAGE THE |
| | COMMUNITY IN THE CULTURAL ARTS PROGRAMS. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | |

including grants of \$ 6 , 964 , 645 .

Form **990** (2022)

4e Total program service expenses

MAXWELL C. KING CENTER FOR THE

PERFORMING ARTS INC.

Part IV | Checklist of Required Schedules

| | | | Yes | No_ |
|-----|--|--------|-----|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | _ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | ٠,, |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u>x</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 77 |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u>x</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | v |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | - | _X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | х |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | х |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | _ | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | х |
| _ | Schedule D, Part III | - | _ | |
| 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? | 9 | | Х |
| 40 | If "Yes," complete Schedule D, Part IV | - 5 | | - |
| 10 | | 10 | х | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | as applicable. | | | |
| _ | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | • | 11a | | Х |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| U | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| Ŭ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | _X_ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | ٠, |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | _v |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | ا مد ا | | , v |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | ,, | | x |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | A |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | | x |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes," | 19 | | x |
| 00 | complete Schedule G, Part III | 20a | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | _ |
| | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| 21 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |
| _ | government on a conjugate of the second of t | F | 000 | (0000) |

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Form **990** (2022)

| | Continued | | Yes | No |
|----------|---|------------|-------|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 700 | 110 |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 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 | | | 17 |
| | Schedule K. If "No," go to line 25a | 24a | _ | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | _ |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | _ |
| | | 240 | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 25a | | x |
| h | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 208 | | |
| D | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| 20 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | \Box |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | 1,1,3 | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | 51. | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | 37 |
| | "Yes," complete Schedule L, Part IV | 28c | - | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | _ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | х |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 32 | | x |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | JE. | | |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| • | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | , v | |
| Day | Note: All Form 990 filers are required to complete Schedule 0 | 38 | X | _ |
| ra | Statements Regarding Other IRS Filings and Tax Compliance | | | \Box |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| 4 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | 163 | |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 0 1b 0 | | 0.54 | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| · | (gambling) winnings to prize winners? | 1c | | |
| 00000 | | Form | 990 | (2022) |

| rai | Statements regarding other mornings and rax compliance (continued) | _ | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
|-----|--|-----------|---------------------------------------|-----|
| 0- | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | Yes | No |
| Za | filed for the calendar year ending with or within the year covered by this return 206 | 133 | | 811 |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | 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 | | Х |
| ь | If "Yes," enter the name of the foreign country | | =qjH | |
| | 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? | <u>6a</u> | | 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). | | | 130 |
| | 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 | | Х |
| | 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 | an | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 100 | A-111 | |
| | 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 7g | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | |
| h | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 111 | | -12 |
| 8 | sponsoring organizations maintaining donor advised futures. Did a donor advised the maintaining donor advised futures sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - Ŭ | 101 | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | dr | | 131 |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | 50 |
| ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | 13 | |
| а | Gross income from members or shareholders | 0.0 | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | 100 | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | 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. | IX III | | 1 8 |
| þ | Enter the amount of reserves the organization is required to maintain by the states in which the | | 8.7 | 100 |
| | organization is licensed to issue qualified health plans | | 1 - 1 | Lu- |
| C | Enter the amount of reserves on hand | 14a | | Х |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | |
| 15 | | 15 | | x |
| | excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 13 | | |
| 16 | | 16 | | х |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | 75 | |
| 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. | | | |

232005 12-13-22

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.

| | | | | | | X |
|----------|--|-------------------------|------------|---------------|---------|---------|
| Sec | tion A. Governing Body and Management | | | | | 77 |
| | | T T | 1 | $\overline{}$ | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 19 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | - 1 | 7 -11 | 111 | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | اما | | | - 1 |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 19 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi | p with any other | - 1 | | 187 | |
| | officer, director, trustee, or key employee? | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | Х | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | _ | | ** |
| | more members of the governing body? | | | 7a_ | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | | | _ | | v |
| | persons other than the governing body? | | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | - 1 | | 77 | |
| а | The governing body? | | 2000025 | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real | | | _ | | v |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | 00000000 | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | evenue Code.) | | | . 1 | *** |
| | | | ſ | 40- | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| þ | If "Yes," did the organization have written policies and procedures governing the activities of such cl | | | 406 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b 11a | х | |
| _ | Has the organization provided a complete copy of this Form 990 to all members of its governing bod | ly before illing the io | ''''' | Ha | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | - 1 | 12a | х | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12b | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? #" | | | 120 | | |
| С | | | | 12c | x | |
| 12 | on Schedule O how this was done Did the organization have a written whistleblower policy? | | | 13 | | Х |
| 13 | | | | 14 | | X |
| 14 15 | Did the process for determining compensation of the following persons include a review and approve | | 31100001 | 17 | | (× . |
| 13 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | 000 | |
| • | The organization's CEO, Executive Director, or top management official | | - 1 | 15a | | х |
| a b | | | | 15b | | X |
| U | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | T | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment with a | | | do | |
| .00 | taxable entity during the year? | | No. of the | 16a | | Х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation | | 3525555 | 55 | | |
| - | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | - 1 | | | 1,-1 |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedNONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | nd 990-T (section 50 |)1(c)(3)s | only) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | - | | - | | |
| | | n on Schedule O) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | icy, and | financ | cial | |
| - | 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 bo | oks and records | | | | |
| | EASTERN FLORIDA STATE COLLEGE - (321)433-7030 | | | 0 | | |
| | 1519 CLEARLAKE ROAD, COCOA, FL 32922 | | | | | |
| 232006 | 12-13-22 | | | Form | 990 | (2022) |

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

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.

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

- 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.

| (A) Name and title | (B) Average | | | Pos | | | | (D) Reportable | (E) Reportable | (F) Estimated |
|----------------------------|--|------------------|-----------------------|---------|--------------|---------------------|----------|---|---|---|
| 112110 2112 1110 | hours per | box | unle | ss pe | rson i | than o | ιап | compensation | compensation | amount of |
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | Key employee | Highest compensated | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) ROBERT PAPKE | 40.00 | | | | | | | | | Fores & West |
| GENERAL MANAGER | | | | | | X | | 126,000. | 0. | 38,047. |
| (2) ANTHONY J. CATANESE | 5.00 | | | | | | | | | |
| CHAIR | | X | | X | | | | 0. | 0. | 0. |
| (3) TOM MOLNAR | 5.00 | | | | | | | | | 120 |
| VICE-CHAIR | | X | | X | _ | | | 0. | 0. | 0. |
| (4) STEVEN WM. BIERBRUNNER | 5.00 | | | | | | | | _ | |
| TREASURER/SECRETARY | | X | | X | | | | 0. | 0. | 0. |
| (5) JAMES H. RICHEY J.D. | 5.00 | | | | | | | _ | _ | |
| PRESIDENT OF EFSC | | X | | Х | | | | 0. | 0. | 0. |
| (6) CAROL CRAIG | 3.00 | | | | | | | | | _ |
| MEMBER | | X | | _ | _ | | _ | 0. | 0. | 0. |
| (7) DARCIA JONES FRANCEY | 3.00 | | | | | | | | | _ |
| MEMBER | | X | _ | _ | _ | _ | _ | 0. | 0. | 0 • |
| (8) MICHAEL GRIEVES | 3.00 | l | | | | | | | ا ۾ | • |
| MEMBER | 1 2 00 | X | _ | | ├ | _ | | 0. | 0. | 0. |
| (9) RITA MORENO | 3.00 | ١., | | | | | | | 0. | 0 |
| MEMBER | 2 00 | X | | _ | _ | - | | 0. | 0. | 0. |
| (10) GREGORY WATSON | 3.00 | x | | | | | | 0. | 0. | 0. |
| MEMBER (11) HOWIE DOROUGH | 3.00 | ₽ | \vdash | - | - | ┢ | \vdash | 0. | 0. | <u> </u> |
| MEMBER | 3.00 | x | | | | | | 0. | 0. | 0. |
| (12) CHRISTINE LANCE | 3.00 | 1 | \vdash | | | | | | | |
| MEMBER | 3100 | x | | | | | | 0. | 0. | 0. |
| (13) SCOTT D. WIDERMAN | 3.00 | - | | | | | | | | |
| MEMBER | | x | | | | | | 0. | 0. | 0. |
| (14) BRIAN CURTIN | 3.00 | | Г | | | П | | | | |
| MEMBER | | x | | | | | | 0. | 0. | 0. |
| (15) DON FARNSWORTH | 3.00 | | | | | | | | | |
| MEMBER | | x | | | | | | 0. | 0. | 0 • |
| (16) MITCH VARNES | 3.00 | Г | | | | | | | | |
| MEMBER | | x | | | | | | 0 - | 0. | 0 - |
| (17) WINSTON E. SCOTT | 5.00 | | | | | | | | | |
| DISTRICT BOARD OF TRUSTEES | | | Х | | | | | 0. | 0. | 0 . |

232007 12-13-22

Form 990 (2022)

| Part VII Section A. Officers, Directors, Trust | ees, Key Emp | oloy | ees, | and | Hig | hes | t C | ompensated Employee | s (continued) | | | | |
|---|-------------------|--------------------------------|-----------------------|-----------|--------------|---------------------------------|--------|---------------------------------|------------------------------|-------|------------|------------|------|
| (A) | (B) | | | {(| C) | | | (D) | (E) | - 1 | | (F) | |
| Name and title | Average | | not ch | neck i | | than c | | Reportable | Reportable | . | | timate | |
| | hours per week | | , unles cer an | | | | | compensation from | compensation from related | ' | | other | |
| | (list any | Ē | П | | | | | the | organizations | , | | pensa | |
| | hours for | direc | | | | pg | | organization | (W-2/1099-MIS | | | om th | |
| | related | tee or | ustee | | | ensati | | (W-2/1099-MISC/ | 1099-NEC) | - 1 | _ | anizat | |
| | organizations | al trus | nal tr | | loyee | d E S S | | 1099-NEC) | | - 1 | | d relat | |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | ınizati | ons |
| (18) STEPHANIE MOSS DANDRIDGE | 3.00 | = | = | <u> </u> | Ÿ | 王亞 | - | | | _ | | | |
| MEMBER | | x | | | | | | 0. | | 0. | | | 0. |
| (19) NANCY DWYER | 3.00 | | | | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | | 0. | | | 0. |
| (20) THOMAS FOX | 3.00 | | | | | | | | | , | | | • |
| MEMBER | F 00 | X | | _ | | _ | _ | 0. | | 0. | | | 0. |
| (21) LAURA MAXWELL | 5.00 | x | | х | | | | 0. | | 0. | | | 0. |
| CFO/VP OPERATIONS | | ₽ | H | Δ | _ | Н | | 0. | | • | | | |
| | | | | | | | | | | | | | |
| | | | П | | | П | | | | | | | |
| | | _ | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | _ | Н | _ | | Ш | _ | | | _ | | | |
| | | - | | | | | | | | | | | |
| ū. | | H | Н | - | | | _ | | | - | | | |
| | | 1 | Ш | | | | | | | | | | |
| 1b Subtotal | | _ | | | | | - | 126,000. | | 0. | 3 | B,0 | 47. |
| c Total from continuation sheets to Part VII | | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 126,000. | | 0. | 3 | 8,0 | 47. |
| 2 Total number of individuals (including but ne | | | | | | | | eceived more than \$100, | 000 of reportable | | | | |
| compensation from the organization | | | | | | | _ | | | | | \ <u>'</u> | 1 |
| | | | | | | | | | | r | | Yes | No |
| 3 Did the organization list any former officer, | | | | | | | | | | - 1 | 3 | | х |
| line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su | | | | | | | | | | *** | 3 | - 12 | |
| and related organizations greater than \$150 | | | | | | | | | | | 4 | х | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | H | | W |
| rendered to the organization? If "Yes." com | | | | | | | | | | 1000 | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | | | | | | | | | | ensat | ion fro | om | |
| the organization. Report compensation for | the calendar yo | ear e | endin | g w | ith c | or wi | thin | | ear. | _ | - 10 | | |
| (A) Name and business | address | | | | | | | (B) Description of s | ervices | С | (C ompe | | ın |
| ASM GLOBAL MELBOURNE, LLC | | _ | _ | | | | | MGMT / CONSU | | | | | |
| CONSHOHOCKEN STATE RD., W | | SH | ОНО | OC: | KE: | N. | - 1 | OPERATIONS | , | | 42 | 8,3 | 11. |
| BRPH ARCHITECTS ENGINEERS | | | | | | | | | | | | | |
| HWY 1 STE 400, MELBOURNE, | | | | | | | | ARCHITECTURA: | ն | | 15 | 3,7 | 50. |
| A B ENTERPRISES LLC | | | | | | | | | | | | | |
| 627 ADAMS AVE, CAPE CANAV | ERAL, F | L_ | 32 | <u>92</u> | 0 | | | PROJECT MANA | GEMENT | | 11 | 4,6 | 71. |
| | | | | | | | | | | | | | |
| | | - | _ | _ | _ | | - | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (in | ncludina but n | ot lir | nited | l to | thos | se lis | ted | above) who received me | ore than | 38 - | | | HI V |
| \$100,000 of compensation from the organiz | | | | | 100 | 3 | | | | | 1153 | | |

232008 12-13-22

Form **990** (2022)

MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

| Pa | rt V | Check if Schedule O contains a response | or note to any line | in this Part VIII | | | |
|--|------|--|--|-------------------|---|--------------------------------------|--|
| | | Check II Schedule O contains a response | or note to any line | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Giffs, Grants and Other Similar Amounts | 1 : | a Federated campaigns 1a 1b Membership dues 1b 1c | 44,865. | | | | |
| Co | | h Total, Add lines 1a-1f | | 332,075. | | | |
| | | | Business Code | المجاليرون | | | |
| ø | 2 : | a TICKET SALES & FEES | 711190 | 5,459,090. | 5,459,090. | | |
| Program Service Revenue | . 1 | b CONCESSSIONS | 711190 | 654,966. | 654,966. | | |
| S | | C CO-PRODUCTION OF SHOWS | 711190 | 288,656. | 288,656. | | |
| eve | | d OTHER EVENTS | 711190 | 98,496. | 98,496. | | |
| P. C. | | e | | | | | |
| Ā | 1 | f All other program service revenue | | | | | |
| _ | | g Total. Add lines 2a-2f | A COLUMN TO THE PARTY OF THE PA | 6,501,208. | | m I V Analy | |
| | 4 | Investment income (including dividends, inter- other similar amounts) Income from investment of tax-exempt bond p | proceeds | 250,967. | | | 250,967. |
| | 5 | Royalties (i) Real | (ii) Personal | | | A | ELECT RES |
| | | | | | | | |
| | 6 6 | MATERIAL MATERIAL STREET | _ | | | W | |
| | ' | b Less: rental expenses 6b 0. | | | | | |
| | ۱ ۱ | c Rental income or (loss) 6c 201,588. | 1 | 201,588. | | | 201,588. |
| | I . | d Net rental income or (loss) a Gross amount from sales of (i) Securities | (ii) Othor | 201,388. | | | 201,500, |
| | 7 3 | | (ii) Other | | | THE STATE | D1 58 9 |
| | | assets other than inventory 7a 526,483. | + | | CONTRACTOR OF THE PARTY OF THE | | The second |
| | ' | b Less: cost or other basis | 1 1 | 1. (1) | | 7 T | |
| Jue | | and sales expenses 76 667,783. | | | | | |
| Ş. | | c Gain or (loss)7c141,300. | | 444 200 | | | -141,300. |
| , | | d Net gain or (loss) | | -141,300. | | , | -141,300. |
| Other Revenue | | a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8t | | | | | |
| | 11 | c Net income or (loss) from fundraising events | *************************************** | | | | |
| | | a Gross income from gaming activities. See | | Barrier Inc | | | Con Library |
| | | Part IV, line 19 | | | | | |
| | ı | b Less: direct expenses 95 | | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| | | a Gross sales of inventory, less returns | | | | V 350 1 00 1 | |
| | | and allowances10 | a 23,441. | | | | |
| | ı | b Less: cost of goods sold 10 | 0. | | | | A BAR |
| | | c Net income or (loss) from sales of inventory | *************************************** | 23,441. | 23,441. | | |
| 75 NGS | | | Business Code | | | | |
| Miscellaneous Revenue | 11 : | a MISC | 711190 | 1,321. | 1,321. | | |
| n e | | b | | | | | |
| ella | | C | | | | | |
| lisc R | | d Ali other revenue | | | | | |
| 2 | | e Total, Add lines 11a-11d | | 1,321. | | Land Market | |
| | 12 | Total revenue, See instructions | | 7,169,300. | 6,525,970. | 0. | 311,255. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Program service expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 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) 19,349. 1,600,751. 1,581,402. Other salaries and wages Pension plan accruals and contributions (include 31,662. 2,317. 33,979. section 401(k) and 403(b) employer contributions) 10,010. 200,405. 190,395. Other employee benefits 125,681. 1,497. 127,178. Payroll taxes 10 Fees for services (nonemployees): 11 a Management 28,350. 28,350. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 1,006. 43,841. 42,835. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 1,096,707. 84,509 1,012,198. column (A), amount, list line 11g expenses on Sch O.) 250,629. 970. 251,599. 12 Advertising and promotion 1,265. 209,204. 207,939. 13 Office expenses 2,628. 2,628. Information technology 14 Royalties _____ 15 16 Occupancy 20,823. 20,823. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 67. 94,422. 94,489. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 3,240,002. 3,240,002. a EVENT RELATED EXPENSES 198,817. 255,000. 453,817. b MINOR EQUIPMENT/REPAIRS 29,926. 29,926. c MISC 23,298. 22,250. 1,048. d REPAIR & MAINTENANCE 7,391. 7,391. e All other expenses 6,964,645. 499,743. 0. 7,464,388. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

| _ | | Check if Schedule O contains a response or note to any line in this Part | | T | (B) |
|-----------------------------|-----|--|--------------------------|-----|-------------------------------------|
| | | | (A) Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 3,031,219. | 1 | 2,042,516 |
| | 2 | Savings and temporary cash investments | 4 (50 500 | 2 | 1,830,903 |
| | з | Pledges and grants receivable, net | 6,250. | 3 | 19,865 |
| | 4 | Accounts receivable, net | 00 406 | 4 | 186,041 |
| | 5 | Loans and other receivables from any current or former officer, director, | | 100 | |
| | | 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 | |
| ASSEIS | В | Inventories for sale or use | 20,465. | 8 | 32,954 |
| 2 | 9 | Prepaid expenses and deferred charges | חסכ ככ | 9 | 41,559 |
| | 10a | Land, buildings, and equipment: cost or other | necessity of Carry | | |
| | | basis. Complete Part VI of Schedule D 10a | | 8 1 | |
| | Ь | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | 5,280,248. | 11 | 6,242,678 |
| | 12 | Investments - other securities. See Part IV, line 11 | 10000 enter | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | 24,437 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 16 | 10,420,953 |
| | 17 | Accounts payable and accrued expenses | 598,319. | 17 | 325,792 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | 1,664,771 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| , | 22 | Loans and other payables to any current or former officer, director, | | | |
| LIADIIIUES | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| 5 | | controlled entity or family member of any of these persons | | 22 | |
| ا د | 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 | | 26 | 1,990,563 |
| | | Organizations that follow FASB ASC 958, check here | | | |
| ŝ | | and complete lines 27, 28, 32, and 33. | | | |
| | 27 | Net assets without donor restrictions | 7,098,448. | 27 | 7,230,390 |
| | 28 | Net assets with donor restrictions | 1,200,000. | 28 | 1,200,000 |
| 2 | | Organizations that do not follow FASB ASC 958, check here | | | |
| 2 | | and complete lines 29 through 33. | | | |
| 5 | 29 | Capital stock or trust principal, or current funds | | 29 | |
| מבו | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ź | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets of Fund Balances | 32 | Total net assets or fund balances | 8,298,448. | 32 | 8,430,390 |
| - | 33 | Total liabilities and net assets/fund balances | | 33 | 10,420,953 Form 990 (202) |

| Pa | rt XI Reconciliation of Net Assets | | | | |
|----|---|---------------|--------|----------|--------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | ш |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,16 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,46 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -29 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8,29 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 42 | / , U | 30. |
| 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, | 10 | 8,43 | n z | 9 N |
| Do | column (B)) | 10 | 0,43 | 0,5 | 50. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part XII | ************* | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | | - 2a | | х |
| | 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? | | | х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | basis, | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | <u> </u> | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | | 1 - 33 | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | |
| | | | Form | 990 | (2022) |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

MAXWELL C. KING CENTER FOR THE

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

2022 Open to Public

OMB No. 1545-0047

Inspection
Employer identification number
59-2844281

PERFORMING ARTS INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 İ section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of other liv) is the organization listed (iii) Type of organization (v) Amount of monetary (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions))

Schedule A (Form 990) 2022

PERFORMING ARTS INC.

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.)

| Se | ction A. Public Support | | | | ,, | | |
|------|--|-----------------------|---------------------|---------------------|--------------------|--|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | i . | | | |
| | 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 | | | | | | |
| | The portion of total contributions | | | | | | |
| Ī | by each person (other than a | 100 m | | The same | | | |
| | governmental unit or publicly | The Street | V 45 | | | | |
| | supported organization) included | | | 7.11.2 | | | |
| | on line 1 that exceeds 2% of the | | 1000 | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | 3 70 | | 121 14 20 12 | | | |
| 6 | Public support. Subtract line 5 from line 4. | | 0.215.3 | | B 11 1 1 1 1 | A STATE OF THE PARTY OF THE PAR | |
| _ | ction B. Total Support | | | | | ** | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | | | | | | 1332 |
| 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 | | 1 | | | | |
| | 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 | | | | | | |
| | Gross receipts from related activities, | etc (see instructi | ons) | | | 12 | |
| | First 5 years. If the Form 990 is for the | • | | | | | |
| | organization, check this box and stor | | | | | (-/(-/ | |
| Se | ction C. Computation of Publi | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 14 | Public support percentage for 2022 (I | line 6, column (f), c | divided by line 11, | column (f)) | | 14 | % |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2022. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or r | nore, check this bo | x and |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2021. If the | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | | | | |
| ŀ | 10% -facts-and-circumstances test | - | | - | | | |
| _ | more, and if the organization meets the | | | | | | |
| | organization meets the facts-and-circle | | | | | | |
| 18 | Private foundation. If the organization | | | | | | s |
| | | | | | | | (Form 990) 2022 |

Schedule A (Form 990) 2022 PERFORMING ARTS INC. 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.)

| Sec | ction A. Public Support | | | | | | |
|------|---|-----------------------|-----------------------|------------------------|--------------------|-----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | _ | | | | 4.544.554 |
| | include any "unusual grants.") | 76,919. | 800,084. | 74,291. | 58,522. | 332,075. | 1341891. |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- formed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | 5819203. | 4230456. | 868,344. | 4988180. | 6524649. | 22430832. |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 5896122. | 5030540. | 942,635. | 5046702. | 6856724. | 23772723. |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | 0. |
| b | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | 0. |
| c | Add lines 7a and 7b | | | | | | 0. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 23772723. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 5896122. | 5030540. | 942,635. | 5046702. | 6856724. | 23772723. |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | 1000101 |
| | and income from similar sources | 244,240. | 209,593. | 130,177. | 225,619. | 452,555. | 1262184. |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | 1 | | | | | |
| | acquired after June 30, 1975 | | | | | | 1010101 |
| c | Add lines 10a and 10b | 244,240. | 209,593. | 130,177. | 225,619. | 452,555. | 1262184. |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | 4.6 | 5 6 655 | 4 | 105 004 |
| | assets (Explain in Part VI.) | 18,804. | 9,560. | 19,416. | 78,823. | 1,321. | 127,924. |
| | Total support. (Add lines 9, 10c, 11, and 12.) | 6159166. | 5249693. | 1092228. | 5351144. | | 25162831. |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) organization | on, |
| _ | check this box and stop here | | | | | | |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2022 (| ine 8, column (f), d | ivided by line 13, o | column (f)) | | 15 | 94.48 % |
| | Public support percentage from 2021 | | | | | 16 | % |
| Se | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | 022 (line 10c, colum | nn (f), divided by li | ne 13, column (f)) | | 17 | 5.02 % |
| | Investment income percentage from | | | | | 18 | % |
| 19 | 33 1/3% support tests - 2022. If the | | | | | | 7 is not |
| | more than 33 1/3%, check this box as | | | | | | X |
| k | 33 1/3% support tests - 2021. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | is box and see ins | tructions | |

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

- 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
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 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.)

| | Yes | No |
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| ule A (Form | n 990 | 2022 |

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Schedule A (Form 990) 2022

| | MAXWELL C. KING CENTER FOR THE | 01120 | 1 2 | |
|-----|--|------------|---------|-------|
| | edule A (Form 990) 2022 PERFORMING ARTS INC. 59-23 rt IV Supporting Organizations (continued) | 84428 | 1 P | age 5 |
| Pa | Supporting Organizations (continued) | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | AUH_J | 163 | NO |
| 11 | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | F. Y | | 100 |
| а | 11c below, the governing body of a supported organization? | 11a | | |
| _ | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 115 | | |
| · | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | 1, 112 | | |
| | | | 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 | | , K = 4 | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | 1 2 3 | 1.50 | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | 637 | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 2 | | |
| Sac | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | | | |
| 560 | tion of Type it supporting organizations | | Yes | No |
| | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 163 | 140 |
| 1 | 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 | | | |
| | | 1 | | |
| Sec | the supported organization(s). tion 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 | | | da. |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | - 53 | 100 | 1 |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | -10.00 | | |
| | 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 | 100 | | |
| _ | 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 | | | 3000 |
| | 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 | | |
| Sec | tion 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 | s). | | |
| а | 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. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | nstruction | ns). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | 23 6 | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | 11/25 | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | 41.58 | 100 | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | 125 | 18 6 |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | 115 |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | 7.7 | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | -1 | |

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.

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions).

instructions)

Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Employer identification number Name of the organization MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC. 59-2844281 Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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** To ran 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).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

59-2844281

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1_ | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3_ | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | 3 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | 3- | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

59-2844281

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art 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 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | <u> </u> | e |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | 19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| ~ | | \$ | - |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) | | | |
| No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| 3453 11-15- | - | | Schedule B (Form 990) (|

Name of organization

MAXWELL C KING CENTER FOR THE

Employer identification number

| I, enter the total of exclusively religious, or copies of Part III if additional s) Purpose of gift ransferee's name, address, ar | (c) Use of gift (c) Use of gift (e) Transfer of gift | (d) Description of how gift is held (d) Description of how gift is held |
|--|--|---|
| ransferee's name, address, ar | (e) Transfer of gi | ift Relationship of transferor to transferee (d) Description of how gift is held |
|) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | |
| | (e) Transfer of gi | ift |
| ransferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
|) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| ransferee's name, address, ar | (e) Transfer of gi | ift Relationship of transferor to transferee |
|) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | (e) Transfer of g | ift Relationship of transferor to transferee |
| | ransferee's name, address, al | (e) Transfer of g ransferee's name, address, and ZIP + 4) Purpose of gift (c) Use of gift |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2022
Open to Public Inspection

Name of the organization

MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

Employer identification number 59-2844281

| Pai | t I Organizations Maintaining Donor Advise | d Funds or Other Similar | Funds or Ad | counts. Complete if the | | | | |
|-----|--|--------------------------------------|-------------------|---|--|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, lin | | | | | | | |
| | | (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 don | or advised fund | ds | | | | |
| • | are the organization's property, subject to the organization's | | | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds | can be used o | only | | | | |
| • | for charitable purposes and not for the benefit of the donor o | r donor advisor, or for any other p | ourpose conferr | ring | | | | |
| | impermissible private benefit? | | | | | | | |
| Par | | | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | | | | | | |
| • | Preservation of land for public use (for example, recrea | | vation of a histo | orically important land area | | | | |
| | Protection of natural habitat | . — | | ified historic structure | | | | |
| | Preservation of open space | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in t | he form of a co | inservation easement on the last | | | | |
| 2 | day of the tax year. | | | Held at the End of the Tax Year | | | | |
| _ | Total number of conservation easements | | | 2a | | | | |
| a | | | | 2b | | | | |
| 0 | Number of conservation easements on a certified historic stri | | | 2c | | | | |
| C | Number of conservation easements included in (c) acquired a | | | 20 | | | | |
| a | historic structure listed in the National Register | | | 2d | | | | |
| • | Number of conservation easements modified, transferred, rel | | | t | | | | |
| 3 | | casca, extinguished, or terminate | a by and organ | izzatori daring ara sax | | | | |
| | year Number of states where property subject to conservation eas | sement is located | | | | | | |
| 4 | Does the organization have a written policy regarding the per | | dling of | | | | | |
| 5 | | | | Yes No | | | | |
| _ | violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, | holds? | | *************************************** | | | | |
| 6 | Starr and volunteer hours devoted to monitoring, inspecting, | rialiding of violations, and emore | ing conservation | on easements during the year | | | | |
| _ | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing o | onservation ea | sements during the year | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, nanc | airing of violations, and emorcing o | Orisei valion ca | isements during the year | | | | |
| _ | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) | | | | | | | |
| 8 | | | | | | | | |
| _ | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation. | | | | | | | |
| 9 | | | | | | | | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the | | | | | | | |
| Dai | organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. | | | | | | | |
| Fai | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | | | | | | | |
| | | | tement and hal | ance sheet works | | | | |
| па | 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 | | | | | | | |
| | | | | nee of public | | | | |
| _ | service, provide in Part XIII the text of the footnote to its final | | | a about works of | | | | |
| Ь | 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: | | | f | | | | |
| | (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 tre | | tinancial gain, | provide | | | | |
| | the following amounts required to be reported under FASB A | | | • | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | | | | |
| b | Assets included in Form 990, Part X | | | \$ | | | | |

232051 09-01-22

Schedule D (Form 990) 2022

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

| Par | rt III Organizations Maintaining C | ollections of Art | | asures, or Othe | r Simil | | (continu | | yc - |
|-----|--|-------------------------|------------------------|-----------------------|--------------|---------------|------------|--------------------|---------------|
| 3 | Using the organization's acquisition, accession | | | | | | TOUTHUR | 00/ | |
| 3 | - | on, and other records | , oncorrainy or and i | onowing that make t | | | | | |
| _ | collection items (check all that apply): Public exhibition d Loan or exchange program | | | | | | | | |
| a | Public exhibition | u | | | | | | | |
| Ь | Scholarly research e Other | | | | | | | | |
| C | Preservation for future generations Provide a description of the organization's co | llastians and avalain | how thou further th | o organization's eve | mot pur | oose in Part | XIII | | |
| 4 | During the year, did the organization solicit or | | | | | JOSC IIII GIL | AIII. | | |
| 5 | | | | | | | Yes | | No |
| Dat | to be sold to raise funds rather than to be ma | | | | | | | | 140 |
| rai | reported an amount on Form 990, Par | | te ii trie organizatio | il answered Tes Of | 11011113 | 50, 1 ait iv, | 1110 0, 01 | | |
| | Is the organization an agent, trustee, custodia | | any for contributions | or other assets not | included | | | | |
| па | | | | | | I | Yes | | No |
| | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a | | | | ********** | |] 163 | ш | , |
| D | ir "Yes," explain the arrangement in Part XIII a | and complete the follo | owing table. | | | | Amount | | |
| | D. C. C. Balance | | | | 10 | | | | |
| | Beginning balance | | | | 4 | | | | _ |
| | Additions during the year | | | | | | | | |
| | Distributions during the year | | | | 1f | | | | |
| f | Ending balance | | | | | | Yes | X | No |
| | Did the organization include an amount on Fo | | | | | | =0 | | 140 |
| | If "Yes," explain the arrangement in Part XIII. | | | | | ******* | | | _ |
| Par | t V Endowment Funds. Complete | (a) Current year | (b) Prior year | (c) Two years back | | e years back | (e) Four | vears t | nack |
| | | | 5,380,814. | 4,934,375. | - | ,424,225. | | 512,5 | _ |
| | Beginning of year balance | 4,701,536. | 3,300,014. | 4,554,575. | | 355,310. | | 10, | |
| | Contributions | 460.007 | 631 F00 | 1 257 300 | | | | 478.7 | 755 |
| | Net investment earnings, gains, and losses | 469,207. | -631,599. | 1,257,390. | 280,941. | | | £70 ₀ , | |
| | Grants or scholarships | | | | _ | | | | _ |
| е | Other expenditures for facilities | | | 777 260 | 7 000 047 | | , | E 2 0 - 1 | 0 5 0 |
| | and programs | 270,233. | 900. | 773,369. | 3,099,047. | | | | |
| | Administrative expenses | 42,836. | 46,779. | 37,582. | 27,054. | | 7 | | $\overline{}$ |
| g | End of year balance | 4,857,674. | 4,701,536. | | 4 | ,934,375. | 1,4 | 424,2 | 225. |
| 2 | Provide the estimated percentage of the curr | | (line 1g, column (a) |) held as: | | | | | |
| | Board designated or quasi-endowment | 75.0000 | _% | | | | | | |
| þ | Permanent endowment 25.0000 | % | | | | | | | |
| С | | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organizat | tion that are held ar | nd administered for t | he | | _ | | |
| | organization by: | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | _ | X |
| | (ii) Related organizations | | | | | | 3a(ii) | \rightarrow | X |
| Ь | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | ed on Schedule R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | organization's endov | wment funds. | 34.00 | | | | | |
| | rt VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11a. S | ee Form 990, Part X | , line 10. | | | | |
| | Description of property | (a) Cost or of | | | Accumul | ated | (d) Book | value | 9 |
| | Bosciipiicii ei proporty | 1 ' ' | | | depreciation | | • • | | |
| 19 | Land | | 220 (200) | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | | | | | | |
| | | | | | | | | | |
| | Equipment Other | | | | | | | | |
| _ | Other | | V trans (D) than 1 | 0-1 | | | | | 0. |

Schedule D (Form 990) 2022

| Schedu | le D (Form 990) 2022 | PERFORMING | ARTS | INC. | | 59-2844281 | Page 3 |
|-----------|--|---|----------|--------------------|--|----------------------|--------|
| Part ' | VII Investments - | Other Securities. | | | | | |
| | Complete if the org | ganization answered "Yes' | | | 11b. See Form 990, Part X, line 12. | | |
| (a) De | scription of security or cate | gory (including name of security) | (b |) Book value | (c) Method of valuation: Cost or | end-of-year market v | alue |
| (1) Fina | ncial derivatives | | | | | | |
| (2) Clos | sely held equity interests | *************************************** | | | | | |
| (3) Oth | er | | | | | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E)_ | | | | | | | |
| (F) | | | | | | | |
| (G) | | | | | | | |
| (H) | | | | | | | |
| Total. (C | ol. (b) must equal Form 99 | 0, Part X, col. (B) line 12.) | | | | | |
| Part | | Program Related. | | | 44 0 E 000 B IV II 40 | | |
| _ | | | | | 11c. See Form 990, Part X, line 13. | | |
| - | (a) Description of | investment | {D | Book value | (c) Method of valuation: Cost or | end-of-year market v | alue |
| (1) | | | | | | | |
| (2) | | | - | | | | |
| (3) | | | - | | | | |
| (4) | | | - | | | | |
| (5) | | | | | | | |
| (6) | | | - | | | | |
| (7) | | | | | | | |
| (8) | | | - | | | | |
| (9) | al (h) annat annal Fares 000 | O Deat V and (D) See 10.) | - | | | with the second | |
| Part I | ol. (b) must equal Form 996 X Other Assets. | U, Part X, col. (B) line 13.) | | | | | |
| 1011 | All the second s | nanization answered "Ves" | on Form | 990 Part IV line | 11d. See Form 990, Part X, line 15. | | |
| - | Complete if the org | | Descript | | 174. 666 1 6111 656, 1 41174, 1116 16. | (b) Book va | lue |
| (1) | | (4) | , 2000p. | | | (4) | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| | Column (b) must equal Fo | orm 990, Part X, col. (B) lin | e 15.) | | | | |
| Part 2 | Other Liabilitie | s. | | | | | |
| | Complete if the org | anization answered "Yes" | on Form | 990, Part IV, line | 11e or 11f. See Form 990, Part X, line | 25. | |
| 1. | (a) D | escription of liability | | | | (b) Book va | llue |
| ta'e e | Federal income taxes | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |

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 D (Form 990) 2022

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

| Par | TXI Reconciliation of Revenue per Audited Financial Stater | | Revenue per Ret | turn. | |
|---|--|---------------------|---|----------|------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 2a. | | | 0 124 CEE |
| 1 | Total revenue, gains, and other support per audited financial statements | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | 8,134,655. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 77 - 1 | 4000000 | | |
| а | Net unrealized gains (losses) on investments | 2a | 427,030. | | |
| ь | Donated services and use of facilities | | 538,325. | | |
| C | Recoveries of prior year grants | 2c | | 7 | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 965,355. |
| 3 | Subtract line 2e from line 1 | ******************* | *************************************** | 3 | 7,169,300. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1911 97 | | < 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| ь | Other (Describe in Part XIII.) | 4b | | 40 | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 7,169,300. |
| Par | t XII Reconciliation of Expenses per Audited Financial State | | Expenses per R | Return | 1. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | | | | 0 000 713 |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 8,002,713. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 70 1 | | 116 | |
| а | Donated services and use of facilities | 2a | 538,325. | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | E E E E |
| е | Add lines 2a through 2d | | | 2e | 538,325. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,464,388. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 040 9 | | HE | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | 12-14 | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 7,464,388. |
| | t XIII Supplemental Information. | | | | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P | art IV, lines 1b | and 2b; Part V, line 4 | ; Part X | K, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a | additional inforn | nation, | | |
| | | | | | |
| PART V. LINE 4: | | | | | |
| PAR | T V, LINE 4: | | | | |
| mit. | KING CENTER ENDOWMENT IS DESIGNED TO SU | BCTDT7F | ODERATING | T.O.S.S | SES OF THE |
| THE | KING CENTER ENDOWMENT IS DESIGNED TO SO | DOIDING | OI ERATING | порг | <u> </u> |
| CENTER AND ASSIST WITH CAPITAL NEEDS OF THE FACILITY. | | | | | |
| CENTER AND WORLD MILL CULTURE MEEDS OF THE LUCTUILL. | | | | | |
| | | | | | |
| | | | | | |
| PART X, LINE 2: | | | | | |
| | | | 501/5)/2 | ١ ٥٠ | - min ii a |
| THE | CENTER IS EXEMPT FROM INCOME TAXES UNDE | R SECTIO | ON 501(C)(3 |) ()1 | THE U.S. |
| тмп | ERNAL REVENUE CODE AND HAS BEEN DETERMIN | ED TO BE | an organi | ZAT] | ION, WHICH |
| T 1/1 | ENIAL KEVENOE CODE AND IND DUE DELICITION | LD IO DI | 1111 01101111 | | |
| IS | NOT A PRIVATE FOUNDATION. CONTRIBUTIONS | TO THE | CENTER ARE | QUAI | LIFIED AS |
| | | | | | |
| DEL | OUCTIONS FOR CHARITABLE CONTRIBUTIONS. | | | | |
| | | | | | |
| ÷ | | | | | |
| THE | CENTER FOLLOWS THE ACCOUNTING GUIDANCE | FOR UNC | ERTAINTY IN | INC | COME TAXES |
| | | | | | |
| USI | ING THE PROVISIONS OF FINANCIAL ACCOUNTIN | G STANDA | ARDS BOARD | (FA | SB) ASC |
| 232054 | 09-01-22 | | | Sched | lule D (Form 990) 2022 |

Schedule D (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

MAXWELL C. KING CENTER FOR THE

PERFORMING ARTS INC.

Employer identification number 59-2844281

| | | | Yes | No |
|----|--|------|---------|------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | April 1 | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | 100 | | |
| | First-class or charter travel Housing allowance or residence for personal use | | 133 | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | 100 | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | 100 | |
| | | | 1 - 1 | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | - | (= I |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | 1 1 |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | S DE | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | 12 |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | Y | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | 130 | |
| | Compensation committee Written employment contract | | 1.19 | 8 |
| | Independent compensation consultant Compensation survey or study | | 1 | 218 |
| | Form 990 of other organizations Approval by the board or compensation committee | | 0.0 | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | 1.00 | |
| | organization or a related organization: | 10.0 | 13.77 | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| C | | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | 13 | |
| | | | | 15 |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | v |
| а | The organization? | 5a_ | - | X |
| b | Any related organization? | 5b | | |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | х |
| а | The organization? | 6a | - | X |
| þ | Any related organization? | 6b | | _ |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | · | | | х |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | V C C | _ |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | - | х |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | V | A |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | 9 | - 100 | |
| | Regulations section 53.4958-6(c)? | 1 9 | | |

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

Schedule J (Form 990) 2022

Page 2

PERFORMING ARTS INC.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 59-2844281

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

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

| | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | and/or 1099-MISC compensation | and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(0-(D) | (F) Compensation in column (B) |
|--------------------|----------|--|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|--------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) ROBERT PAPKE | Ξ | 126,000. | 0 | 0. | 3,780. | 34,267. | 164,047. | 0. |
| GENERAL MANAGER | | 0 | .0 | 0. | 0. | 0 | .0 | 0 |
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| 000440 40 40 00 | | | | | | | Sched | Schedule J (Form 990) 2022 |

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| Schedule J (Form 990) 2022 PERFORMING ARTS INC. | 59-2844281 Page 3 | 63 |
|--|---|------|
| Part III Supplemental Information | | I |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | this part for any additional information. | |
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| | Schedule J (Form 990) 2022 | 2022 |

32

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MAXWELL C. KING CENTER FOR THE

Employer identification number 59-2844281

| PERFORMING ARTS INC. | 59-2844281 |
|--|-------------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS | ION: |
| THEATRICAL PERFORMANCES AS WELL AS MAKING THE FACILITY AVA | ILABLE TO |
| LOCAL PERFORMING ART GROUPS. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 3: | |
| THE CENTER'S OPERATIONS ARE MANAGED BY ASM GLOBAL MELBOURN | E, LLC ("ASM |
| GLOBAL"), A VENUE AND EVENT MANAGEMENT COMPANY. ASM GLOBAL | PROVIDES |
| PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES, INCLUDING | OPERATIONS AND |
| MARKETING SERVICES, FOR THE CENTER'S FACILITY. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| AUDITED FINANCIAL STATEMENTS AND IRS 990 TAX RETURNS ARE P | RESENTED AS AN |
| AGENDA ITEM TO THE KING CENTER BOARD OF DIRECTORS FOR REVI | EW AND ACCEPTANCE |
| AT A DESIGNATED BOARD MEETING. FURTHER, SECTION 1004.70 OF | FLORIDA STATUTES |
| REQUIRES FINAL REVIEW AND APPROVAL BY EASTERN FLORIDA STAT | E COLLEGE |
| DISTRICT BOARD OF TRUSTEES. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| BOARD MEMBERS ARE ASKED TO SIGN AND COMPLY WITH THE KING C | ENTER CONFLICT OF |
| INTEREST POLICY STATEMENT AT THE BEGINNING OF EACH YEAR. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND POLICY STATE | MENTS ARE MADE |
| AVAILABLE TO THE PUBLIC VIA THE KING CENTER ADMINISTRATIVE | OFFICE. |
| | |

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

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

Schedule O (Form 990) 2022

| Schedule O (Form 990) 2022 | Page 2 |
|--|---|
| Name of the organization MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC. | Employer identification number 59-2844281 |
| CONTRACTED NON-INSTRUCTIONAL SERVICES: | |
| PROGRAM SERVICE EXPENSES | 537,776. |
| MANAGEMENT AND GENERAL EXPENSES | 44,899. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 582,675. |
| OTHER GERMAGES NON COMPAGED. | |
| OTHER SERVICES NON-CONTRACTED: | * |
| PROGRAM SERVICE EXPENSES | 20,442. |
| MANAGEMENT AND GENERAL EXPENSES | 1,707. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 22,149. |
| CREDIT CARD FEES: | |
| PROGRAM SERVICE EXPENSES | 2,230. |
| MANAGEMENT AND GENERAL EXPENSES | 186. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,416. |
| <u> </u> | |
| SABO SERVICE FEES: | |
| PROGRAM SERVICE EXPENSES | 78,730. |
| MANAGEMENT AND GENERAL EXPENSES | 6,573. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 85,303. |
| | |
| OTHER PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 20,335. |
| MANAGEMENT AND GENERAL EXPENSES | 1,698. |
| FUNDRAISING EXPENSES 232212 10-28-22 | 0 • Schedule O (Form 990) 2022 |

| Schedule O (Form 990) 2022 Name of the organization MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC. | Employer identification number 59-2844281 |
|--|---|
| TOTAL EXPENSES | 22,033. |
| ARTIST FEES: | |
| PROGRAM SERVICE EXPENSES | 137,703. |
| MANAGEMENT AND GENERAL EXPENSES | 11,497. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 149,200. |
| BANK FEES: | |
| PROGRAM SERVICE EXPENSES | 214,982. |
| MANAGEMENT AND GENERAL EXPENSES | 17,949. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 232,931. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,096,707. |
| | |
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Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Not For Profit Corporation

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

Filing Information

Document Number N21714

FEI/EIN Number 59-2844281

Date Filed 07/27/1987

State FL

Status ACTIVE

Last Event RESTATED ARTICLES

Event Date Filed 09/26/2023

Event Effective Date NONE

Principal Address

3865 N. WICKHAM RD MELBOURNE, FL 32935

Changed: 01/25/2000

Mailing Address

3865 N. WICKHAM RD MELBOURNE, FL 32935

Changed: 07/05/2008

Registered Agent Name & Address

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

Name Changed: 04/27/2009

Address Changed: 02/27/2018

Officer/Director Detail
Name & Address

Title Other, General Manager

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

Title Chairman

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

Title VICE CHAIRPERSON

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

Title Treasurer

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

Title EFSC PRESIDENT

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

Title EFSC TRUSTEE

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

Title Secretary

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

Annual Reports

 Report Year
 Filed Date

 2022
 01/11/2022

 2023
 01/23/2023

 2024
 02/01/2024

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| 02/27/1999 ANNUAL REPORT | View image in PDF format |
| 12/17/1998 Amended and Restated Articles | View image in PDF format |
| 09/02/1998 ANNUAL REPORT | View image in PDF format |
| 12/08/1997 Amended and Restated Articles | View image in PDF format |
| 02/03/1997 - ANNUAL REPORT | View image in PDF format |
| 02/02/1996 ANNUAL REPORT | View image in PDF format |
| 02/17/1995 ANNUAL REPORT | View image in PDF format |

For TDO use: PROJECT #- C1-E



Peter Cranis, Executive Director

Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: _ | Brevard Production Inc. | |
|--------------------------------|-------------------------|--|
| Applicant Event Name: | Space Coast State Fair | |

| | Yes | No | Comment |
|------------------------------------|-----|----|----------|
| Completed questionnaire | х | | |
| Copy of 990 form (if applicable) | | Х | N/A - dw |
| Copy of IRS Articles of | | | |
| Incorporation – (if applicable) | X | | |
| Copy of IRS Determination letter - | | | 21/2 |
| (if applicable) | | X | N/A - dw |
| Copy of SunBiz.org (if applicable) | Х | | |
| Copy of this MSP checklist | Х | | |

| All documents have | been submitted, reviewed and/or addressed in the comments. |
|--------------------|---|
| Cranis, Peter | Digitally signed by Cranis, Peter Date: 2024.10.17 10:53:03 -04'00' |
| | |

Response ID:35 Data

2. (untitled)

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



Signature of: Giles Malone

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Brevard Production Inc.

Organization address

2230 Sykes Creek Drive

State

FL

City

Merritt Island

Zip

32953

Primary contact name

Giles Alleyne James Malone

Primary contact phone number

3213234460

Primary contact email

gilesmalone@gmail.com

Secondary contact name

Tom Palermo

Secondary contact phone number

321-615-8111

Secondary contact email

palermo.tom@gmail.com

Organization website address

https://spacecoaststatefair.com/

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

204569017

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Space Coast State Fair

Event website address (if different from organization website)

https://spacecoaststatefair.com/

Event location

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

9. (untitled)

8. What is the first date of your event?

10/31/2024

10. (untitled)

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

18

11. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Direct mail

Radio

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

TV/Video

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

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

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

14. (untitled)

12. What hashtags do you use?

NA

15. (untitled)

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

Out-of-county advertising/marketing support

Defray rental costs for venues and/or facilities operated by Brevard County

16. (untitled)

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

Direct mail

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Social media post

Website/blog

Other - Please be specific: print ads

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

Lamar_Invoice.pdf

20. (untitled)

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

Lamar_Invoice.pdf

21. (untitled)

17. Upload your completed Checklist.

Lamar_Invoice.pdf

22. (untitled)

18.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will

comply with the requirements set forth, if awarded support.



Signature of: Giles Malone

23. Thank You!

New Send Email

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

Electronic Articles of Incorporation For

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.

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

P05000165265 FILED December 20, 2005 Sec. Of State shawkes

2024 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

FILED Apr 29, 2024

Secretary of State

5388025716CC

Officer/Director Detail:

Title

Р

Title

D

Name

PALERMO, THOMAS J

Name

MALONE, GILES

Address

750 AVOCADO DR.

Address

2230 SYKES CREEK DR.

City-State-Zip:

MERRITT ISLAND FL 32953

City-State-Zip:

MERRITT ISLAND FL 32953

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

SIGNATURE: THOMAS J PALERMO

PRESIDENT

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

For TDO use: PROJECT #- C26-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: _ | Merritt Island Wildlife Association |
|--------------------------------|-------------------------------------|
| Applicant Event Name: | Year-round programming |

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

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

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

Peter Cranis, Executive Director

Response ID:82 Data

| | 2. (| 'un | titl | ed) |
|--|------|-----|------|-----|
|--|------|-----|------|-----|

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



Signature of: Rochelle A. Hood

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Merritt Island Wildlife Association

Organization address

PO Box 2683 / 1987 Scrub Jay Way (no USPS delivery)

State

FĻ

City

Titusville

Zip

32781

Primary contact name

Rochelle Hood

Primary contact phone number

321-861-2377

Primary contact email

miwascrubjay@gmail.com

Secondary contact name

Laurilee Thompson

Secondary contact phone number

321-794-6866

Secondary contact email

laurileethompson@aol.com

Organization website address

https://miwarefuge.org/

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-3289841

7. (untitled)

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

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

8. (untitled)

1. E7ENT INFORMATION

Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Digital advertising (banner ads, etc.)

Radio

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

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

Other - Please be specific: Digital Newsletter

13. (untitled)

9. What are your social media handles?

Facebook: @merrittislandwildlifeassociation

Instagram: @merrittislandwildlife

14. (untitled)

,. What hashtags do you use?

#SpaceCoast #wildlifeconservation

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Email blast (e-newsletter, promotional, etc.)

Radio

Social media post

Website/blog

Other - Please be specific: Digital banner and digital newsletter

17. (untitled)

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

FinalLetter_59-3289841_MERRITTISLANDWILDLIFEASSOCIATION_07062023_Reinstatement_Determination_Letter.pdf

18. (untitled)

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

IRS_eFile_of_Form_990_for__FY2022_for_Oct_2022_to_Sept_2023_digital_version_submitted_by_eFile_service.pdf

19. (untitled)

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

20. (untitled)

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

SunBiz_2024_Annual_Report_Filing.pdf

21. (untitled)

15. Upload your completed Checklist.

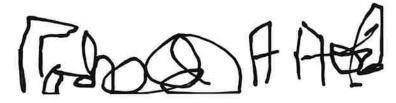
MSP applicant_checklist_9-27-2024_Merritt_Island_Wildlife_Association.pdf

22. (untitled)

16.

ATTESTATION

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



Signature of: Rochelle A Hood

23. Thank You!

New Send Email

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



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

07/20/2023

Employer ID number:

59-3289841

Person to contact:

Name: Customer Service

ID number: 31954

Telephone: 877-829-5500 Accounting period ending:

September 30

Public charity status:

170(b)(1)(A)(vi)

Form 990 / 990-EZ / 990-N required:

Yes

Effective date of exemption: February 15, 2022
Contribution deductibility:

Yes

Addendum applies:

No

DLN:

26053591004673

Dear Applicant:

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

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

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

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

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

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

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

Sincerely,

Stephen A. Martin

Director, Exempt Organizations

stephen a martin

Rulings and Agreements

Taxpayer Copy TIN: OMB No. 1545-0047 Return of Organization Exempt From Income Tax Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the \blacktriangleright Do not enter social security numbers on this form as it may be made public. Treasury Internal Revenue ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning 10-01-2022 , and ending 09-30-2023 D Employer identification number B Check if applicable: C Name of organization MERRITT ISLAND WILDLIFE ASSOCIATION Address change 59-3289841 ○ Name change Doing business as Tnitial return C Final return/termina E Telephone number C Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite O Application pend PO BOX 2683 (321) 861-2377 City or town, state or province, country, and ZIP or foreign postal code TITUSVILLE, FL 32781 G Gross receipts \$ 612,153 F Name and address of principal officer: H(a) Is this a group return for Laurilee Thompson 🗆 Yes 🛂 No subordinates? Are all subordinates included? Titusville , FL 32781 ☐ Yes ☐No 4947(a)(1) or If "No," attach a list. See instructions. H(c) Group exemption number ▶ J Website: ► https://miwarefuge.org/ L Year of formation: 1994 M State of legal domicile: FL K Form of organization: 🗸 Corporation 🗀 Trust 🗀 Association 🗇 Other 🕨 Summary 1 Briefly describe the organization's mission or most significant activities:
MIWA is the Friends Group for the Merritt Island National Wildlife Refuge. We support and enable the mission of the Refuge to conserve habitat and protect wildlife. Governance 19 Activities & 19 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) . 5 6 Total number of volunteers (estimate if necessary) 6 16 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 7b 0 Current Year **Prior Year** 8 Contributions and grants (Part VIII, line 1h) 407.139 3,998 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 142 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 79,167 490,446 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶0 0 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) 19 Revenue less expenses. Subtract line 18 from line 12 490,446 Assets or Balances Beginning of Current Year 20 Total assets (Part X, line 16) 222,507 167,011 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 🖫 167.011 222,507 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. 2024-04-09 Signature of officer Sign Here Bertrand C Alm Jr Treasurer Type or print name and title vint/Type preparer's name Preparer's signature Date Check 🗀 if Paid Firm's EIN Firm's name Preparer **Use Only** Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Yes No

Cat. No. 11282Y

Form 990 (2022)

| orm | 990 (2022) | | | | Page 2 |
|------|---|--------------------------------|--|--|--|
| | Statement of Progra | m Service Accompli | shments | | |
| | Check if Schedule O conta | ains a response or note to | any line in this Part III . | 20 520 | 0_ |
| 1 | Briefly describe the organization' | s mission: | | | |
| о рг | otect wildlife and preserve habitat | by enabling the mission | of the Merritt Island Natio | nal wildlife refuge. As the Friends | Group to the Refuge we |
| upp | ort conservation through education | n, outreach, fundraising, | and advocacy. | | |
| | | | | | |
| _ | martin to the latest and | | | ish wasa ant linted on | |
| 2 | Did the organization undertake a | | | ich were not listed on | ☐ Yes 🔽 No |
| | the prior Form 990 or 990-EZ? | | | | ∵ yes Mo |
| _ | If "Yes," describe these new serv | | | | |
| 3 | Did the organization cease condu | icting, or make significan | t changes in now it condu | cts, any program | 🗆 yes 🛂 No |
| | services? | | | | _ Yes ■ No |
| | If "Yes," describe these changes | on Schedule O | | | |
| 4 | Describe the organization's progr Section 501(c)(3) and 501(c)(4) and revenue, if any, for each pro | organizations are require | ents for each of its three I ed to report the amount of | argest program services, as meast f grants and allocations to others, I | red by expenses. he total expenses, |
| 4a | (Code:) (Expe | enses \$ | including grants of \$ |) (Revenue \$ |) |
| | Primary support is through membersh | nips, legacy giving, and opera | tion of our Nature's Treasures | Gift Shop | |
| | | | | | |
| 4b | (Code:) (Expe | enses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| 4c | (Code:) (Expe | nses \$: | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| 4d | Other program services (Describ | e in Schedule O.) | of \$ |) (Revenue \$ |) |
| 4e | Total program service expens | | 0 | | |
| Ť | | | | | Form 990 (2022 |
| | | | | | |

Form 990 (2022) Page **3**

| 23 | Checklist of Required Schedules | | | |
|-----|---|-----|---------|---------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Parl 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,Part1. | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | | No |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| ь | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F , Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions, | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| _ | | - 1 | form 99 | 0 (2022 |

Form 990 (2022) Page **4**

| | Checklist of Required Schedules (continued) | | | |
|-----|--|---------------|------|------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Parl II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parl II, III, or IV, and Parl V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| - 1 | | | | (Tr) |
| | Check if Schedule O contains a response or note to any line in this Part V | * 1 | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a | $\overline{}$ | . 20 | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 10 | | |

Form 990 (2022) Page 5

| 2a | Statements Regarding Other IRS Filings and Tax Compliance (continued) | _ | | | | | | | | |
|---|--|------------------------|-----|-----|--|--|--|--|--|--|
| | 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 | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | 2b | Yes | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No | | | | | | |
| | The state of the s | | | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No | | | | | | |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | | | | | | |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| а | 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 | | | | | | | | | |
| 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 | | | | | | | | |
| 8 | sponsoring organization have excess business holdings at any time during the year? | 8 9a | | | | | | | | |
| а | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | | |
| a b | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | | |
| a b 10 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | 9a | | | | | | | | |
| a b 10 a | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | 9a | | | | | | | | |
| a b 10 a b | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 9a | 1 | | | | | | | |
| a b 10 a b | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: | 9a | | | | | | | | |
| a b 10 a b | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: | 9a | | | | | | | | |
| a b 10 a b 11 a b | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources | 9a | | | | | | | | |
| a b 10 a b 11 a b | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 9a 9b | | | | | | | | |
| a b 10 a b 111 a b | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a 9b | 11 | | | | | | | |
| a b 110 a b 111 a b 12a b 113 a | sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. 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. | 9a 9b | | | | | | | | |
| a b 110 a b 111 a b 12a b 13 a b | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 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. 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 | 9a 9b | | | | | | | | |
| a b 110 a b 111 a b 12a b 13 a b c | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 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. 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 Enter the amount of reserves on hand Enter the amount of reserves on hand | 9a 9b | | No. | | | | | | |
| a b 110 a b 111 a b 12a b c 114a | sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | 9a 9b | | No | | | | | | |
| a b 110 a b 111 a b 12a b 13 a b c 114a b | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? "No," provide an explanation in Schedule O. | 9a 9b | | No | | | | | | |
| a b 110 a b 111 a b 12a b 13 a b c 114a b | sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 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. 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 | 9a 9b | | No | | | | | | |
| a b 110 a b 111 a b 12a b c 114a | sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess | 9a 9b 12a 13a | | No | | | | | | |

| orm | 990 (2022) | | | Page 6 |
|-----|---|----------|---------|---------------|
| 8) | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "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 | lo" resp | onse to | ✓ |
| Se | ction A. Governing Body and Management | | | |
| | Enter the number of voting members of the governing body at the end of the tax year 11a 1 | | Yes | No |
| 1a | Effect the number of voting members of the governing body at the end of the tax year. | - 1 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 15 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | Yes | |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | /a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | | No |
| | Principal Control of the Control of | 10a | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 100 | | |
| | 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 | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990 | 12a | Yes | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 120 | 162 | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | 12c | Yes | No |
| 13 | Did the organization have a written whistleblower policy? | \vdash | | No |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | INO |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | - | |
| b | Other officers or key employees of the organization | 15b | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction 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 Uother (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: PRochelle Hood PO Box 2683 Titusville, FL 32781 (321) 861-2377 | | | |

Form **990** (2022)

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

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

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per week (list any hours for | pers | an on son is | boti boti recto | t chox, u h an | eck mountess office office | er) | compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC) | (F) Estimated amount of other compensation from the organization and |
|---|---|-----------------------------------|-----------------------|-----------------------|-------------------|----------------------------------|---------|--|---|--|
| | related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC/1099- NEC) | | related organizations |
| (1) Rochelle Hood Executive Director | 40.00 | | | | × | | | O | d | · (|
| | | | | | | | | | | |
| | | | | | | | | | | |
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Form 990 (2022)

Form **990** (2022)

| Section A. Officers | , Directors, Trustees | , Key | Emp | loye | es, | and | Hig | hest Compensa | ted Employees | (cont | inued) | |
|---|--|-----------------------------------|-----------------------|---------|-------------------------|------------------------------|---------------|--|--|--------------|--|-----------------------------------|
| (A) Name and title | (B) Average hours per week (list any hours for related | than d is b | one b | n off | t che inle: ficer | · | son | (D) Reportable compensation from the organization (W 2/1099- | Reportable compensation from related organizations 2/1099- | n i W- | (F) Estima amount o compens from organizat | ated of other sation the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC/1099-NEC |) MISC/1099-NE | EC) | relat organiza | ed |
| | | | _ | | | | | | | 4 | | |
| | | | H | H | - | | H | | # | - | | |
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| | | | | | | | Г | | | \neg | | |
| | | | | | | | | | | | | |
| Sub-Total | | | 5 3 | | • | L | | | | | | |
| Total from continuation sheets t | | | | | • | L ,_ | | :0 | | 0 | | .0 |
| Total (add lines 1b and 1c) . 2 Total number of individuals (in | | to thos | _ | ed at | ove | - | гес | eived more than \$ | 100,000 | ٠ | | |
| of reportable compensation fr | om the organization > | 0 | | | | | | | | | T w | |
| 3 Did the organization list any f | former officer, director | or trust | ee, ke | ey er | nplo | yee, c | or his | ghest compensate | d employee on | | Yes | No |
| line 1a? If "Yes," complete Sc. 4 For any individual listed on lin | | | | • | tion | | · · | | om the | 3 | - | No |
| organization and related orga | nizations greater than \$ | 150,00 | 0? <i>If</i> | "Yes | ," c | omplet | te So | chedule J for such | | 4 | | No |
| 5 Did any person listed on line : services rendered to the organic | | | | | | | | | dividual for | 5 | | No |
| Section B. Independent Co | intractors | | | | | | | | | | | |
| Complete this table for your fi from the organization. Report | ive highest compensate compensation for the c | d indep alendar | ender year | nt co | ntra ing | ctors with o | that r wil | received more the | on \$100,000 of co | mpens | sation | |
| | (A) Name and business addre | 155 | | | | | | De | (B) scription of services | _ | Compen | sation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent co | ntractors (including but | not lim | ited t | o the | ose | listed | abov | ve) who received i | nore than \$100,0 | 00 of | | |
| compensation from the organiza | ation P 0 | | | | | | | 22 - | | | | |

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| | Check if Schedule O contains | | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | Revenue excluded from tax under sections |
|---|---|--------------------|--|--------------------------------|---|--|
| | E | | | revenue | | 512 - 514 |
| at sta | 1a Federated campaigns | 1a 4,820 | | | | |
| gra | b Membership dues | | | | | |
| Contributions, gifts, grants, and other similar amounts | c Fundraising events | 1c | | | | |
| E PE | d Related organizations | 1d | | | | |
| Si M | e Government grants (contributions) | 1e 88,350 | | | | |
| tior er si | f All other contributions, gifts, grants, and similar amounts not included | 1f 313,969 | | | | |
| £ \$ | g Noncash contributions included in | | | | | |
| 벌 | lines 1a - If:\$ | 1g | | | | |
| ರ ಇ | h Total. Add lines 1a-1f | | 407,139 | | | ., |
| | | Business Code | | | | |
| | 2a Turtle Walks | 123456 | 3,998 | 3,998 | | |
| Program Service Revenue | | | | | | |
| Şei | b | | | | | |
| <u> </u> | | | | | | |
| ¥C. | | | | | | |
| 8 | ď | | | | | |
| Eg. | | | | | | |
| 5 | e | | | | | |
| ~ | f All other program service revenue | э. | | | | |
| | 9 Total. Add lines 2a-2f | | | | | |
| _ | 3 Investment income (including divide | | | 1 | | |
| | similar amounts) | . 1 | 14 | 2 142 | | |
| | 4 Income from investment of tax-ex- | empt bond proceeds | ļ | | | |
| | 5 Royalties | | • | | | ļ |
| | (i) Ri | eal (ii) Personal | - | | | |
| | 6a Gross rents 6a | | | | | |
| | b Less: rental | | 1 | | | |
| | expenses 6b c Rental income | | - | | | |
| | or (loss) 6c | | | | | |
| | d Net rental income or (loss) | | | | | |
| | (i) Secu | rities (ii) Other | | | | |
| | 7a Gross amount from sales of | | 1 | | | |
| | assets other | | | | | |
| | than inventory b Less: cost or | | 7 | | | |
| | other basis and sales expenses | | | | | |
| | | | 1 | | | |
| | c Gain or (loss) 7c | | 4 | | | |
| | d Net gain or (loss) | | 1 | - | | |
| 9 | 8a Gross Income from fundraising events (not including \$ of | . | | | | |
| 듄 | contributions reported on line 1c). See Part IV, line 18 | | | | | |
| ě | | 8a | 4 | | | |
| <u>+</u> | b Less: direct expenses c Net income or (loss) from fundrai | sing events | | | | |
| Other Revenue | e nee meetile of (1055) from failura | ising events | 1 | | | |
| 0 | 9a Gross income from gaming activities | s. | | | | |
| | See Part IV, line 19 | 9a | 4 | | | |
| | b Less: direct expenses | 9b | _ | | Į. | |
| | c Net income or (loss) from gaming | activities | | | | |
| | 10aGross sales of inventory, less | | | | | |
| | returns and allowances | 10a 200,87 | 4 | | | |
| | b Less: cost of goods sold | 10b 121,70 | Lorenza Lorenz | | | |
| | c Net income or (loss) from sales o | | 79,16 | 7 79,167 | 7 | ļ |
| | Miscellaneous Revenue | Business Code | 4 | | | |
| | 11a | | | | | |
| | | | | | | |
| | ь | | 1 | | | |
| | | | | | | |
| | с | | | | | |
| | | L | 1 | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | ស ស ស | | | | |
| | 12 Total revenue. See instructions | 90 45 580 TR 80 - | 490,44 | 6 83,30 | , | 0 |
| | | - | 490,44 | 03,30 | 10 | 7 |

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| Check if Sch | edule O contains a response or note to any | line in this Part IX | C | | |
|---|--|-----------------------|------------------------------------|---|--------------------------------|
| Do not include amount 7b, 8b, 9b, and 10b of F | s reported on lines 6b, | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| Grants and other ass domestic governmen | istance to domestic organizations and ts. See Part IV, line 21 | | | | |
| | istance to domestic individuals. See | | | | |
| 3 Grants and other ass governments, and fo and 16 | istance to foreign organizations, foreign reign individuals. See Part IV, lines 15 | | | | |
| 4 Benefits paid to or fo | r members | | | | |
| 5 Compensation of current key employees . | rent officers, directors, trustees, and | | | | |
| 6 Compensation not indefined under section section 4958(c)(3)(B | cluded above, to disqualified persons (as n 4958(f)(1)) and persons described in) | | | | |
| 7 Other salaries and wa | ages | | | | |
| 8 Pension plan accruals 401(k) and 403(b) e | and contributions (include section mployer contributions) | | | | |
| 9 Other employee bene | - | | | | |
| LO Payroll taxes | | | | | |
| L1 Fees for services (no | n-employees): | | | | |
| a Management | | | | | |
| b Legal | | | | | |
| | | | | | |
| d Lobbying | | | | | |
| | ing services. See Part IV, line 17 | | | | |
| | ment fees | | | | |
| g Other (If line 11g am | nount exceeds 10% of line 25, column 11g expenses on Schedule O) | | | | |
| .2 Advertising and pron | - | | | | |
| | | | | | |
| 4 Information technolo | av | | | | |
| 5 Royalties | " | | | | |
| | | | | | |
| 7 Travel | - | | | | |
| | r entertainment expenses for any | | | | |
| 9 Conferences, conven | | | | | |
| O Interest | | | | | |
| 1 Payments to affiliate | - | | | | |
| · | on, and amortization | | | | |
| 3 Insurance | 1 | | | | |
| miscellaneous expen | nize expenses not covered above (List ses in line 24e. If line 24e amount 25, column (A) amount, list line 24e le O.) | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e All other expenses | | | | | |
| 25 Total functional ex | penses. Add lines 1 through 24e | 0 | 0 | 0 | |
| reported in column (| te this line only if the organization B) joint costs from a combined n and fundraising solicitation. | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|----------------------------|--|--------------------------|-----|--------------------|
| 1 | Cash-non-interest-bearing | | 1 | 6,780 |
| 2 | Savings and temporary cash investments | 138,179 | 2 | 194,709 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| , 7 | Notes and loans receivable, net | | 7 | |
| 8 | Inventories for sale or use | 19,369 | 8 | 21,01 |
| 9 | Prepaid expenses and deferred charges . | | 9 | |
| 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| Ь | Less: accumulated depreciation 10b | 9,463 | 10c | |
| 11 | Investments—publicly traded securities . | | 11 | |
| 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 167,011 | 16 | 222,50 |
| 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 | | | |
| 22 | employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | |
| _ | | | | |
| 27 28 29 30 31 | complete lines 27, 28, 32, and 33. | | 27 | |
| 27 | Net assets without donor restrictions | | 28 | |
| 28 | Net assets with donor restrictions | | 20 | |
| 5 | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building or equipment fund | 100,000 | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | 67,011 | 31 | 222,50 |
| 32 | Total net assets or fund balances | 167,011 | 32 | 222,50 |
| 32 2 33 | Total liabilities and net assets/fund balances | 167,011 | 33 | 222,50 |

Form **990** (2022)

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|------|---|----------|----|------|----------------|--|
| 2.6 | Reconcilliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | 10.0 | | |
| | | | | | 100 115 | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 2 | | _ | 490,446 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 3 490,44 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 167,01 | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| В | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | | | 222,507 | |
| 24 | 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: Solution Cash Cash Cash Cash Cash Cash Cash Cash | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: | on a | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | |
| ь | Were the organization's financial statements audited by an independent accountant? | | 2b | | No | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: | basis, | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | adule C | L | | | |
| | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133? | | 3a | | No | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | | | | |

Taxpayer Copy

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

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

TIN:

Employer identification number

| Name of the organization | | | | | | Employer identification | ation number | |
|----------------------------------|-------------------------------------|--|--------------------------------------|--|---|---------------------------------------|---|---|
| MERR | MERRITT ISLAND WILDLIFE ASSOCIATION | | | | | | 59-3289841 | |
| | rt I | Reason for Public | | | | | ee instructions. | |
| The o | organiz | zation is not a private fou | ndation because | e it is: (For lines 1 thro | ough 12, check o | nly one box.) | | |
| 1 | | A church, convention of | churches, or as | ssociation of churches | described in sec | tion 170(b)(1) | (A)(i). | |
| 2 | | A school described in se | ection 170(b)(| 1)(A)(ii). (Attach Scl | nedule E (Form 9 | 90).) | | |
| 3 A hospital or a cooperative ho | | | ive hospital ser | vice organization desc | ribed 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: | | | | | | nter the hospital's |
| 5 | | An organization operate 170(b)(1)(A)(iv). (Co | mplete Part II.) |) | | | | oed in section |
| 6 | | A federal, state, or local | government or | governmental unit de | scribed in sectio | on 170(b)(1)(A |)(v). | |
| 7 | | An organization that no section 170(b)(1)(A) | (vi). (Complete | e Part II.) | | | nit or from the genera | Il public described in |
| 8 | | A community trust desc | | | | - | | |
| 9 | | An agricultural research non-land grant college | organization de of agriculture. S | escribed in 170(b)(1) ee instructions. Enter | (A)(ix) operate the name, city, a | d in conjunction nd state of the c | with a land-grant colle college or university: | ege or university or a |
| 10 | ~ | An organization that no from activities related to investment income and 30, 1975. See section | o its exempt fur unrelated busin | nctions—subject to cer ness taxable income (16 | tain exceptions, | and (2) no more | than 33 1/3% of its su | pport from gross |
| 11 | | An organization organiz | ed and operated | d exclusively to test fo | r public safety. S | ee section 509 | (a)(4). | |
| 12 | | An organization organiz more publicly supported on lines 12a through 12 | l organizations (| described in section 5 | 09(a)(1) or sec | ction 509(a)(2) |). See section 509(a | e purposes of one or)(3). Check the box |
| a | | Type I. A supporting or organization(s) the pow complete Part IV, Sec | er to regularly a | appoint or elect a majo | ontrolled by its s ority of the direct | upported organiz ors or trustees o | zation(s), typically by of the supporting organ | giving the supported nization. You must |
| b | | Type II. A supporting of management of the sup must complete Part I | porting organiz | ation vested in the sar | n connection with ne persons that | n its supported o control or manag | organization(s), by hav ge the supported organ | ring control or nization(s). You |
| c | | Type III functionally supported organization(| | | | | | ted with, its |
| d | | Type III non-function functionally integrated. instructions). You mus | The organizatio | n generally must satis | fy a distribution | requirement and | th its supported organ an attentiveness requ | ization(s) that is not uirement (see |
| e | | Check this box if the orgintegrated, or Type III r | ganization recei | ved a written determin | nation from the II | RS that it is a Ty | pe I, Type II, Type III | functionally |
| f | Enter | the number of supported | | | | | | |
| g | Provi | de the following informat | ion about the su | apported organization(| s). | | | |
| | | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the orgain your govern | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| | | | | | | | | |
| Tota | | 0 | | | | | 0 | - 0 |

Cat. No. 11285F

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . The value of services or facilities furnished by a governmental unit to the organization without charge... Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (d) 2021 (e) 2022 (f) Total (a) 2018 **(b)** 2019 (c) 2020 (or fiscal year beginning in) Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 10 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 15 16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2022

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incudic // (Form 550) 2022

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

| | (Complete only if you of the organization fails to | checked the box | on line 10 of P | art I or if the or below, please c | ganization faile omplete Part II. | d to qualify und) | er Part II. If |
|----|--|-----------------|-----------------|---------------------------------------|--------------------------------------|-----------------------|----------------|
| | ection A. Public Support | | | | | | |
| | endar year fiscal year beginning in) > | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 162,835 | 69,685 | 186,988 | 136,803 | 407,139 | 963,450 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 185,654 | 179,070 | | 0 | 204,872 | 569,596 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 348,489 | 248,755 | 186,988 | 136,803 | 612,011 | 1,533,046 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | 0 |
| c | Add lines 7a and 7b | | | | | | 0 |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 1,533,046 |

| Calendar year (or fiscal year beginning in) | | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|--|----------|-----------------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | 348,489 | 248,755 | 186,988 | 136,803 | 612,011 | 1,533,046 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 253 | | | | 142 | 395 |
| ь | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | _ | | | | | 0 |
| c | Add lines 10a and 10b. | 253 | 0 | 0 | 0 | 142 | 395 |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | 0 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.). | 348,742 | 248,755 | | | | 1,533,441 |

| Se | ction C. Computation of Public Support Percentage | | | | | |
|---|--|----------------|--------------------|--|--|--|
| 15 | Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.970 % | | | |
| 16 | Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | 0 % | | | |
| Se | ction D. Computation of Investment Income Percentage | | | | | |
| 17 | Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.030 % | | | |
| 18 | Investment income percentage from 2021 Schedule A, Part III, line 17 a a a a a a a a a a a a a a a a a a | 18 | 0 % | | | |
| 19a | 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 3 | 3 1/3%, | and line 17 is not | | | |
| b | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organizati 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is m | on ore thar | | | | |
| not more than 33 $_{1/3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization . | | | | | | |

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

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.)

| Se | ction A. All Supporting Organizations | | Yes | No |
|-----|---|-----|------|------|
| | | _ | ies | 140 |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | | |
| | | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | | |
| | | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | 3a | - | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| | | 30 | | _ |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use . | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | |
| D | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support | 4c | | |
| | to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 40 | | _ |
| 5a | 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). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the | | | |
| | | | | |
| Ь | | | | |
| | organization's organizing document? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | _ |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| | - | - | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| | | | | _ |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," | | | |
| | provide detail in Part VI. | 9a | | |
| Ь | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| C | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," | | | |
| | answer line 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | 10b | | |
| | Calculus A | | 0001 | 2022 |

Schedule A (Form 990) 2022

| Par | rt IV Supporting Organizations (continued) | | | | |
|---------------|---|-----|-----|----|--|
| | | | Yes | No | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | | |
| а | 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 | | | |
| | A family member of a person described on 11a above? | 11b | | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. | 11c | | | |
| Se | ection B. Type I Supporting Organizations | | | | |
| | | | Yes | No | |
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that | | | | |
| | operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | | |
| | organization. | 2 | | | |
| Se | ection 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). | | | | |
| Se | ection D. All Type III Supporting Organizations | | | | |
| | | | Yes | No | |
| | 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 | | | | |
| 1 | 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 | | | | |
| 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 | | | |
| | 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? 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 | 1 | | | |
| | 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? 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 | 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? 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). By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant | 1 | | | |
| 2 | 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? 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). | 1 | | | |
| 2 | 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? 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). 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. | 2 | | | |
| 2 3 Se | 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? 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). 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. | 2 | | | |
| 1 2 2 See 1 a | 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? 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). 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 organizations 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. Ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). | 2 | | | |
| 2 3 Se | 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? 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). 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. Ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction or the organization satisfied the Activities Test. Complete line 2 below. | 2 | | | |

| 2 | Activ | ities Test. Answer lines 2a and 2b below. |
|---|---------------|---|
| c | | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) |
| | $\overline{}$ | The organization is the parent of each of its supported organizations. Complete line 3 below. |
| _ | . \Box | The organization, satisfied the redvides rest. Complete will a selection |

| | | | Yes | | | |
|---|---|----|----------|--|--|--|
| а | 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 | \sqcup | | | |
| 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. | | | | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | | | |
| а | 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 | | | | | |
| 9 | supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. | | | | | |

3

3b Schedule A (Form 990) 2022 Schedule A (Form 990) 2022 Page **6**

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting (| Organ | nizations | |
|----|--|------------------|---|---|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying tr instructions. All other Type III non-functionally integrated supporting organization. | ust on ations | Nov. 20, 1970 (explain i must complete Sections | n Part VI) . See 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 | | |
| а | Average monthly value of securities | 1a | | |
| Ь | b Average monthly cash balances | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990) 2022

| Sch | edule A (Form 990) 2022 | | | | | Page 7 |
|-----------------|--|---------------------------------|-----------------------|-----------------------|----------|---|
| Р | art V Type III Non-Functionally Integrated | 1 509(a)(3) Supporting | Organizatio | ns (| continue | d) |
| Se | Section D - Distributions | | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | 1 | | |
| 2 org | Amounts paid to perform activity that directly furthers of anizations, in excess of income from activity | exempt purposes of supported | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt pur | poses of supported organizati | ons | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval require | ed - provide details in Part VI |) | 5 | | |
| 6 | Other distributions (describe in Part VI). See instruction | ons | | 6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 | Distributions to attentive supported organizations to wh details in Part VI). See instructions | ich the organization is respon | sive (<i>provide</i> | 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 | Underdis | ii) tribut 2021 | ions | (iii) Distributable Amount for 2021 |
| | | | | | | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022: | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019. | | | |
| d From 2020. | | | |
| e From 2021 | | | |
| f Total of lines 3a through e | | (7a.) | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018. | | | |
| b Excess from 2019 | | | |
| c Excess from 2020. | | | |
| d Excess from 2021 | | | |
| e Excess from 2022. | | | |

Schedule A (Form 990) (2022)

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 | |
|------------------|------------------------------|--|
| | | |
| | | |
| Datuer Dafacacea | Explanation | |

Schedule A (Form 990) 2022

Taxpayer Copy TIN: OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) ► Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization MERRITT ISLAND WILDLIFE ASSOCIATION 59-3289841 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Page 2 Employer identification number 59-3289841 Schedule B (Form 990) (2022)

Name of organization

MERRITT ISLAND WILDLIFE ASSOCIATION

| Part! | Contributors (and instance of Both if additional en | aca ie naedad | |
|----------------|---|----------------------------|--|
| Contributors | Contributors (see instructions). Use duplicate copies of Part I if additional spa | ice is lieeded. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Rosemary M Maloscay Trust PO Box 1810 Debra Hogan Fudiciary TTEE Deland, FL 32721 | <u>\$ 313,569</u> | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 * | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| • | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization MERRITT ISLAND WILDLIFE ASSOCIATION **Employer identification number** 59-3289841 Noncash Property (see instructions), Use duplicate copies of Part II if additional space is needed. (c) (a) (d) Date received (b) Description of noncash property given FMV (or estimate) No. from Part I (See instructions) (c) FMV (or estimate) (a) No. from (d) Date received (b) Description of noncash property given (See instructions) Part I (c) FMV (or estimate) (a) No. from (b)
Description of noncash property given (d) Date received Part I (See instructions) (c) FMV (or estimate) (a) (b)
Description of noncash property given (d) No. from Date received Part I (See instructions) (c) FMV (or estimate) (a) No. from (b)
Description of noncash property given (d) Date received Part I (See instructions) (c)
FMV (or estimate)
(See instructions) (a) (b) (d) No. from Description of noncash property given Date received Part I

Schedule B (Form 990) (2022)

| Schedule E | 3 (Form 990) (2022) | | Page 4 |
|---------------------------|---|--|--|
| Name of org | | | Employer identification number 59-3289841 |
| | than \$1,000 for the year from any one contri | ibutor. Complete columns (a) through total of exclusively religious, charitab uctions.) • \$ | section 501(c)(7), (8), or (10) that total more (e) and the following line entry. For le, etc., contributions of \$1,000 or less for the |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| n | | | |
| | Transferee's name, address, and ZI | (e) Transfer of gift P 4 Relation | ship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| , | | | |
| - | Transferee's name, address, and ZI | (e) Transfer of gift P 4 Relation | ship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, and ZI | (e) Transfer of gift P 4 Relation | ship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| - | Transferee's name, address, and ZI | (e) Transfer of gift P 4 Relation | ship of transferor to transferee |
| 1 | | | |

Schedule B (Form 990) (2022)

Taxpayer Copy

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization MERRITT ISLAND WILDLIFE ASSOCIATION

Employer identification number

59-3289841

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990) 2022

Taxpayer Copy TIN:

TY 2022 ReasonableCauseExplanation

Name: MERRITT ISLAND WILDLIFE ASSOCIATION

EIN: 59-3289841

Explanation: Form 990 was submitted by US Postal Service on February 14, 2024 via certified mail. We received a letter reference

0422604607 indicating we were required to file electronically. Our Fiscal Tax Year ending in Sept 30, 2023 is our first after being

granted reinstatement. During the process of filing for

reinstatement, we had to submit 3 years of Form 990's and we instructed that our eFile access was revoked until reinstatement

was granted.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005425

Entity Name: MERRITT ISLAND WILDLIFE ASSOCIATION, INC.

FILED
Jan 30, 2024
Secretary of State
0111077519CC

Current Principal Place of Business:

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

Current Mailing Address:

P.O. BOX 2683 TITUSVILLE, FL 32781 US

FEI Number: 59-3289841 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMSPSON, LAURILEE
MERRIT ISLAND NWR VISTOR CENTER
1987 SCRUB JAY WAY
TITUSVILLE, FL 32782 US

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

SIGNATURE: LAURILEE THOMSPSON

01/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

VP

٧P

THOMPSON, LAURILEE

Address

Name

Title

P.O. BOX 307

City-State-Zip: N

MIMS FL 32754

SECRETARY

Name

Address

STEES, DIANE

vame

21 BOUGAINVILLEA DRIVE

City-State-Zip:

COCOA BEACH FL 32931

Title

Name

ALM , BERT

TREASURER

Address

1482 TRALEE BAY AVE

City-State-Zip: ME

MELBOURNE FL 32940

PRESIDENT

Name

Title

VENUTO, CHARLIE

Address

195 MONTECITO DR

City-State-Zip: SATEL

SATELLITE BEACH FL 32937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURILEE THOMPSON

VICE PRESIDET

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

For TDO use: PROJECT #- C8-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | Museum of Dinosaurs and Anicent Cultures | |
|------------------------------|--|--|
| Applicant Event Name: | Year-round programming | |
| | | |

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

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

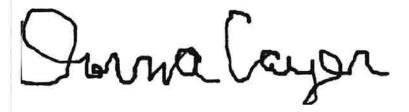
| Digitally signed by Cranis, Peter Date: 2024.10.17 10:54:02-04'00' | |
|---|--|
| | |

Peter Cranis, Executive Director

Response ID:31 Data

2. (untitled)

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



Signature of: Donna Cayer

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Museum of Dinosaurs and Ancient Cultures

Organization address

250 W COCOA BEACH CSWY

State

FL

City

COCOA BEACH

Zip

32931

Primary contact name

Donna Cayer

Primary contact phone number

3217837300

Primary contact email

donna@dinosaurstore.com

Secondary contact name

Steven Cayer

Secondary contact phone number

321-960-1092

Secondary contact email

steve@museumofdinosaurs.org

Organization website address

MuseumofDinosaurs.org

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

27-3564062

7. (untitled)

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

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

8. (untitled)

1. E7 ENT INFORMATION

Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Digital advertising (banner ads, etc.)

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

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

13. (untitled)

9. What are your social media handles?

Facebook: The Dinosaur Store & Museum

14. (untitled)

.. What hashtags do you use?

NA

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Social media post

Website/blog

17. (untitled)

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

501c3-MDAC_IRS.pdf

18. (untitled)

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

Exempt 990 (MuseumDinosaursAncientCultures) GovernmentCopy 2023.pdf

19. (untitled)

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

20. (untitled)

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

Sunbiz-MuseumDAC.pdf

21. (untitled)

15. Upload your completed Checklist.

Checklist-MuseumDinosaurs.pdf

22. (untitled)

16.

ATTESTATION

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



Signature of: Donna Cayer

23. Thank You!

New Send Email

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

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

Date: MAY 1 8 2011

MUSEUM OF DINOSAURS AND ANCIENT CULTURES INC C/O PERRY DOUGLAS WEST ESQ PO BOX 427 COCOA, FL 32923 Employer Identification Number: 27-3564062 DIN: 200341144 Contact Person: ID# 31641 KAREN A BATEY Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: September 22, 2010 Contribution Deductibility: Yes Addendum Applies: No

Dear Applicant:

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

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

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

MUSEUM OF DINOSAURS AND ANCIENT

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

Sincerely

Lois G. Lerner

Director, Exempt Organizations

Enclosure: Publication 4221-PC

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

20**23** Open to Public

Inspection Internal Revenue Service For the 2023 calendar year, or tax year beginning 2023, and ending . 20 C Name of organization Museum of Dinosaurs and Ancient Cultures D Employer identification number Check if applicable: 27-3564062 Doing business as Address change Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change (321) 783-7300 250 W Cocoa Beach Cswy Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 526, 253. Cocoa Beach, FL 32931 Amended return H(a) Is this a group return for subordinates? Yes X No F Name and address of principal officer: Application pending H(b) Are all subordinates included? Tyes No 250 W Cocoa Beach Cswy, Cocoa Beach, FL 32931 Donna Caver,) (insert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions. Tax-exempt status: X 501(c)(3) H(c) Group exemption number Website: N/A 2010 M State of legal domicile: FL L Year of formation: Form of organization: X Corporation Trust Association Other Part I Briefly describe the organization's mission or most significant activities: To expand the awareness and appreciation of prehistoric life and the magnificent accomplishments of the ancient peoples through the Activities & Governance integration of exhibits, educational programs, and collections. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 2 6 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 -7a 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 -Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 13,333 20,793. 8 523,456. 503,163. 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 578. 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 524,534. 12 536,789 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 Benefits paid to or for members (Part IX, column (A), line 4) 115,179 104,848 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX. column (A), lines 11a-11d, 11f-24e) 239,668. 452,368. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 354,847 557,216. 181,942. -32.682. Revenue less expenses. Subtract line 18 from line 12 19 End of Year **Beginning of Current Year** ssets or 726,196. 20 Total assets (Part X, line 16) 1,008,879 414,079. 164,078. 21 Total liabilities (Part X, line 26) . . 562,118. 594,800. 22 Net assets or fund balances. Subtract line 21 from line 20 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. 08/15/2024 Sign Signature of officer Here Donna Cayer, Treasurer Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Check | if Paid self-employed P00038396 08/13/2024 Rhonda Hinds Rhonda Hinds Preparer Rhonda L Hinds & Associates CPA PA Firm's EIN 59-3460369 Firm's name Use Only Firm's address 160 McLeod St, Merritt Island, FL 32953 (321)454-2266

May the IRS discuss this return with the preparer shown above? See instructions

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

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Form 990 (2023)

| orm 99 | 0 (2023) Page 2 |
|--------|--|
| Part | |
| 1 | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: |
| ٠. | To expand the awareness and appreciation of prehistoric life and the |
| | magnificent accomplishments of the ancient peoples through the |
| | integration of exhibits, educational programs, and collections. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | 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? |
| | 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. |
| | the total expenses, and revenue, it any, for each program out the reported. |
| 4a | (Code:) (Expenses \$ 555,078. including grants of \$ 0.) (Revenue \$ 503,741.) |
| | The museum is open to the public and is 100% complete. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$\frac{\text{including grants of \$}}{\text{persenses}}\) (Revenue \$\frac{\text{persenses}}{\text{persenses}}\) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| 40 | (Code) (Experiess # |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4 1 | Other was a project (December on Schodule O.) |
| 4d | Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 555,078. |

| Part | IV Checklist of Required Schedules | | | _ |
|---------|--|-----|------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | × | |
| • | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | ~ |
| 2 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | × |
| 3 | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | × |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> | 4 | | × |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | × |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | × |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | × |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | × |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | × |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | × | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | × |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | × | |
| ď | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | × |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | × |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | × |
| 12a | 0.15 (0.4- 1) | 12a | | × |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | × |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | × |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | × |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | × |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | × |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | × |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | × |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | × |
| 20- | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | × |
| 20a | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| ь 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | × |
| | REV 05/09/24 PRO | | Form | |

| Part | IV Checklist of Required Schedules (continued) | | | |
|--------------|--|-----|-----|------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | <u>X</u> _ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | × |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception: | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | × |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | × |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | × |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | × |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | × |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | × |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 20 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | × |
| 29 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | × |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 36 | | × |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | × |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | × | |
| Part | | | | · 🗆 |
| | | | Yes | No |
| 1a b c | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 10 | | |

Form 990 (2023) Page **5**

| 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 | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | × |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | × |
| b | If "Yes," enter the name of the foreign country | 70 | | |
| b | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | 10.00 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | × |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | × |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | A. JA | | 0.8 |
| | 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? Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was | 7b | | _ |
| С | required to file Form 8282? | 7c | | × |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 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. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | - | |
| 10 a | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | 18.35 | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | 184 | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 11 11 7 | - 20 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40- | | 397 |
| а | 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 | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | × |
| | 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 | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | (T) |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| 17 | If "Yes," complete Form 4720, Schedule O. 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? | 47 | | > 0, |
| | | 17 | | 23 |
| | If "Yes," complete Form 6069. | For | n 99 0 | (2023) |

| Part | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See in | struci | tions. |
|---------------------------|--|-------------------|---------|--------|
| Secti | ion A. Governing Body and Management | | | |
| *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. | | Yes | No |
| b 2 | Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | × |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . | 3 | | × |
| 4 5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? | 4 5 | | × |
| 6 7a | Did the organization have members or stockholders? | 6 | | × |
| b | one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7a 7b | | × |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | 12° 13' | |
| a b | The governing body? | 8a 8b | × | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | ndo l | × |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Rever | iue Co | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | X |
| 11a b 12a b c | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 | 11a 12a 12b | × | × |
| 13 14 | describe on Schedule O how this was done | 12c 13 14 | | × |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a b | The organization's CEO, Executive Director, or top management official | 15a 15b | | × |
| 16a | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | × |
| | 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 | | T S |
| _ | on C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (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) | T (sec | tion 5 | 501(c) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict and financial statements available to the public during the tax year. | | | olicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and report and Cayer, 250 W Cocoa Beach Cswy, Cocoa Beach, FL 32931 (321)960-1092 | cords. | | |

Form 990 (2023) Page **7**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

| (A) Name and title | (B) Average hours per week | box, office | unles er an | Pos neck ss pe d a c | erson | e than is both or/trus | n an tee) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|---------------------------------|---|--------------------------------|-----------------------|-------------------------------|--------------|------------------------------|--------------|---|--|---|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) Steven Cayer | 8.00 | - 100 | | | 9 | | | | | |
| Chairman | | × | 180 | × | | 1 | 0 | | | |
| (2) Donna Cayer Secretary | 8.00 | × | | × | | | | | | |
| (3) Carol Turcotte Director | 2.00 | × | | d | | | | | | |
| (4) Kevin Pruett Director | 2.00 | × | tc | | | | | | | |
| (5) Tony Hernandez III Director | 2.00 | × | | | | | | | | |
| (6) | - Pengli | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | *********** | | | | Γ | | | | | |
| (10) | ************* | | | Г | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, | Γrustees, | Key I | Em | plo | yee | s, an | d F | lighest Compe | nsated Employ | yees (cor | ntinued) |
|--------------|--|---|--------------------------------|-----------------------|---------------|---------------------------------|------------------------------|-------------|---|--|-----------------------------------|----------------|
| | (B) Average hours per week | box, | unles | Pos neck ss pe | rson | e than o is both or/trust | n an | Reportable | (E) Reportable compensation from related | (F) Estimated of otl | amount ner | |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from organizat related orga | the ion and |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | 1 | | | | |
| (20) | | | | П | | | | | | | | |
| (21) | *************************************** | | | | | | | | 1 | | | |
| (22) | *************************************** | | | d | Ø. | | 1 | | | | | |
| (23) | *************************************** | | | | S. | | | | | | | |
| (24) | | | P | | ij | h. | W | | | | | |
| (25) | | | | | | | | | | | | |
| 1b c d | Subtotal | VII, Section | n A | 9 | | | 9 | | the received mar | o than \$100,000 | of | |
| 2 | Total number of individuals (including bur reportable compensation from the organization) | | 101 | iose | = 1151 | .eu | above | =) vv | TIO received mon | e triair \$100,000 | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | Schedule J | for s | uch | ind | ivid | ual | | | | 3 | es No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater th | an \$ | 150, | ,000 | ? / | f "Ye | on a s," | and other competed complete Scheder | nsation from the dule J for such | 4 | × |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | ion or individual | 5 | × |
| Secti | on B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five high compensation from the organization. Rep | nest comp ort comper | ensat Isatio | ed n fo | inde r the | epe e ca | ndent lenda | r ye | ontractors that rear ending with or | eceived more to within the organ | han \$100 ization's t | ax year. |
| | (A) Name and business add | Iress | | | | | | | (B) Description of sen | vices (| (C) Compensatio | on |
| | | | | | | | | | | | | |
| _ | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | ors (includi ation from | ng bu the or | ıt n gan | ot izat | limi ion | ted to | o th | nose listed abov | e) who | | |

| Par | VIII | Check if Schedule O contains a re | espons | e or note to an | y line in this Pa | art VIII | | 2 2 2 2 🗆 |
|---|--------|---|-----------|-----------------|--|--|--------------------------------------|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ທ໌ ນ | 1a | Federated campaigns | 1a | | | | | |
| Ē | b | Membership dues | 1b | | | | | |
| Ê | С | Fundraising events | 1c | | | N Sept at 1 | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | d | Related organizations | 1d | | | | | |
| ij | e | Government grants (contributions) | 1e | 20,050. | | | | |
| Si | f | All other contributions, gifts, grants, | | | | | | |
| ē | | and similar amounts not included above | 1f | 743. | | | | |
| ₹ | g | Noncash contributions included in | | | | | | |
| 힏 | | lines 1a-1f | 1g § | 143. | | | | San S. De |
| a | h | Total. Add lines 1a-1f | | * * * * | 20,793. | | | |
| | _ | | | Business Code | | | | |
| | 2a | Admissions | | 900099 | 503,163. | 503,163. | 0. | 0. |
| e | b | | | | | | | |
| Revenue | C | | | | | | | |
| è | d | | | | | | | |
| | e | All | | | - 50 | | | |
| | f | All other program service revenue | | | 503,163. | A THE STREET | | |
| - | g 3 | Total. Add lines 2a–2f | | | 503,163. | | | |
| | " | other similar amounts) | | | AIRID. | 40 | | |
| | 4 | Income from investment of tax-exem | | | | | | |
| | 5 | Royalties | • | | 20 | | | |
| | , | (i) Rea | - | (ii) Personal | NAME OF THE OWNER, OWNER, OWNE | MINISTER TO THE | | |
| | 6a | Gross rents 6a | | .,, | (DES | | | |
| | b | Less: rental expenses 6b | _ | ACTIVITIES | | | | |
| | C | Rental income or (loss) 6c | | All T | The second | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | Gross amount from (i) Securit | ties | (ii) Other | | | | |
| | ٠.۵ | sales of assets | -00 | - Wildest | Zaza kan | | | Party Consultation |
| | | other than inventory 7a | Comp. | 100 | | | | |
| o l | b | Less: cost or other basis | | edh. | | | | |
| rner Revenue | | and sales expenses . 7b | 50- | 100 | | | | 7 - 1 1 1 1 1 |
| 2 | С | Gain or (loss) 7c | G. IN. | -107 | | | | |
| | d | Net gain or (loss) | -78 | | | | | |
| | 8a | Gross income from fundraising | | | | | | S S MI TELL |
| 5 | | events (not including \$ | 1 1 | 1 | | A THE MINES | | |
| | | of contributions reported on line | | } | | A 15 1 1 1 | | |
| | | 1c). See Part IV, line 18 | 8a | | | | | |
| | b | Less: direct expenses | 8b | | | | | in the soleton |
| | C | Net income or (loss) from fundraisin | g even | ts | | | | |
| | 9a | Gross income from gaming | | | | | | |
| | | activities. See Part IV, line 19 . | 9a | | | | | |
| | b | Less: direct expenses | 9b | | | | | |
| | С | Net income or (loss) from gaming ac | ctivities | * * * * | | | | |
| | 10a | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | 10a | 2,297. | | | | |
| | | Less: cost of goods sold | 10b | 1,719. | | | | |
| | С | Net income or (loss) from sales of in | ventor | | 578. | 578. | 0. | 0. |
| | | | | Business Code | | | | Refiguration to the |
| ē | 11a | *************************************** | | | | | | |
| Revenue | b | | | | | | | |
| ě | С | | | | | | | |
| Œ | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | * * * * | | | Charles and the | |
| | 12 | Total revenue. See instructions | 2 2 | 2 2 2 2 | 524,534 | 503,741. | 0 | Fm 5 |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. Al | All other or | ganizations must d | complete column (/ | 4). |
|---|--------------|--------------------|--------------------|-----|
|---|--------------|--------------------|--------------------|-----|

| _ | Check if Schedule O contains a response | | in this Part IX . | (C) | (D) |
|----------|---|-----------------------|--------------------------|---------------------------------|----------------------|
| | nt include amounts reported on lines 6b, 7b, n, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | 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 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 104,848. | 104,848. | | |
| 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 8 | Other salaries and wages | | A | | |
| 9 | Other employee benefits | | | | |
| 10 11 | Payroll taxes | | | | |
| ıı a | Management | 400 | . 79 | | |
| b | Legal | 0- | | | |
| С | Accounting | 793. | 0. | 793. | 0. |
| d | Lobbying | 34.1 | V | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f g | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column | 4 | 74 | | |
| 9 | (A), amount, list line 11g expenses on Schedule O.) | 135,240. | 135,240. | 0. | 0 - |
| 12 | Advertising and promotion | 46,595. | 46,595. | 0. | 0. |
| 13 | Office expenses | 3,823. | 3,823. | 0. | 0 |
| 14 | Information technology | 107. | 107. | 0. | 0. |
| 15 | Royalties | 4 | | | |
| 16 | Occupancy | 246,560. | 246,560. | 0. | 0. |
| 17 | Travel | 74. | 74. | 0. | 0. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 21 | Interest | | | | |
| 22 | Depreciation, depletion, and amortization . | 3,191. | 1,983. | 1,208. | 0. |
| 23 | Insurance | 2,470. | 2,470. | 0. | 0. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | Bank Service Fees | 14. | 14. | 0. | 0. |
| b | Licenses & Permits | 266. | 266. | 0. | 0. |
| c | Meals | 137. | 0. | 137 | 0. |
| d | Merchant Fees | 13,098. | 13,098. | 0. | 0. |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 557,216. | 555,078. | 2,138. | 0. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | |

29

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31

32

Page 11 Form 990 (2023) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 454,735. 1 172,722. 2 2 3 3 4 4 Accounts receivable, net 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 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 7 8 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a 7,861. 10c 4,670. Less: accumulated depreciation 10b 31,803. 11 11 12 12 Investments—other securities. See Part IV, line 11 546,283. 13 548,804. 13 14 14 15 15 1,008,879. 16 726,196. Total assets. Add lines 1 through 15 (must equal line 33) 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 414,079. 23 164,078. Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 414,079. 26 164,078. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 594,800 562,118. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Form 990 (2023) REV 05/09/24 PRO

594,800.

1,008,879.

29

30

31

32

33

562,118.

726,196.

Page 12 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 524,534. Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 557,216. 2 3 -32,682. 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . 4 594,800. 4 5 5 6 6 7 7 8 8 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 32, column (B)) 10 562,118. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash ☐ Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. × Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Consolidated basis ☐ Both consolidated and separate basis Separate basis Were the organization's financial statements audited by an independent accountant? 2b × If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? × За If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b

REV 05/09/24 PRO

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

| lus | seum of Dinosaurs and Ancient Cultures 27-3564062 | | | | | | | | |
|-------------|--|---|---|--|---|-------------------------|-----------------------------|-------------------------------------|-----------------------|
| | rt I | | Reason for Public Char | rity Status. (All | organizations must | t comple | te this p | art.) See instruction | ons. |
| | | aniza | ation is not a private founda | tion because it is | s: (For lines 1 through | 12, chec | k only or | ne 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 | | Αh | ospital or a cooperative hos | spital service org | anization described ir | n section | 170(b)(1 |)(A)(iii). | |
| 4 | | Am | nedical research organization | on operated in co | onjunction with a hosp | ital desc | ribed in s | ection 170(b)(1)(A) | iii). Enter the |
| | | | spital's name, city, and state | | | | | | |
| 5 | |] An | organization operated for | the benefit of a | college or university | owned o | r operate | d by a government | al unit described in |
| | | | ction 170(b)(1)(A)(iv). (Comp | | | | | | |
| 6 | | A fe | ederal, state, or local govern | nment or governi | mental unit described | in sectio | n 170(b) | (1)(A)(v). | |
| 7 | X | | organization that normally | | | port from | a gover | nmental unit or from | the general public |
| | | des | scribed in section 170(b)(1) | (A)(vi) . (Complet | e Part II.) | | | | |
| 8 | | | ommunity trust described in | | | | | | |
| 9 | | l An | agricultural research organi | zation described | in section 170(b)(1)(| (A)(ix) op | erated in | conjunction with a l | and-grant college |
| | | or L | university or a non-land-gra | nt college of agri | iculture (see instructio | ns). E nte | r the nan | ne, city, and state of | tne college or |
| | | | versity: | | | | | | Table and Table |
| 10 | | roce | organization that normally r eipts from activities related | to its exempt fur | actions subject to cel | rtain exce | entions: a | ind (2) no more than | 331/3% Of Its |
| | | SHIP | port from gross investment | income and unr | related business taxat | ole incom | e (less se | ection 511 tax) from | businesses |
| | _ | acc | uired by the organization a | fter June 30, 197 | See section 509(a | 1)(2). (Cor | nplete Pa | rt III.) | |
| 11 | Ļ | An | organization organized and | operated exclus | sively to test for public | safety. | see secti | on 509(a)(4). | |
| 12 | L | J An | organization organized and | operated exclusiv | vely for the ben efit of, | to perior | n the tun | EQUAL(2) See secti | out the purposes of |
| | | one | or more publicly supported box on lines 12a through 12 | i organizations de d that describes | the type of supporting | us(a)(1) o Lorganiza | ition and | complete lines 12e | 12f and 12g. |
| | | | Type I. A supporting organ | | | | | | |
| á | 2 | Ш | the supported organization | (e) the power to | regularly appoint or e | lect a ma | iority of t | he directors or trust | ees of the |
| | | | supporting organization. You | ou must comple | ete Part IV. Sections | A and B. | jointy or t | no directore or trace | |
| |) | | Type II. A supporting organ | | | | | upported organizati | on(s), by having |
| • | , | | control or management of | the supporti ng o | rganization vested in | the same | persons | that control or man | age the supported |
| | | | organization(s). You must | | | | • | | |
| | | | Type III functionally integ | | | | onnection | n with, and functions | ally integrated with, |
| 1 | | | its supported organization(| s) (see inst ructio | ns). You must compl | lete Part | IV, Secti | ons A, D, and E. | |
| (| d | | Type III non-functionally i | ntegrated. A su | pporting organization | operated | l in conne | ection with its suppo | orted organization(s) |
| | | | that is not functionally integ | grated. The organ | nization generally mus | st satisfy | a distribu | ıtion requirement an | d an attentiveness |
| | | | requirement (see instructio | | | | | | |
| • | • | | Check this box if the organ | ization received | a written determination | on from th | ne IRS th | at it is a Type I, Type | e II, Type III |
| | | | functionally integrated, or 7 | | | oporting o | organizat | ion. | |
| 1 | | | the number of supported of | | | | | | • |
| | _ | | de the following information | | | | vanninette: | (A) Amount of manata- | (vi) Amount of |
| | (i) | Name | e of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 | listed in you | rganization ir governing | (v) Amount of monetary support (see | other support (see |
| | | | | | above (see instructions)) | docur | ment? | instructions) | instructions) |
| | | | | | | Yes | No | | |
| | _ | | | | | | | | |
| 4) | | | | | | | | | |
| <u>ار د</u> | | | | | | | | | |
| B) | | | | | | | | | |
| C) | | | | | | | | | |
| D) | | | | | | | | | |
| — | | | | | | | | | |
| E) | | | | | | | | | |

Schedule A (Form 990) 2023 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 225,226. 202,272. 477,107 536,789 523,955. 1,965,349. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 523,955. 1,965,349. Total. Add lines 1 through 3 . . . 477,107. 536,789. 4 225,226. 202,272. The portion of total contributions by 5 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) 1,965,349. Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2023 (a) 2019 (d) 2022 (f) Total (b) 2020 (c) 2021 Calendar year (or fiscal year beginning in) 523,955. 1,965,349. Amounts from line 4 202,272 477,107. 536,789. 225,226. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 578. 578. Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 1,965,927. 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 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 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

Schedule A (Form 990) 2023

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

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

| Secti | on A. Public Support | | | | | | |
|---------|--|---|-----------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 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 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | 4 | | | |
| 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 | | | August 1 | þ. | | |
| с 8 | Add lines 7a and 7b | | | A | | | |
| Secti | on B. Total Support | | are Yell | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | M | NOV. | | | | |
| 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 | 9 | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop he | | | | , or fifth tax ye | | - January - |
| Secti | on C. Computation of Public Suppor | | | | | 1 -1 | |
| 15 | Public support percentage for 2023 (line | | | | | | % |
| 16 | Public support percentage from 2022 Sch | | | | | 16 | %_ |
| Secti | on D. Computation of Investment In | | | | | T .= 1 | |
| 17 | Investment income percentage for 2023 (| line 10c, colur | nn (f), divided l | by line 13, col | umn (f)) | | % |
| 18 | Investment income percentage from 2022 | Schedule A, | Part III, line 17 | | | 18 | % and line |
| 19a | 331/3% support tests—2023. If the organ 17 is not more than 331/3%, check this box | and stop here | . The organizati | ion qualifies as | a publicly supp | orted organizat | ion \square |
| b | 331/3% support tests – 2022. If the organize line 18 is not more than 331/3%, check this | ation did not on the contract of the contract | check a box on nere. The organ | line 14 or line ization qualifie | 19a, and line 1 s as a publicly s | 6 is more than a supported organ | 33½%, and nization . \Box |
| 20 | Private foundation If the organization di | d not check a | box on line 14 | 19a or 19b | check this box | and see instru | ictions . |

Page 4 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, 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 | 4. / | AΠ | Supporting | Organizations |
|-----------|-------------|----|------------|---------------|
|-----------|-------------|----|------------|---------------|

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

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Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b Schedule A (Form 990) 2023

| Part | IV Supporting Organizations (continued) | | | |
|-------|--|------------|--------|------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 10.5 | |
| а | 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? | 229 | | |
| | | 11a 11b | | |
| b | A family member of a person described on line 11a above? | מוו | | 1400 |
| С | 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 | | |
| Coati | on B. Type I Supporting Organizations | 110 | | |
| Secu | on B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | - | Yes | No |
| | the fill and a significant and a discrete and when the text year along a projective of the discreters | | 162 | 140 |
| 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 | | |
| Secti | on D. All Type III Supporting Organizations | | . 1 | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | 4-1 | | |
| | 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 | 6 | 8 TI | |
| | 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 | | | 5. 8 |
| _ | 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 | | |
| Secti | on 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 in | nstru | ctions | s). |
| а | ☐ 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. | 193 | | NECESSARY. |
| С | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity | see in | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | . Ali | Yes | 140 |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> . | 20 | | 576 |
| 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 | | Kara, |

Schedule A (Form 990) 2023

| Par | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | zations | |
|-----|--|----------|---------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | tru: | st on Nov. 20, 1970 (expl | ain in Part VI). See |
| | instructions. All other Type III non-functionally integrated supporting organ | izat | ions must complete Sect | ions A through E. |
| Sec | tion 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 | | (5) 0 |
| Sec | tion B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 10 | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion 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 | | A. T. |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | ☐ Check here if the current year is the organization's first as a non-functional | | integrated Type III suppo | rting organization |
| ′ | (see instructions). | <i>j</i> | g , p »pp - | |

Schedule A (Form 990) 2023

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| Sect | ion D—Distributions | | | | Current Year |
|----------|---|--|---------------------------|------|------------------------|
| 1 | Amounts paid to supported organizations to accomplish e | exempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exe | | | | |
| | organizations, in excess of income from activity | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | 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 whic | h the organization is res | ponsive | | |
| | (provide details in Part VI). See instructions. | DATA WELLIAM DESCRIPTION OF THE PARTY OF THE | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| <u> </u> | Line 8 amount divided by line 9 amount | | | 10 | |
| | ion E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution | าร | (iii) Distributable |
| | | | Pre-2023 | _ | Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | TATA | |
| 2 | Underdistributions, if any, for years prior to 2023 | A | | - 1 | |
| | (reasonable cause required—explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | 100 |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| С | From 2020 | | | | |
| d | From 2021 | | | | |
| е | From 2022 | | 17,111115 | | |
| 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. | 100 | | | |
| 4 | Distributions for 2023 from Section D, line 7: | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| С | 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, <i>explain in Part VI</i> . 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: | | | | |
| а | Excess from 2019 | | THE SHALL DELICE | | |
| b | Excess from 2020 | | | 16 | |
| C | Excess from 2021 | | | | |
| d | Excess from 2022 | | | | |
| <u>u</u> | Excess from 2023 | | | 110 | A LEASE BY SELECTION |

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| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE D (Form 990)

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.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Museum of Dinosaurs and Ancient Cultures 27-3564062 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) ... Aggregate value of grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 **Conservation Easements** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space 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 Number of conservation easements on a certified historic structure included on line 2a . 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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. **b** Assets included in Form 990, Part X

Page 2

| Scriedui | E D (1 01) | 11 990) 2020 | | | | | | | | | - 0 |
|------------|------------|--|---------------------------|------------------------------|---------------|----------------|----------------|------------------------|--------------------|-----------|--------|
| Part | | Organizations Maintaining | Collections of | Art, Hist | orical T | reasures, | or Oth | er Similar As | sets (c | ontini | ıea)_ |
| 3 | Using | the organization's acquisition, | accession, and oth | ner recor | ds, check | k any of the | followi | ng that make s | significa | nt use | of its |
| | | tion items (check all that apply). | | | | | | | | | |
| а | ПР | blic exhibition | | d [| Loan | or exchange | progra | m | | | |
| _ | | holarly research | | | | | | | | | |
| b | | eservation for future generations | | | | | | | | | |
| C | □ Pr | eservation for future generations de a description of the organizate | i tian'n colloctions s | nd ovola | in how th | av further t | the orga | nization's exer | not nur | oose ir | n Part |
| 4 | | de a description of the organization | tion's collections a | iliu expia | iii NOW ti | ley fulfiler | inc orga | IIIZULIOIT G GAGI | iipt paij | | |
| | XIII. | | P. 41 | J 4! | | historical tr | a a a u ir a a | or other simil | ar | | |
| 5 | Durin | g the year, did the organization | solicit or receive | donation | SOI atri, i | nistoricai tre | sasures, | oction? | αι Γ 1 ν | / F | ¬ N- |
| | asset | s to be sold to raise funds rather | | ined as p | art of the | organizatio | JII S COII | ection: | Y | es | No |
| Part | IV | Escrow and Custodial Arra | angements | | | | | | | _ | |
| | | Complete if the organization | answered "Yes' | ' on Fori | m 990, F | Part IV, line | 9, or r | eported an ar | nount c | n For | m |
| | | 990 Part X, line 21. | | | | | | | | | |
| 1a | Is the | organization an agent, trustee, | custodian, or oth | er intern | nediary fo | or contribut | ions or | other assets n | ot | | |
| | includ | led on Form 990, Part X? | | | | | | 3 3 3 6 3 | □ Y | ſes 🛚 | ☐ No |
| | | s," explain the arrangement in P | | | | | | | | | |
| b | IT "Ye | s, explain the arrangement in F | an Am and comple | ic iiic io | nowing to | abic. | | Δ | mount | | |
| | _ | | | | | | 1c | · | | | |
| С | | ning balance | | | | | _ | | | _ | |
| d | | ions during the year | | | | | 1d | | | | |
| е | | butions during the year | | | | | 1e | | | | |
| f | Endin | g balance | | | | . 2 | 1f | | | | _ |
| 2a | Did th | ne organization include an amou | nt on Form 990, Pa | art X, line | 21, for e | scrow or cu | ıstodial | account liability | /? 📙 \ | ∕es L | _ No |
| b | If "Ye | s," explain the arrangement in P | art XIII. Check here | e if the ex | planation | has been | provided | d in Part XIII | i* i* | , L | |
| Par | | Endowment Funds | | | | | | | | | |
| T GI | | Complete if the organization | answered "Yes" | on For | m 990. F | Part IV. line | 10. | | | | |
| | _ | Complete if the organization | (a) Current year | | or year | (c) Two years | | (d) Three years bac | k (e) Fo | our years | back |
| | . . | h -lanea | (a) Current year | (2) 11, | or you. | (0) | | | T | | |
| 1a | | ning of year balance | | 400 | | | | | | | |
| b | | ributions | | _ | | | - | | _ | | |
| С | Net ir | nvestment earnings, gains, and | - 1 | The same | THE R. | | | | | | |
| | losse | S | :405 | mpd hard | 1980 | | | | _ | | |
| d | Grant | s or scholarships | 11.00 | V | | | | | | | |
| е | Other | expenditures for facilities and | 100 | | | | | | | | |
| | | ams | 300.0 | | C . | | | | | | |
| f | | nistrative expenses | - TO THE | الفسطا | | | | | | | |
| | | of year balance | All Part | Total Property of the Parket | | | | | | | |
| g | Enat | de the estimated percentage of | the current year or | d balanc | a (line 1a | column (a |)) held a | Q' | | | |
| 2 | | | | | e (iiile 19 | i, column (a | ,, noia a | | | | |
| а | | d designated or quasi-endowme | | 70 | | | | | | | |
| b | | anent endowment | _ % | | | | | | | | |
| C | Term | endowment% | 40000 | | | | | | | | |
| | The p | percentages on lines 2a, 2b, and | 2c should equal 1 | 00%. | | | | | | | |
| 3a | Are th | here endowment funds not in th | e possession of the | ne organi | zation tha | at are held | and adr | ninistered for t | he | | |
| | orgar | nization by: | | | | | | | | Yes | No |
| | 6) L | Inrelated organizations? | | | | | | Y | 3a(| i) | |
| | (ii) D | elated organizations? | | | | | | | 3a(i | ii) | |
| L | 16 "\/a | es" on line 3a(ii), are the related o | vraanizations listed | l as requi | red on So | chedule B? | | | 3b | , | |
| b | | ribe in Part XIII the intended use | | | | | | | | | |
| 4 | | | | JII 3 EIIU | ANTHOUGHT II | ui luo. | | | | | |
| Par | t VI | Land, Buildings, and Equip | oment Seconds | " on Ec- | m 000 I | Dart IV line | 112 9 | See Form gan | Part X | line | 10 |
| | | Complete if the organization | | | | | | | | | |
| | | Description of property | (a) Cost or of | | | or other basis | | occumulated preciation | (d) E | Book valu | 16 |
| | | | (investm | ierit) | (0 | other) | ue | preciadori | | | 120 |
| 1a | Land | 3000 000 00 00 | * * | 0. | | | 100,45 | | | | 0. |
| b | | ings | | | | | | | | | |
| C | | ehold improvements | | | | | | | | | |
| _ | | | | | | 22,933. | | 20,076. | | 2, | 857. |
| d | | oment | 8 8 T | | | 13,540. | | 11,727. | | | 813. |
| e T-4-1 | Othe | r | must squal Form 0 | QO Part | | | BIJ | * * * | | | 670. |
| I otal. | . Add I | ines Ta through Te. (Column (d) I | nust equal FORTI 9 | ou, rail. | N, IIII I I U | o, column p | -// • • | | | | |

BAA

| Part VII | Investments – Other Securities Complete if the organization answered "Yes" on Form | m 990 Part IV lin | e 11b. See Form | 90 Part X line 12 |
|-----------------|--|-------------------------|-----------------------|--|
| : | (a) Description of security or category (including name of security) | (b) Book value | (c) Metho | d of valuation: f-year market value |
| (1) Financia | I derivatives | | | |
| | held equity interests | | | |
| | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | ımn (b) must equal Form 990, Part X, line 12, col. (B)) | | elejski pozni i to je | |
| Part VIII | Investments – Program Related Complete if the organization answered "Yes" on Form | n 990. Part IV. lin | e 11c. See Form 9 | 90. Part X. line 13. |
| | (a) Description of investment | (b) Book value | (c) Metho | d of valuation: f-year market value |
| (1) Exhi | oit Components | 548,804. | Cost | |
| (2) | | | | |
| (3) | | Alltonida | | |
| (4) | | | | |
| (5) | | | P | |
| (6) | A STATE OF THE STA | | | |
| (7) | | 100 | | |
| (8) | 70 | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, line 13, col. (B)) | 548,804. | | |
| Part IX | Other Assets | 310,001. | | |
| rarenz | Complete if the organization answered "Yes" on For | n 990. Part IV. lin | e 11d. See Form 9 | 90. Part X. line 15. |
| | (a) Description | | | (b) Book value |
| (1) | The Control of the Co | | | 11.511 |
| (2) | A STATE OF THE PARTY OF THE PAR | | | |
| (3) | - H A | | | |
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| (9) | mn (b) must equal Form 990, Part X, line 15, col. (B)) | | | |
| Part X | Other Liabilities | 8 N X X X X | E 10 E 10 0 10 | |
| raitA | Complete if the organization answered "Yes" on Form | m 990, Part IV, lin | e 11e or 11f. See | Form 990, Part X, |
| 1. | line 25. (a) Description of liability | | | (b) Book value |
| | | | | (b) Dook value |
| (1) Federal in | acome taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
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| (6) | | | | |
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| (9) | W | | | |
| | mn (b) must equal Form 990, Part X, line 25, col. (B)) | | F F F F F F F | to that you art - th - |
| 2. Liability fo | r uncertain tax positions. In Part XIII, provide the text of the footnot | here if the tout of the | n s imancial statemen | solided in Part VIII |
| organization | s liability for uncertain tax positions under FASB ASC 740. Check | here if the text of the | s roothote has been p | OVIDED III FAIL AIII |

Page 4

| Pari | Reconciliation of Revenue per Audited Financial Stateme | | Return |
|---------|--|-------------------------------|---------------------------------|
| | Complete if the organization answered "Yes" on Form 990, | | |
| 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: | f - T | 50 |
| а | Net unrealized gains (losses) on investments | 2a | 1013 |
| b | Donated services and use of facilities | 2b | |
| С | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | (4.3) |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | 1000 |
| b | Other (Describe in Part XIII.) | 4b | |
| С | 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 Statem | | er Heturn |
| | Complete if the organization answered "Yes" on Form 990, | | |
| 1 | Total expenses and losses per audited financial statements | 8 2 2 5 5 2 2 2 2 2 | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | C. A. T. | |
| а | Donated services and use of facilities | 2a | - (B. 74) |
| b | Prior year adjustments | 2b | 1 |
| С | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | | |
| е | 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: | [] | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | e 18.) | 5 |
| Part | XIII Supplemental Information | | |
| Provid | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an | d 4; Part IV, lines 1b and 2b | b; Part V, line 4; Part X, line |
| 2; Par | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | to provide any additional in | nformation. |
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| Schedule D (For | orm 990) 2023 | Page 5 |
|---|--|--|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

| Museum of Dinosaurs and Ancient Cultures | 27-3564062 |
|---|---|
| Pt VI, Line 11b: The board reviews the return before it is filed. | |
| Pt IX, Line 11g: | |
| Description: Leased Labor | |
| Total: \$135,240 | |
| Program services: \$135,240 | |
| Management and general: \$0 | |
| Fundraising: \$0 | |
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Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

| | | 1 |
|---|----|---|
| 1 | 00 | |

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

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN 27-3564062 Museum of Dinosaurs and Ancient Cultures Name and title of officer or person subject to tax Donna Cayer, Treasurer Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) . 1a Form 990 check here **b Total revenue**, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3b 3a Form 1120-POL check here . . . **b Total tax** (Form 1120-POL, line 22) 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part V, line 5) Form 8868 check here . 5a Form 990-T check here **b** Total tax (Form 990-T, Part III, line 4) 6b **b Total tax** (Form 4720, Part III, line 1) Form 4720 check here . 7b Form 5227 check here . b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a **b Tax due** (Form 5330, Part II, line 19) Form 5330 check here 9b 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Form 8038-CP check here 10a 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 and that I have examined a copy of the , (EIN) of entity) 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 to enter my PIN as my signature ▼ lauthorize Rhonda L Hinds & Associates CPA PA Enter five numbers, but 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 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 9 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Rhonda L Hinds & Associates CPA PA Date 08/13/2024 ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Name
Museum of Dinosaurs and Ancient Cultures

Employer Identification No. 27-3564062

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



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

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

Filing Information

Document Number

N10000009050

FEI/EIN Number

27-3564062

Date Filed

09/22/2010

State

FL

Status

ACTIVE

Principal Address

250 W. COCOA BEACH CSWY COCOA BEACH, FL 32931

Mailing Address

250 W. COCOA BEACH CSWY COCOA BEACH, FL 32931

Registered Agent Name & Address

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

Officer/Director Detail

Name & Address

Title Chairman, Director

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

Title Secretary, Director

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

Title DIR

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

Title Director

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

Title DIR

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

Annual Reports

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

Document Images

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For TDO use: PROJECT #- C14-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | Henegar Performing Arts Center | |
|------------------------------|--------------------------------|--|
| Applicant Event Name: | Year-round programming | |
| Applicant Event Name. | | |

| | Yes | No | Comment |
|------------------------------------|-----|----|------------|
| Completed questionnaire | Х | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of | | X | N/A - dw |
| Incorporation – (if applicable) | | | 1,777 2.11 |
| Copy of IRS Determination letter - | | | |
| (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | Х | | |

| All documents have been submitted, reviewed | i ana/or aaaressea in the comments |
|---|------------------------------------|
|---|------------------------------------|

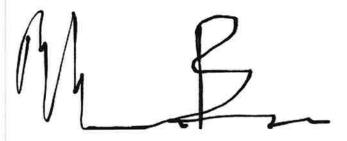
| Cranis, Peter | Digitally signed by Cranis, Peter Date: 2024.10.17 10:55:13 -04'00' | |
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| | | |

Peter Cranis, Executive Director

Response ID:44 Data

2. (untitled)

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



Signature of: Melinda Benya

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Henegar Performing Arts Center

Organization address

625 E New Haven Avenue

State

FL

City

MELBOURNE

Zip

32901

Primary contact name

Melinda Benya

Primary contact phone number

3217238698

Primary contact email

melinda@henegar.org

Secondary contact name

Doug Lebo

Secondary contact phone number

3217238698

Secondary contact email

Doug@henegar.org

Organization website address

625 E New Haven Avenue

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-2306612

7. (untitled)

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

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

8. (untitled)

1. E7 ENT INFORMATION

Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Direct mail

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

Other - Please be specific.....: Patron Database Emails

13. (untitled)

9. What are your social media handles?

Facebook : facebook.com/HenegarCenter

Instagram: @henegarcenter

14. (untitled)

,. What hashtags do you use?

#henegarcenter

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

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

17. (untitled)

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

BRAG IRS Determination_Letter.pdf

18. (untitled)

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

BRAG 990 FY 2023-2024.pdf

19. (untitled)

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

20. (untitled)

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

Detail_by_Entity_Name.pdf

21. (untitled)

15. Upload your completed Checklist.

2024-10-07_122242.pdf

22. (untitled)

16.

ATTESTATION

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

M

Signature of: Melinda Benya

23. Thank You!

New Send Email

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

District Director

Processed Legenal Acts Processed 151 Medaure, 22 32902

atte go Hay

EO Group 7201 C -1130 Atlanta, GA 30301

Person to Contact: (1.7)1 ale Telephone Number (404) 331-4516 Reler Reply to: D: 7201: TFA Date.

au. 32 1980

Dear Sir or Madam:

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

You were recognized as an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code by our letter dated July 18, 1974 . You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 170(b)(.)(H)(vi) + 509(a)(.)

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

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

Thank you for your cooperation.

Sincerely yours,

herd make Exempt Organizations Specialist Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

| | | | Under section 501(c) | , 527, or 4947(a)(1) of the Interna | al Revenu | e Code (exc | ept priva | ite founda | ations) | |
|---|-----------|--|--|--|----------------------------------|--------------------|---------------------|--|--------------|---------------------------|
| Do not enter social security numbers on this form as it may be made | | | | | | | made pi | ıblic. | | Open to Public |
| | | the Treasury ue Service | Go to 1 | www.irs.gov/Form990 for instru | ctions and | d the latest i | informat | ion. | | Inspection |
| | | | lar year, or tax year beg | | 06-01 | Today Sales Sales | A THE STREET STREET | | 05 | -31 ,2024 |
| | | applicable: | | REVARD REGIONAL ARTS | GROUP I | NC | | | D Emplo | yer identification number |
| | ddress o | | | HE HENEGAR CENTER FOR | | | | | | 59-2306612 |
| \equiv | | _ | | | | | Room/suite | - 1 | E Teleph | one number |
| E . | | Harmon and Succession 1 of Society 1 of Soci | | | | | | (321)723-8698 | | |
| E . | | return 625 EAST NEW HAVEN AVE | | | | | G Gross | | | |
| Ħ | | I return/terminated City or town, state or province, country, and ZIP or foreign postal code MELBOURNE, FL 32901 | | | | | \$ | 1,825,318 | | |
| Ħ | mended | | | | | | — T. | l(a) la liva a au | | or subordinates? Yes X No |
| □ A | pplicatio | n pending | F Name and address of princip | | | | | | | 7 7 |
| _ | | | SAME AS C ABO | | | | | l(b) Are all si | | |
| 1 1 | ax-exem | | 501(c)(3) 501(c) (|) (insert no.) 4947(a)(1) or | 52 | 7 | | | | See instructions |
| J A | /ebsite: | | .HENEGAR.ORG | | | | | (c) Group e | | Oliver of Co. Co. |
| | _ | rganization: X | Corporation Trust A | ssociation Other | L | Year of formation | n: 1983 | M S | tate of lega | domicile: FL |
| Pai | t | Summar | | | | | | Cantowoods | | |
| | 1 | • | <u> </u> | sion or most significant activities: | | | | A C. C. C. C. C. C. C. C. C. C. C. C. C. | TAINS, | EDUCATES, AND |
| _ | | ENRICHES | BY PRODUCING TH | E HIGHEST QUALITY PER | FORMING | ARTS EX | PERIE | NCES. | | |
| Activities & Governance | | | | | | | <u> </u> | | | |
| Ē | | | | | | | (D. 1 | A | | |
| ē | 2 | Check this b | ox 🔲 if the organization | discontinued its operations or disp | oosed of m | ore than 25% | 6 of its n | et assets. | n | |
| ၓ္ | 3 | Number of v | oting members of the gov | verning body (Part VI, line 1a) . | | 40.7 | B | - | 3 | 4 |
| <u>مح</u> | 4 | Number of in | ndependent voting membe | ers of the governing body (Part VI, | , line 1b) | VA | 10 | | 4 | 4 |
| ţį | 5 | | | in calendar year 2023 (Part V, line | | 100 Page 1 Table 1 | 4000 | 100 | 5 | 16 |
| <u>₹</u> | 6 | Total numbe | er of volunteers (estimate | f necessary) | . H. | | | 10 | 6 | 3 |
| A | 7a | 70 | | | | 0 | | | | |
| | | | | | from Form 990-T, Part I, line 11 | | | | 7b | 0 |
| _ | <u>"</u> | 1401 dinolate | A DUGITIOO LEKADIO IIIOOTI | | dh. | 300 | 7 | Prior Year | | Current Year |
| | 8 | Contribution | e and grants (Part VIII lin | e 1h) | | | | ,530 | 609,027 | |
| ø) | | | grame (i and in a series and i | | | 1,271 | | 1,208,272 | | |
| Revenue | | 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | 1,211 | 114 | 5,724 |
| e e | 10 | | evenue (Part VIII, column (A), lines 5, 5d, 8c, 9c, 10c, and 11e) | | | 405 | | 2,295 | | |
| œ | 11 | | | 400mL/UF 700MX 700ML | | | _ | 1 074 | | 1,825,318 |
| _ | 12 | | | (must equal Part VIII, column (A), | | | | 1,874 | | 1,823,316 |
| | 13 | | | t IX, column (A), lines 1-3) | | | - | 1,321 | | 0 |
| | 14 | | | IX, column (A), line 4) | | | | 91,465 | | FE7 F60 |
| 10 | 15 | | The second secon | ee benefits (Part IX, column (A), lir | | | | 287 | ,750 | 557,560 |
| 8 | | | The second secon | , column (A), line 11e) | | | | | | 0 |
| Expenses | b | | ising expenses (Part IX, o | | | 0 | | | | |
| Ä | 17 | | ses (Part IX, column (A), | | • • • • • | | | | ,416 | 1,238,070 |
| | 18 | Total expens | ses. Add lines 13-17 (mu | st equal Part IX, column (A), line 2 | 5) | | | 1,738 | | 1,795,630 |
| | 19 | Revenue les | ss expenses. Subtract line | 18 from line 12 | | | | 135 | ,346 | 29,688 |
| 200 | 8 | | The All | | | | Beginn | ing of Curre | nt Year | End of Year |
| Net Assets or | 20 | Total assets | (Part X, line 16) | | | O | | 3,618 | ,918 | 3,850,364 |
| Ass. | 21 | Total liabilitie | es (Part X, line 26) | | | | | 1,318 | ,021 | 1,507,574 |
| Net | 22 | Net assets of | or fund balances. Subtrac | t line 21 from line 20 | | | | 2,300 | ,897 | 2,342,790 |
| Pai | | | ire Block | | | | | | | |
| Unde | r penalti | es of periury. I de | clare that I have examined this re | turn, including accompanying schedules and | d statements, | and to the best o | f my knowle | edge and beli | ef, it is | |
| true, | correct, | and complete. De | claration of preparer (other than | officer) is based on all information of which pr | reparer has a | ny knowledge. | | | F | |
| | | DOLLG | LEBO | | | | | | | |
| Sigi | n i | Signature of office | | | | | | | Dat | e |
| _ | | " | | 1 | | | | | | |
| Her | e | Type or print na | me and title | | | | | | | |
| - | | | | Preparer's signature | | Date | | 051 | ☐ if | PTIN |
| | | | eparer's name | 1 reparer a aignature | | | | Check | U ." | |
| Paid | | SAM O I | | | | 09-30-202 | | self-emp | ployed | XXXXXXXX |
| | parei | | BLUEFO | | | | | π's EIN | | |
| Use | Only | Firm's addres | ss 2542 W C | OODFIELD CIR | | | Ph | one no. | | |
| | | | The Historian | NE FL 32904 | | | | | 321-2 | 233-3311 |
| Mary | the ID | C diequee thic | roturn with the preparer | shown above? See instructions | | | | | | X Yes No |

EEA

| orm | 990 (2023) BREVARD REGIONAL ARTS GROUP INC | 59-2306612 | Page 2 |
|-----|--|-------------------|-----------|
| | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: | | |
| | THE HENEGAR CENTER ENTERTAINS, EDUCATES, AND ENRICHES BY PRODUCING THE HI | GHEST QUALITY PE | RFORMIN |
| | ARTS EXPERIENCES. | | |
| | | | |
| | the ways not listed on the | | |
| 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 | | |
| J | 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 me | easured by | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation | s to others, | |
| | the total expenses, and revenue, if any, for each program service reported. | | |
| | | | |
| 4a | (Code:) (Expenses \$1,625,338 including grants of \$) (Reve | nue \$1,107, | 204) |
| | THE HENEGAR CENTER PUT ON 15 PRODUCTIONS (6 MAINSTAGE SHOWS, 3 SPECIAL EV | VENTS, 1 FELLER S | SUMMER |
| | CAMP, AND 5 SCHOOL YEAR SHOWS) FOR A TOTAL OF 126 PERFORMANCES. 35,000 TO | ICKETS WERE PURCH | HASED FO |
| | THESE PERFORMANCES, 259 STUDENTS ENROLLED IN FELLER ACADEMY AND ABOUT 26 | ,116 VOLUNTEER HC | DURS. |
| | | | |
| | | A | |
| | | | |
| | | | |
| | | · · | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Reve | enue \$ |) |
| | | | |
| | | | |
| | | | |
| | 4 9 1 1 7 | | |
| | | | |
| | - F # F - 1 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Reverse) | enue \$ |) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| -ru | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 1,625,338 | | |
| FA | . And b. 20 | Form | 990 (2023 |

Form 990 (2023)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X_ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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 9 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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," 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X 11e X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X. 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 X 13 X 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 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 X If "Yes," complete Schedule G, Part III...... 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X

59-2306612 Page 4 BREVARD REGIONAL ARTS GROUP INC Form 990 (2023) Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.................. 24c 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a X 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? 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 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 27 X Was the organization a party to a business transaction with one of the following parties (See the Schedule 28 L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a 28b X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c X "Yes," complete Schedule L, Part IV..... X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 X X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI 37 X Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

| _ | | | | | Yes | No |
|-----|--|----|----|----|-----|----|
| 1 a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 52 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | 1 | 81 | | |
| | reportable gaming (gambling) winnings to prize winners? | | | 1c | X | |

569

| Form | 990 (2023) BREVARD REGIONAL ARTS GROUP INC 59-2306 | 612 | | age 5 |
|------|---|------|-----|-------------|
| Par | t 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 | | | 5 , 5 |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 | 5 | | |
| 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 |
| С | 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 | | | |
| Ü | required to file Form 8282? | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | x |
| e | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| f | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| g | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | x |
| h | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| 8 | sponsoring organization have excess business holdings at any time during the year? | 8 | | x |
| • | | | | - |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | x |
| a | | 9b | | x |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 30 | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a | | - | 137 | |
| Ь | Cloud Focolpic, included City City City | - | | |
| 11 | Section 501(c)(12) organizations: Enter: | | 0 | |
| а | Gross income from members or shareholders | - | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | 13 |
| | against amounts due or received from them.) | 100 | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | - | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40- | | |
| а | 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. | 11 5 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | 100 |
| | the organization is licensed to issue qualified health plans | - 11 | | |
| С | Enter the amount of reserves on hand | - | | - |
| 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 Q | 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. | | 100 | |
| 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. | | | |

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

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BREVARD REGIONAL ARTS GROUP INC Form 990 (2023) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **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 relation (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (do i box offici or director | not chect ;, unless cer and a | (C) Position k more berson directe | | (D) Reporable compensation from the organization (W-2/ 1099-MSC/ 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 |
|---|---|---------------------------------------|---------------------------------------|--|--------|--|---|--|
| (1)DOMINIC DEL BROCCO ARTISTIC DIRECTOR | 40.00 | I | | x | 100000 | 107,722 | 0 | 0 |
| (2) GINA BECKLES DIRECTOR | | x | | | | 0 | 0 | 0 |
| (3) RON CLARE DIRECTOR | 0.50 | x | | | | 0 | 0 | 0 |
| _(4)KEITH_MCINTYRE DIRECTOR | 0.50 | x | | | | 0 | 0 | 0 |
| (5)MIKE DEROCHE VICE PRESIDENT | | | | x | | 0 | o | 0 |
| (6) DOUG_LEBOPRESIDENT | 20.00 | | | x | | 0 | 0 | 0 |
| (7) STEVE HUFF SECRETARY | | | | x | | 0 | 0 | 0 |
| (8) NICK RIIPPA TREASURER | 20.00 | | | x | | 0 | 0 | 0 |
| _(9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |

Form 990 (2023)

| Part \ | VIII | Statement of Revenue | | | | | pine. |
|---|------|--|---------------------|-------------------|--|-------------------------------|--|
| | | Check if Schedule O contains a respons | e or note to any li | ne in this Part V | (III | (C) | (D) |
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512–514 |
| | 1a | Federated campaigns 1a | | | | | |
| 60 | b | Membership dues 1b | 113,600 | | | 3. | |
| rant: unts | С | Fundraising events 1c | | | | | 1 to 2 |
| s, mo | d | | | | | | |
| Gifts ar A | е | · | 88,062 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, gifts, grants, | 405.065 | | | | |
| | | and similar amounts not included above 1f | 407,365 | | V 1 | | |
| | g | Noncash contributions included in lines 1a-1f | \$ | | 3 | | |
| and | h | | | 609,027 | | | |
| _ | | Total. Add lines to 11 | Business Code | | | | |
| <u>e</u> | 2a | BOX OFFICE RECEIPTS | 711130 | 847,902 | 847,902 | | |
| | | CONCESSIONS | 711130 | 159,916 | 159,916 | | |
| Program Service Revenue | l . | TUITION | 711130 | 91,367 | 91,367 | | |
| jram Serv Revenue | d | SPECIAL EVENT REVE | 711130 | 109,087 | 109,087 | | |
| gra R | e | | | | All The | | |
| F. | f | All other program service revenue | | | 100 | | |
| | | Total. Add lines 2a-2f | | 1,208,272 | 407 | | |
| er Revenue | 3 | Investment income (including dividends, interest, | | All David | E 774 | | |
| | ١. | other similar amounts) | | 5,724 | 5,724 | - | |
| | 4 | Income from investment of tax-exempt bond proce Royalties | | | 100 | - | |
| | 5 | (i) Real | (ii) Personal | | TO THE RESERVE TO THE | | |
| | fa. | Gross rents 6a | 70 | W SEE | A | | |
| | | Less: rental expenses 6b | A 18 | 18 | | | |
| | | Rental income or (loss) 6c | 7 | Exotisi . | | | |
| | d | Net rental income or (loss) | | × 5.5 | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | 1 | | |
| | | sales of assets | S. 10 | | | | |
| | ١. | other than inventory • • 7a | | | | | |
| | b | Less: cost or other basis | A . | | | | |
| | ١. | and sales expenses 7b Gain or (loss) 7c | 1 | | | | |
| | | Net gain or (loss) | 501 | | | | |
| | 1 | Gross income from fundraising | | | | | |
| 흏 | | events (not including \$ | | | | 3 - 12 1 | 1 3 1 1 1 |
| _ | ĺ | of contributions reported on line | | | to the se | | |
| | | 1c). See Part IV, line 18 | | | | | 8 Tr 1 |
| | | Less: direct expenses | | | | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| | 9a | Gross income from gaming | | | | | No. 1 |
| | ١. | activities. See Part IV, line 19 9a Less: direct expenses 9t | | | | | |
| | | | | | | | |
| | 1 | Gross sales of inventory, less | | | | HILLIAM | |
| | 10a | returns and allowances 10 | а | | | | |
| | ь | Less: cost of goods sold 10 | b | | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| | | | Business Code | | للمستحصو | | |
| Miscellanous Revenue | 11a | OTHER REVENUE | 711130 | 2,295 | 2,295 | | |
| | b | | | | | | |
| | C | | | | | | 1 |
| Mis R | _ | All other revenue | | 2,295 | | | |
| | - | Total. Add lines 11a-11d | | 1,825,318 | | 0 | 0 |
| | 16 | | | _,, | | | |

Page 10 Statement of Functional Expenses Part IX 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 (D) Fundraising (C) (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 107,722 107,722 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50,214 334,762 284,548 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 2,133 237 2,370 112,706 95,799 16,907 10 11 Fees for services (nonemployees): 53,410 53,410 Legal..... 7,939 7,939 e Professional fundraising services. See Part IV, line 17. . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount list line 11g expenses on Schedule O.) 119,437 119,437 12 30,642 30,642 13 3,305 Information technology 8,262 4,957 14 15 19,693 196,928 177,235 16 5,545 5,545 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 42,638 42,638 20 21 Depreciation, depletion, and amortization 203,652 203,652 22 5,147 20,588 23 25,735 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.) 294,488 294,488 a PRODUCTION COST 73,096 65,786 7,310 BANK & CREDIT CARD CHARGES 41,208 41,208 TICKET PRINTING ORDER FEES 1,461 1,461 PROPERTY TAXES 133,629 133,629 e All other expenses 0 Total functional expenses. Add lines 1 through 24e. . 1,795,630 1,625,338 170,292 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)

31

59-2306612 Page 11 Form 990 (2023) BREVARD REGIONAL ARTS GROUP INC **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 80,338 73,971 Cash - non-interest-bearing 2 338,980 405,688 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% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 43,391 9 52,817 9 Land, buildings, and equipment: cost or other 10a 7,059,949 basis. Complete Part VI of Schedule D 2,863,724 10c 3,675,353 3,384,596 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 Other assets. See Part IV, line 11 225,777 15 15 3,850,364 3,618,918 16 16 17 17 18 18 430,425 19 639,605 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 Secured mortgages and notes payable to unrelated third parties 887,596 23 567,769 23 24 300,200 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 1,318,021 26 1,507,574 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 2,300,897 2,342,790

Total liabilities and net assets/fund balances 33 Form 990 (2023) FFA

2,300,897

3,618,918

32

33

2,342,790

3,850,364

| Form | 1990 (2023) BREVARD REGIONAL ARTS GROUP INC | 59-230661 | 2 | Pa | age 12 |
|------|---|-----------|------|------|--------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1, | 825, | 318 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1, | 795, | 630 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 29, | 688 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2, | 300, | 897 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | 12, | 205 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 2, | 342, | 790 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 🗌 Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | 327 |
| | Schedule O. | | | 0.0 | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | L. | | | |
| | separate basis, consolidated basis, or both. | 2 | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| FFA | | | Form | 990 | (2023) |

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SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

| BRE | BREVARD REGIONAL ARTS GROUP INC 59-2306612 | | | | | | | | |
|-------|---|--|--|--|--|---------------------|-------------------------------|----------|--------------|
| Par | tΙ | Reason for Public Cha | rity Status. (A | II organizations mus | st comple | ete this p | oart.) See instruction | ons. | |
| The c | The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) | | | | | | | | |
| 1 | 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 | ıl service organizat | tion described in section | 170(b)(1) | (A)(iii). | | | |
| 4 | | A medical research organization o | perated in conjunc | tion with a hospital descr | ribed in se | ction 170 | (b)(1)(A)(iii). Enter the | | |
| | | hospital's name, city, and state: | | | | | | | |
| 5 | | An organization operated for the be | nefit of a college o | r university owned or op | erated by a | a governm | ental unit described in | | |
| | | section 170(b)(1)(A)(iv). (Comple | te Part II.) | | | | | | |
| 6 | | A federal, state, or local governme | nt or governmenta | I unit described in sectio | on 170(b)(| 1)(A)(v). | | | |
| 7 | X | An organization that normally recei | ves a substantial pa | art of its support from a g | jovernmen | tal unit or f | from the general public | | |
| | | described in section 170(b)(1)(A) | vi). (Complete Par | rt II.) | | | | | |
| 8 | | A community trust described in se | ction 170(b)(1)(A) | (vi). (Complete Part II.) | | - 6 | K. | | |
| 9 | | An agricultural research organizati | on described in se | ction 170(b)(1)(A)(ix) o | perated in | conjunctio | n with a land-grant col | ege | |
| | | or university or a non-land-grant co | llege of agriculture | (see instructions). Enter | the name, | city, and s | tate of the college or | | |
| | _ | university: | | | _,65 | | | | - 2 |
| 10 | Ш | An organization that normally received receipts from activities related to its | | | | | | S | |
| | | support from gross investment inco | me and unrelated I | ousiness taxable income | (less secti | on 511 tax |) from businesses | | |
| | | acquired by the organization after | June 30, 1975. Se | e section 509(a)(2). (Co | mplete Pa | rt III.) | B 28 | | |
| 11 | \vdash | An organization organized and ope | • | And the second s | | 916 | 17.00 | | |
| 12 | Ш | An organization organized and ope | • | | | 1000 | la como | | |
| | | one or more publicly supported org | | The second secon | | | 1007 | i). Chec | :K |
| | | the box on lines 12a through 12d th | | | A STATE OF THE PARTY OF THE PAR | selling warmen than | 10.000 | do- | |
| а | | Type I. A supporting organizat | 100 | | A COLUMN TO STATE OF THE PARTY | 1274 | | ving | |
| | | the supported organization(s) t | | | 200 | arectors | or trustees of the | | |
| _ | | supporting organization. You r | | | | pported or | roonization(c), by bayin | | |
| b | | Type II. A supporting organiza control or management of the s | 400, 197 | HA. "GIA. | | | • | - | |
| | | organization(s). You must cor | The second secon | - Charles - Comment | | at Corition o | i illahage the supporte | u | |
| С | | Type III functionally integrate | Contraction of the Contraction o | | onnection | with and | functionally integrated | with | |
| · | | its supported organization(s) (s | 7.00 | (B) | | | | ••••• | |
| d | | Type III non-functionally inte | A | | | | | ion(s) | |
| - | | that is not functionally integrate | SOOK THINK JUST | | | | | | |
| | | requirement (see instructions). | 700K 57900P | | | | | | |
| е | | Check this box if the organization | on received a writte | en determination from the | IRS that it | is a Type | I, Type II, Type III | | |
| | | functionally integrated, or Type | III non-functionally | integrated supporting or | rganization | 1. | | | |
| f | E | nter the number of supported organ | izations | | | | | | |
| g | Pi | ovide the following information about | | ganization(s). | | | | | |
| | (i | Name of supported organization | (ii) EIN | | | | (v) Amount of monetary | | Amount of |
| | | | | (described on lines 1-10 above (see instructions)) | listed in you docum | | support (see instructions) | | support (see |
| | | | 1 | 25040 (500 mod 4000)) | 4000 | | mon dono.co, | | , |
| | | | | | Yes | No | | | |
| (A) | | | | | | | | | |
| - | | | | | | | | | |
| (B) | | | | | | | | | |
| | | | | | | | | | |
| (C) | | | | | | | | | |
| | | | | | | | | | |
| (D) | | | | | | | | | |
| | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | 1 | | | |

18

| Schedu | le A (Form 990) 2023 BREVARD RE | GIONAL ARTS | GROUP INC | | | 59-230661 | |
|----------|---|--------------------------|---------------------------------------|------------------|-----------------|-------------------|----------------------|
| Part | II Support Schedule for Organiz | ations Descr | ibed in Sect | ions 170(b)(1 |)(A)(iv) and | 170(b)(1)(A) | (vi) |
| | (Complete only if you checked the | ne box on line | 5, 7, or 8 of | Part I or if the | organization | ı failed to qua | lify under |
| | Part III. If the organization fails to | o qualify unde | r the tests lis | ted below, ple | ease complet | e Part III.) | |
| | on A. Public Support | | | | | | 15000 |
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 447,131 | 280,415 | 637,686 | 602,530 | 718,114 | 2,685,876 |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 447,131 | 280,415 | 637,686 | 602,530 | 718,114 | 2,685,876 |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | 4 | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | 1 1 1 2 | dis. | | | |
| | line 1 that exceeds 2% of the amount | | | | 100 | | |
| 0 | shown on line 11, column (f) | _ | | | | | 9,345 |
| 6 | Public support. Subtract line 5 from line 4. | | | 4011 70 | 1 | | 2,676,531 |
| | on B. Total Support | () 2010 | (1.) 0000 | (-) 0004 | (4) 0000 | (=) 0000 | (A) Total |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 447,131 | 280,415 | 637,686 | 602,530 | 718,114 | 2,685,876 |
| 8 | Gross income from interest, dividends, | 1 10 | | D 10 | O. | | |
| | payments received on securities loans, | 1 | B. a | "State | | | |
| | rents, royalties, and income from | do. | A | | 1.00 | | |
| • | similar sources | 100.0 | 400 | | | | |
| 9 | Net income from unrelated business | 466 | | | | | |
| | activities, whether or not the business | Allina Va | | | | | |
| 40 | is regularly carried on | 100 M | line a | | | | |
| 10 | Other income. Do not include gain or | S. S. | 400 | | | | |
| | loss from the sale of capital assets | S 15 1 | | | | | |
| | (Explain in Part VI.) | | × | | | | 2 605 076 |
| 11 | Total support. Add lines 7 through 10 | /a a la atricatio | \ | | | 12 | 2,685,876 |
| 12 | Gross receipts from related activities, etc. | . (se e mstructio | rot occord this | ed fourth or fif | th tay year ac | | 2)(3) |
| 13 | First 5 years. If the Form 990 is for the o | | | | | | |
| Cooti | organization, check this box and stop he on C. Computation of Public Suppo | | | | | • • • • • • • | |
| 14 | Public support percentage for 2023 (line 6 | | | 1 column (f)) | | 14 | 99.65 % |
| | Public support percentage from 2022 Sch | | | | | 15 | % |
| 15 | 33 1/3% support test - 2023. If the organ | ization did not | check the hov | on line 13 and | 1 line 14 is 33 | | |
| 16a | box and stop here . The organization qua | ilization did not | check the box | organization | 11110 1413 00 | 170 70 01 111010, | X |
| b | 33 1/3% support test - 2022. If the organ | nization did not | check a hov o | n line 13 or 16: | and line 15 i | s 33 1/3% or n | |
| b | this box and stop here. The organization | | | | | | |
| 17- | 10%-facts-and-circumstances test - 20 | qualilles as a p | Jubilicity Suppoi sization did not | check a hov o | n line 13 16a | or 16b and lin | ∙∙∙∙∙∙ ∟ ⊪e 14 is |
| 17a | 10%-racts-and-circumstances test - 20 10% or more, and if the organization mee | | | | | | |
| | Part VI how the organization meets the fa | | | | | | |
| | organization | | | | | | |
| h | 10%-facts-and-circumstances test - 20 | | | | | | |
| b | 15 is 10% or more, and if the organization | | | | | | |
| | | | | | | | • |

instructions

EEA Schedule A (Form 990) 2023

in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

BREVARD REGIONAL ARTS GROUP INC

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

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

| Secti | on A. Public Support | | | | | | |
|----------|--|-------------------|--------------------|-------------------|-------------------|-----------------|--------------|
| | dar 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 | | | | | | - |
| Ŭ | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| 7 | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | A | | |
| 6 | Total. Add lines 1 through 5 | | | | Th | | |
| _ | Amounts included on lines 1, 2, and 3 | | | - | - 1 | | |
| 7a | | | | 400 | 18.48 | | |
| L | received from disqualified persons Amounts included on lines 2 and 3 | | | -A-W-40 | 1000 | | - |
| b | received from other than disqualified | | | All Aller | A TO | | |
| | | | - 4 | D | W W | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | - 4 | Siller W. | - Co. Co. | AB 48 | | |
| С | Add lines 7a and 7b | | 77 | 4 | | | |
| 8 | Public support. (Subtract line 7c from | | 4 | | 300 | | |
| 0 | line 6.) | | 0 0 | | 40 | | |
| Secti | on B. Total Support | 6 | 70 | | | | |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | (0) | (-) | | 1.7 | - ' ' | |
| 10a | Gross income from interest, dividends, | and The | | | | | |
| IVu | payments received on securities loans, rents, | M 1 | David. | | | | |
| | royalties, and income from similar sources • | TO. TO. | - | | | | |
| b | Unrelated business taxable income (less | P AP A | | | | | |
| _ | section 511 taxes) from businesses | D. 10 | | | | | |
| | acquired after June 30, 1975 | 4 | | | | | |
| С | Add lines 10a and 10b | -4B | | | | | |
| 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 or | ganization's fi | st, second, thi | rd, fourth, or fi | fth tax year as | a section 501(d | c)(3) |
| | organization, check this box and stop her | _ | | | | | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2023 (line 8 | , column (f), d | ivided by line 1 | 3, column (f)) | | 15 | % |
| 16 | Public support percentage from 2022 Sch | | | | | 16 | % |
| | on D. Computation of Investment Inc | | | | | | |
| 17 | Investment income percentage for 2023 (I | | | y line 13, colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2022 | Schedule A, F | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the orga | nization did no | t check the bo | x on line 14, a | nd line 15 is mo | ore than 33 1/3 | 3%, and line |
| | 17 is not more than 33 1/3%, check this b | | | | | | |
| b | | | | | | | |
| | 33 1/3% support tests - 2022. If the organization | ion did not checl | ca box on line 14 | 4 or line 19a, an | d line 16 is more | than 33 1/3%, a | na |
| ~ | 33 1/3% support tests - 2022. If the organization 18 is not more than 33 1/3%, check this bo Private foundation. If the organization di | x and stop here | . The organization | on qualifies as a | publicly supporte | ed organization | |

Page 4

Part IV

BREVARD REGIONAL ARTS GROUP INC

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.)

| | Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete | Part | V.) | |
|-------|---|----------|-----|------|
| Secti | on A. All Supporting Organizations | | | |
| | A second of the | | 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 | 1 | | |
| • | class or purpose, describe the designation. If historic and continuing relationship, explain. | <u> </u> | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | - | | |
| Ja | lines 3b and 3c below. | За | | |
| 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 | | | 16 |
| | organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | | | |
| _ | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | | |
| | "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| C | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | 4- | | |
| _ | purposes. | 4c | - | - 14 |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| D | designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| • | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | 1 | |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or | | | |
| | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | | |
| | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity | | | |
| | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | _ |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line | | | |
| | 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | - | _ |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | (17) | | |
| | disqualified persons, as defined in section 4946 (other than foundation managers and organizations | 00 | | |
| | described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which | 9b | | |
| _ | the supporting organization had an interest? If "Yes," provide detail in Part VI . Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit | 30 | - | |
| С | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| 100 | Was the organization subject to the excess business holdings rules of section 4943 because of section | 33 | | C |
| 10a | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer line 10b below. | 10a | | |
| | | - | | _ |

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.)

Schedule A (Form 990) 2023

10b

7

(see instructions)

BREVARD REGIONAL ARTS GROUP INC 59-2306612 Page 6 Schedule A (Form 990) 2023 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. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances 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 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions).

EEA Schedule A (Form 990) 2023

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

BREVARD REGIONAL ARTS GROUP INC 59-2306612 Schedule A (Form 990) 2023 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (ii) (iii) (i) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 3 a From 2018 **b** From 2019 c From 2020 **d** From 2021 From 2022 Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. 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. 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. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2019 Excess from 2020 Excess from 2021 d Excess from 2022 e Excess from 2023

EEA Schedule A (Form 990) 2023

| Schedule A (F | orm 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.) |
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Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

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

Filing Information

 Document Number
 768558

 FEI/EIN Number
 59-2306612

 Date Filed
 05/20/1983

State FL

Status ACTIVE

Last Event NAME CHANGE AMENDMENT

Event Date Filed 08/16/2024
Event Effective Date NONE

Principal Address

625 E. NEW HAVEN AVE. MELBOURNE, FL 32901

Changed: 02/25/1994

Mailing Address

625 E. NEW HAVEN AVE. MELBOURNE, FL 32901

Changed: 04/22/2011

Registered Agent Name & Address

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

Name Changed: 07/30/2021

Address Changed: 12/08/2016

Officer/Director Detail
Name & Address

Title Secretary

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

Title VP

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

Title President

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

Title Treasurer

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

Annual Reports

| Report Year | Filed Date | | | | |
|-------------|------------|--|--|--|--|
| 2022 | 01/23/2022 | | | | |
| 2023 | 01/21/2023 | | | | |
| 2024 | 02/10/2024 | | | | |

Document Images

| 08/15/2024 Name Change | View image in PDF format |
|------------------------------------|--------------------------|
| 02/10/2024 ANNUAL REPORT | View image in PDF format |
| 01/21/2023 ANNUAL REPORT | View image in PDF format |
| 01/23/2022 ANNUAL REPORT | View image in PDF format |
| 07/30/2021 – ANNUAL REPORT | View image in PDF format |
| 03/18/2020 – ANNUAL REPORT | View image in PDF format |
| 06/25/2019 — AMENDED ANNUAL REPORT | View image in PDF format |
| 02/04/2019 – ANNUAL REPORT | View image in PDF format |
| 02/08/2018 ANNUAL REPORT | View image in PDF format |
| 01/11/2017 ANNUAL REPORT | View image in PDF format |
| 12/12/2016 — Amendment | View image in PDF format |
| 12/08/2016 AMENDED ANNUAL REPORT | View image in PDF format |
| 04/27/2016 – ANNUAL REPORT | View image in PDF format |
| 04/27/2015 – ANNUAL REPORT | View image in PDF format |
| 01/28/2014 ANNUAL REPORT | View image in PDF format |
| 04/12/2013 ANNUAL REPORT | View image in PDF format |
| 03/16/2012 – ANNUAL REPORT | View image in PDF format |
| 05/05/2011 ANNUAL REPORT | View image in PDF format |
| 04/22/2011 – ANNUAL REPORT | View image in PDF format |

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

For TDO use: PROJECT #- C6-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | Titusville Playhouse |
|------------------------------|------------------------|
| Applicant Event Name: | Year-round programming |

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

| All documents have been : | submitted reviewe | d and/or add | ressed in the comments. |
|---------------------------|-------------------|--------------|-------------------------|
|---------------------------|-------------------|--------------|-------------------------|

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

Peter Cranis, Executive Director

Response ID:30 Data

2. (untitled)

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



Signature of: Marcia Gaedcke

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Titusville Playhouse

Organization address

301 Julia Street

State

fl

City

Titusville

Zip

32796

Primary contact name

Steven Heron

Primary contact phone number

3212681125 x101

Primary contact email

steven@titusvilleplayhouse.com

Secondary contact name

Marcia Gaedcke

Secondary contact phone number

3212681125 x104

Secondary contact email

marcia@titusvilleplayhouse.com

Organization website address

titusvilleplayhouse.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-6177447

7. (untitled)

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

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

8. (untitled)

1. E7 ENT INFORMATION

Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Billboards

Direct mail

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

13. (untitled)

9. What are your social media handles?

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

14. (untitled)

,. What hashtags do you use?

#playhouse60

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Direct mail

Event brochures/program (Playbill, etc.)

Website/blog

17. (untitled)

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

IRSDeterminationLetter.pdf

18. (untitled)

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

TITUSVILLE_PLAYHOUSE_2022 AmendedTaxReturn.pdf

19. (untitled)

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

20. (untitled)

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

SunBiz2024.pdf

21. (untitled)

15. Upload your completed Checklist.

2425TDCApplicantChecklist.pdf

22. (untitled)

16.

ATTESTATION

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



Signature of: Marcia Gaedcke

New Send Email

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



U. S. TREASURY DEPARTMENT INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR

Adomilla, Florida P. 7. Dog 4760 Dovember 14, 1966

Mostille Playters Mosmille, Florida 3

15-21-01150-59

ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT DIRECTOR OF INTERNAL REVENUE

Jaconsville, Florida

FORM 990-A RE-

ACCOUNTING PERIOD

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K YES

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Contlament

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CCARABBARABA

On the basis of your stated purposes and the understanding that your operations will continue as on the total of your states purposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of that you are exempt from receive income tax as an organization described in section 301(0)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

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

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

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

This is a determination letter.

Very truly yours,

R.H. Bath, &.

District Director

Forms 990 / 990-EZ Return Summary

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

| Net Asset / Fund Balance at Begin | ning of Year | | | | | |
|---------------------------------------|------------------------|-------------|----------------|--------------|------------------|-------------|
| | ining of Feat | | | | | 1,387,678 |
| Revenue | | | | | | |
| Contributions | | 668 | 3,669 | | | |
| Program service revenue | | 1,357 | 7,966 | | | |
| Investment income | _ | | L,753 | | | |
| Capital gain / loss | _ | -8 | 3,070 | | | |
| Fundraising / Gaming: | | | | | | |
| Gross revenue | | | | | | |
| Direct expenses | | | | | | |
| Net income | | 101 | 110 | | | |
| Other income | = | 105 | 5,440 | | 05 750 | |
| Total revenue | | | | | 25,758 | |
| Expenses | | 4 276 | 000 | | | |
| Program services | | 1,3/5 | 9,890 5,438 | | | |
| Management and general | - | 593 | ,438 | | | |
| Fundraising | - | | | 1 0 | 75 220 | |
| Total expenses | | | | | 75,328 | 150,430 |
| Excess / (deficit) | | | | | | 130,430 |
| Changes | | | | | | -2,750 |
| Reconciliation of F | Revenue | | | F | Reconciliation o | of Expenses |
| otal revenue per financial statements | | | Total e | | | ents |
| ess: | | | Less: | | | |
| Unrealized gains | | | Do | nated servic | es | |
| Donated services | | | Prid | or year adju | stments | - |
| Recoveries | | | Los | sses | | |
| Other | | | Oth | ner | | |
| Ylus: | | | Plus: | | | |
| Investment expenses | | | Inv | estment exp | enses | |
| Other | 0 105 5 | <u> </u> | Oth | | | 1 075 22 |
| Total revenue per return | 2,125,7 | 58 | | Total expe | enses per returr | 1,975,32 |
| | | 1 | Balance She | eet | | |
| | Beginning | ' | Ending | | Difference | s |
| Assets | 5,271,3 | 33 | 4,473, | 191 | | |
| Liabilities | 3,883,6 | | 2,937, | | | |
| Net assets | 1,387,6 | 78 | 1,535, | 358 | 147, | 680 |
| | Miscell Amended return | aneous Info | rmation | | | |

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

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

2022

OMB No. 1545-0047

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.

EIN or SSN Name of filer 59-6177447 TITUSVILLE PLAYHOUSE INC Name and title of officer or person subject to tax KATY BALL PRESIDENT 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. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here **b Total revenue**, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here 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 , (EIN) and that I have examined a copy of the of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only Beach Street Accounting LLC to enter my PIN as my signature ERO firm name on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 06/18/24 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 59234505190 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 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 06/18/24 SHANNON RUBIN Date ERO Must Retain This Form — See Instructions

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

990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

| <u>A</u> | For th | e 2022 d | | | | ear be | eginning (| DO/UL | 122 | , and ending | 05/31 | 12 | <u> </u> | _ | | ., | | _ | |
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| E | | - | | revenue | • | | | | ***** | | | . - | | 73, | | | 1,35 | | |
| Revenue | | | | | | | | | | | | | | | 443 | | | -6,3 | |
| IE. | 11 (| Other rev | enue (F | art VIII, d | column | (A), lir | nes 5, 6d, 8d | c, 9c, 10c | , and | 11e) | | . _ | | 79, | | | |)5,4 | |
| | 12 7 | Total reve | enue – | add lines | 8 thro | ugh 11 | (must equa | I Part VIII | , colui | mn (A), line 12) | | | 2,2 | 49, | <u>720</u> | | 2,12 | 25,7 | 58 |
| | 13 (| Grants ar | id simila | ar amoun | ts paid | (Part | IX, column (| A), lines | 1-3) | | re organization | | | | 0 | | | _ | 0 |
| | | | | | | | X, column (A | | | | | - 1 | | | 0 | | | | 0 |
| | ı | | | | | | | | | (A), lines 5-10) | | | 7 | 05, | 253 | | 8 | 76,8 | 122 |
| Ses | | | | | | | | | | | | | | | 0 | | | | 0 |
| Expenses | 15a | Total fund | Iraisina | ovnense | (Part | IX co | Jumn (D) lin | e 25) | | | 0 | . | | | | | | | |
| X | | | | | | | | | | | | . - | 1.2 | 09, | 813 | | 1,09 | 8.5 | 06 |
| | | | | | | | | | | | | | | 15, | | | 1,97 | | |
| | | | | | | | | | n (A), | line 25) | | · - | | 34, | | | | 50,4 | |
| | 19 F | Revenue | less ex | penses. S | Subtrac | ct line | 18 from line | 12 | | | | - | | | | | End of | | 130 |
| lo si | | T-4+1 · | -4- /D: | . V #:-= : | 16\ | | | | | | | \vdash | Beginning of | 71, | | | 4,4 | | 91 |
| SSe | 20 | | | | | | | | | | | | | 83, | | | 2,93 | | |
| Net Assets or Fund Balances | 21 7 | | | | | | | | 4.00 | | | · - | | 87, | | | $\frac{2}{1}, 53$ | | |
| | | | | | | btract I | ine 21 from | line 20 | SEE SE | | | | 1,3 | 01, | 0/0 | | 1,5 | 55,3 | 30 |
| _ | art II | | | re Bloc | | | | | | | | | | | | | | | |
| | | | | | | | | | | ompanying schedule | | | | | my kno | wledge a | and belie | f, it is | |
| trı | ie, corre | ect, and co | mplete. | Declaratio | n of pre | eparer (| other than off | icer) is ba | sed on | all information of w | hich prepare | er has | s any knowle | dge. | , | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Sig | ın | Signature | of officer | | | | | | | | | | | | Date | | | | |
| Hei | | KAT | BA | LL | | | | | | PRES | SIDENT | • | | | | | | | |
| . • | - | _ | rint name | | | | | | | | | | | | | | | | |
| | | Print/Type | preparer | s name | | | | Preparer | 's signa | iture | | | Date | | Check | if | PTIN | | _ |
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| | parer | | 22.5 | | \ a a l | . 61 | rest 1 | | | ng LLC | | | 1 00/ | T | 4. | | -45 | | 54 |
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| Joe | Unity | | | | | | | | | | | | | 1. | | 206 | -26 | 7_0= | :21 |
| _ | | Firm's ad | | | | | Beach, | | | 114-4430 | | | | Phone | по_ | 366 | -26 | | _ |
| | | | | | | | shown abov | | nstruc | tions | ****** | | ********** | | | | Y | es | No |
| | Paperw | ork Redu | ction A | ct Notice, | see th | e sepa | rate instruction | ons. | | | | | | | | | For | 990 | ⁽² 59 |
| ΑА | | | | | | | | | | | | | | | | | | | 00 |

| Form 990 (2022) TITUSVILLE PI | AYHOUSE INC | 59-6177447 | 1 | Page 2 |
|---|--|-------------------------------------|---|---|
| | n Service Accomplishment | s | | |
| Check if Schedule O c | ontains a response or note to | any line in this Part III | | |
| 1 Briefly describe the organization's mis- | sion: | | | |
| LIVE THEATRE PERFORM | ANCES AND EDUCATION | ON | | |
| ************************************* | | | | 0.0000007400000000000000000000000000000 |
| ***************************** | | | | |
| MODEL OF STATE OF STA | POPER CONTRACTOR DE LE CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CO | | | 11 COLD CONTROL #14 Francis [Avenue 100 400 |
| 2 Did the organization undertake any sig | nificant program services during the | year which were not listed on the | 9 | |
| prior Form 990 or 990-EZ? | | ************* | | Yes X No |
| If "Yes," describe these new services of | | | | |
| 3 Did the organization cease conducting, | or make significant changes in how | it conducts, any program | | |
| services? | | | | Yes X No |
| If "Yes," describe these changes on So | hedule O. | | | |
| 4 Describe the organization's program se | rvice 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 re | port the amount of grants and all | ocations to others, | |
| the total expenses, and revenue, if any | , for each program service reported | | | |
| | | | | |
| 4a (Code:) (Expenses \$ PRODUCTION OF LIVE T | | FOR A TOTAL OF | | 1,123,704) SHOWS WITH |
| 30, 950 ATTENDEES AN | D 1,053 PARTICIPAN | ITS AND VOLUNTEER | RS | |
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| 4b (Code:) (Expenses \$ CLASSES, WORKSHOPS AI CHILDREN ABOUT ARTIS' CAMPS AND YOUTH EVEN' PARTICIPANTS | TIC AND TECHINCAL | S CONSTRUCTED TO | ERE 8 WORKS | SHOPS, |
| AND VOLUNTEERS. | \$150,1100 PERONG PERIOD CONGRESS CONGRESS CONGRES | | | |
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| 7/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4 | | | | |
| 4d Other program services (Describe on S | chedule () | | | |
| (Expenses \$ | including grants of \$ |) (Revenue \$ | | 3 |
| 4e Total program service expenses | 1,379,890 | / Tresence a | | |
| . Total program service expenses | -,-,-,-,- | | | |

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

Form 990 (2022) TITUSVILLE PLAYHOUSE INC

Part IV Checklist of Required Schedules (continued)

| Fe | THE TO THE CHIEF OF THE CHIEF O | | Yes | No |
|-----|--|---------|------|--|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 100 | |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| 23 | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | 0.5 |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | 0.51 | | x |
| | If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 26 | | x |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | 27 | | x |
| | persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | WE ! | |
| 28 | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | 1.5 | | |
| _ | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| а | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| ٠ | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| • | conservation contributions? If "Yes," complete Schedule M | 30 | _ | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | - | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | _ | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | 3,7 |
| | or IV, and Part V, line 1 | 34 | - | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | - | <u> </u> |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 1 | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | 1- | \vdash |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 36 | | x |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | 1 | + |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 37 | | x |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | · · · | † | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | 38 | x | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. art V Statements Regarding Other IRS Filings and Tax Compliance | 1 | - | |
| P | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
| _ | Official in deficially of contains a response of fiscally and in this case is | | 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 | | 10 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | _ |

Form **990** (2022)

13a

13b 13c

13

15

16

Section 501(c)(29) qualified nonprofit health insurance issuers.

Enter the amount of reserves on hand

excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Note: See the instructions for additional information the organization must report on Schedule O. 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

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O
 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

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

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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

X

X

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

| Sec | tion A. Governing Body and Management | | | |
|-----|---|-------------|------------|-------------|
| | W 0. 11 - | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 5 | - 1 | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | - 1 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | v |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | 1.1 | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | _ | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | _ | X |
| 6 | Did the organization have members or stockholders? | 6 | _ | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 1_1 | | • |
| | one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 1 1 | | ., |
| | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | 37 | |
| а | The governing body? | 8a | X | _ |
| b | Each committee with authority to act on behalf of the governing body? | 8b | <u>X</u> | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | 77 |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C | oae.) | | 4400 |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | - | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | l l | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | v |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | <u> </u> | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | _ |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 1 - 3 | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 11 11 | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | _ | X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | 100 | | |
| | organization's exempt status with respect to such arrangements? | 16b | L | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed None | estrate. | | |
| 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 | | | |
| | TEVEN HERON 301 JULIA STREET | | | |
| | ITUSVILLE FL 32796 32 | <u>1-26</u> | <u>8-1</u> | <u> 125</u> |

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.

K 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 | box | Position Position not check more than one cut unless person is both an cut and a director/frustee) | | | | ۱ ۱ | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|------------------------------------|---|-----------------------------------|--|---------|--------------|------------------------------|--------|---|---|---|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) JIM BALL SECRETARY | 0.00 | | | x | | | | 0 | 0 | 0 |
| (2) KATY BALL | 0.00 | | | | | | | | | |
| PRESIDENT (3) MELISSA LUGO | 0.00 | | | X | | \vdash | - | 0 | 0 | 0 |
| VICE PRESIDENT (4) KAREN MACDONALD | 0.00 | | | x | | | _ | 0 | 0 | 0 |
| TREASURER | 0.00 | | | x | | | | 0 | 0 | 0 |
| (5) | | | | | | | | | | 1 |
| (6) | | | | | | | | | | |
| (7) | | | | | | \Box | 1 | | | |
| (8) | | | | | | \vdash | 1 | | | |
| (9) | | | | | | | 1 | | | |
| (10) | KARASEONIA MASSONAISSA | | | | | | - | | | |
| | 19:01:01:17:17:17:17:17:17:17:17:17:17:17:17:17 | | | | | | | | | |
| (11) | | | | | | | | | | 000 |

| 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 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual | Part VII Section A. Officers | Directors, Tru | stee | s, K | ey E | mpl | oyee | s, a | nd Highest Compensated | Employees (continued) | |
|---|--|---|------------------------------------|---|-------------------------------|-----------|----------------------------------|------------------|--|---|--|
| Subtotal Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total qualities 1s and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of expectable compensation from the organization is any former officer, director, trustee, key employee, or highest compensation and expectable compensation and related organizations greater than \$150,0000 if "Yes" complete Schedule J for such individual stand on line 1s receive or accrue compensation from the organization and related organizations greater than \$150,0000 if "Yes" complete Schedule J for such individual stand on line 1s receive or accrue compensation from the organization or individual stand on line 1s receive or accrue compensation from the organization or individual stand on line 1s receive or accrue compensation from the organization or individual stand on line 1s receive or accrue compensation from the organization. Part Yes complete Schedule J for such individual stand on line 1s receive or accrue compensation from the organization. Part Yes complete Schedule J for such person to individual stand on line 1s receive or accrue compensation from the organization. Part Yes complete Schedule J for such person or individual stand on line 1s receive or accrue compensation from the organization or individual stand on line 1s receive or accrue compensation from the organization. Part Yes complete Schedule J for such person or individual standard organization or individual standard organization. Part Yes complete Schedule J for such person or individual standard yes accrue to the organization or individual standard yes accrue t | | Average hours per week (list any hours for related organizations | or directo | Position (do not check more than or box, unless person is both officer and a director/truste | | | | | Reportable compensation from the organization (W-2/ 1099-MISC/ | Reportable compensation from related organizations (W-2/ 1099-MISC/ | Estimated amount of other compensation from the organization and |
| Subtotal Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total quad lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, trustee, key employee, or highest compensated amployee on line 1a? If Yes, "complete Schedule / Ins such individual amployee on line 1a? If Yes," complete Schedule / Ins such individual and present is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes," complete Schedule / Ins such individual and in the 1a receive or accrue compensation from any unrelated organization or individual for sevices received to the organization of the "Yes," complete Schedule / Ins such person Scheduler organization in the 1a receive or accrue compensation from any unrelated organization or individual for sevices received the to require any organization in the 1a receive or accrue compensation from any unrelated organization or individual for sevices received the total person. Scheduler organization in the 1a received or accrue compensation from the calendar year ending with or within the organization's tax year. Name and befores address Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Decostor M serves Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | stee | ustee | | | ensated | | | | |
| Subtotal Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total quad lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, trustee, key employee, or highest compensated amployee on line 1a? If Yes, "complete Schedule / Ins such individual amployee on line 1a? If Yes," complete Schedule / Ins such individual and present is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes," complete Schedule / Ins such individual and in the 1a receive or accrue compensation from any unrelated organization or individual for sevices received to the organization of the "Yes," complete Schedule / Ins such person Scheduler organization in the 1a receive or accrue compensation from any unrelated organization or individual for sevices received the to require any organization in the 1a receive or accrue compensation from any unrelated organization or individual for sevices received the total person. Scheduler organization in the 1a received or accrue compensation from the calendar year ending with or within the organization's tax year. Name and befores address Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Decostor M serves Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | | | | |
| Subtotal Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total quad lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, trustee, key employee, or highest compensated amployee on line 1a? If Yes, "complete Schedule / Ins such individual amployee on line 1a? If Yes," complete Schedule / Ins such individual and present is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes," complete Schedule / Ins such individual and in the 1a receive or accrue compensation from any unrelated organization or individual for sevices received to the organization of the "Yes," complete Schedule / Ins such person Scheduler organization in the 1a receive or accrue compensation from any unrelated organization or individual for sevices received the to require any organization in the 1a receive or accrue compensation from any unrelated organization or individual for sevices received the total person. Scheduler organization in the 1a received or accrue compensation from the calendar year ending with or within the organization's tax year. Name and befores address Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Decostor M serves Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | | 95 | | |
| Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization on 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 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 Total number of independent Contractors 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 Total number of independent contractors (including but not limited to those listed above) who | | | | | | | | | | | |
| Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from 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 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 For services rendered to the organization? If "Yes," complete Schedule J for such person Soin B. Independent Contractors Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Total number of independent contractors (including but not limited to those listed above) who | | | | | | | | | | | |
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| Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 Total number of independent Contractors 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 Total number of independent contractors (including but not limited to those listed above) who | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | |
| Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 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 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 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 15 | | | | | | | | | | | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O 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 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 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 Stion B. Independent Contractors 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 Description of services Total number of independent contractors (including but not limited to those listed above) who | Total from continuation shee | ets to Part VII, S | Secti | on A | | | | | | | |
| 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 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 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 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. Description of services Total number of independent contractors (including but not limited to those listed above) who | Total number of individuals (ind | | | | those | e list | ed at | ove |) who received more than \$ | \$100,000 of | |
| 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 Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who | Did the organization list any fo employee on line 1a? <i>If "Yes,"</i> For any individual listed on line organization and related organization and related organization any person listed on line 1 | rmer officer, directions of the complete Schede 1a, is the sum dizations greater a receive or acc | ector, lule of of re than | for porta \$15 | such able 60,00 pens | o indicom | ividua pens f "Yes from | ation s, " co | and other compensation for suc complete Schedule J for suc unrelated organization or | h individual | 3 X |
| 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 Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who | | | es," | com | olete | Sch | edule | e J f | or such person | | 5 X |
| Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who | Complete this table for your five | e highest compa | ensat | ted in | ndep | ende | ent co | ontra enda | actors that received more that year ending with or within | nan \$100,000 of n the organization's tax yea | r. |
| | Name and | (A) business address | | | | | | | Descrip | (B) tion of services | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| toogy/or more than a till till of companyation from the organization | Total number of independent of | contractors (inclu | ding | but 1 | not l | imite | d to | thos | e listed above) who | • | 1 1 |

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (A) (B) Related or exempt Total revenue Unrelated function revenue business revenue from tax under sections 512-514 Gifts, Grants illar Amounts 1a Federated campaigns 1a 83,800 **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 193,424 Contributions, and Other Sim f All other contributions, gifts, grants, 391,445 1f and similar amounts not included above g Noncash contributions included in lines 1a-1f 668,669 h Total. Add lines 1a-1f Business Code 1,093,421 1,093,421 2a BOX OFFICE ADMISSION Program Service Revenue 174,853 174,853 HOSPITALITY INCOME 59,409 59,409 CHILDRENS THEATRE 30,283 30,283 MERCH INCOME f All other program service revenue 1,357,966 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 1,753 1,753 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a 6a Gross rents **b** Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities sales of assets -8,070 other than inventory b Less: cost or other Revenue 7b basis and sales exps. -8,070 c Gain or (loss) 7c -8,070 -8,070 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 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 96 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 Business Code **Miscellaneous** 56,881 56,881 11a MISC INCOME 44,900 44,900 3,659 3,659 INSURANCE CLAIM С d All other revenue 105,440 e Total. Add lines 11a-11d 2,125,758 1,457,089 12 Total revenue. See instructions

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons | e or note to any line in this | organizations must comple Part IX | ete column (A). | 18516/11992/465-00-00-00-0 |
|--|-------------------------------|--------------------------------------|-------------------------------------|--------------------------------|
| 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 |
| 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 | | | | XX III III |
| 3 Grants and other assistance to foreign | | | | |
| organizations, foreign governments, and | | | Section 1975 | |
| foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, | | | | |
| trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 759,051 | 574,688 | 184,363 | |
| 8 Pension plan accruals and contributions (include | | , | | |
| section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 66,320 | 329 | 65,991 | |
| 10 Payroll taxes | 51,451 | 51,451 | | |
| 11 Fees for services (nonemployees): | / | | | |
| | | | | |
| a Management | 1,500 | 1,500 | | |
| | 23,775 | | 23,775 | |
| c Accounting d Lobbying | | | | |
| Professional fundraising services. See Part IV, line 17 | | | | |
| _ | 659 | | 659 | |
| | | | | |
| • • | | | | |
| (A) amount, list line 11g expenses on Schedule O.) | 121,645 | 121,645 | | |
| 12 Advertising and promotion | 30,418 | 30,318 | 100 | |
| 13 Office expenses | 13,932 | 30/310 | 13,932 | |
| 14 Information technology | 13,332 | | | |
| 15 Royalties | 169,465 | | 169,465 | |
| 16 Occupancy | 26,611 | 26,611 | 105/105 | |
| 17 Travel | 20,011 | 20,011 | | |
| 18 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 59,815 | | 59,815 | |
| 20 Interest | 39,613 | | 39,013 | |
| 21 Payments to affiliates | 117,281 | 117,281 | | |
| 22 Depreciation, depletion, and amortization | 42,748 | 117,201 | 42,748 | |
| 23 Insurance | 42,740 | | 42,740 | |
| 24 Other expenses. Itemize expenses not covered | | | | |
| above (List miscellaneous expenses on line 24e. If | | 7.7 | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O.) | 204 100 | 204 120 | | |
| a PRODUCTION COSTS | 294,120 | 294,120 | | |
| b HOSPITALITY EXPENSE | 78,551 | 78,551 | | |
| c BANK/CC/MEMB/MERCH/TICKET | 74,735 | 74,735 | 34,590 | |
| d ADMINISTRATIVE COSTS | 34,590 | 0.661 | 34,390 | |
| e All other expenses | 8,661 | 8,661 | EOE 430 | 0 |
| 25 Total functional expenses, Add lines 1 through 24e | 1,975,328 | 1,379,890 | 595,438 | 0 |
| Organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if | | | | |
| following SOP 98-2 (ASC 958-720) | | | | m 990 (2 |

Form 990 (2022) TITUSVILLE PLAYHOUSE INC Part X Balance Sheet

| | Check if Schedule O contains a response or r | | | (A) Beginning of year | | (B) End of year |
|----------------------------------|--|------------------|--|--------------------------|--------|--------------------|
| 1 | Cash—non-interest-bearing | | | 2,172,984 | 1 | 844,581 |
| 2 | Savings and temporary cash investments | | | 830 | 2 | 830 |
| 3 | Pledges and grants receivable, net | | 200018000000000000000 | | 3 | |
| 4 | Accounts receivable, net | ****** | ASSESSMENT PROPERTY. | 11,998 | 4 | 20,988 |
| 5 | Loans and other receivables from any current or for | mer officer dire | ector | | | |
| " | trustee, key employee, creator or founder, substanti | | | | | |
| | controlled entity or family member of any of these p | | | | 5 | |
| 6 | Loans and other receivables from other disqualified | 1.5555555 | efined | | | |
| ľ | under section 4958(f)(1)), and persons described in | | | | 6 | |
| 7 | | | | | 7 | |
| 8 | | | 23,000,000,000,000 | | 8 | |
| 9 | Prepaid expenses and deferred charges | | | 58,121 | 9 | 92,205 |
| 1 - | a Land, buildings, and equipment: cost or other | II | ******* | | | |
| 102 | basis. Complete Part VI of Schedule D | 102 | 4 799 221 | 11 11 11 11 | | |
| Ι. | Less: accumulated depreciation | 10b | 1,344,803 | 2,958,337 | 10c | 3,454,418 |
| 1 | | 3.4.4 | | | 11 | |
| 11 | Investments—publicly traded securities Investments—other securities. See Part IV, line 11 | | | | 12 | |
| 12 | | | | | 13 | |
| 13 | Investments—program-related. See Part IV, line 11 | | | | 14 | |
| 14 | Intangible assets | | | 69,063 | 15 | 60,169 |
| 15 | | | **************** | 5,271,333 | 16 | 4,473,191 |
| 16 | Total assets. Add lines 1 through 15 (must equal lines a second expenses | | 6,251 | 17 | 15,267 | |
| 17 | Accounts payable and accrued expenses | | | | 18 | |
| 18 | Grants payable | | Programme and the second secon | 280,350 | 19 | 172,982 |
| 19 | Deferred revenue | | | 200,000 | 20 | |
| 20 | Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part | | | | 21 | |
| 21 | | | | | | |
| 22 | | | | | - | |
| 1 | trustee, key employee, creator or founder, substanti | | | | 22 | |
| 22 | controlled entity or family member of any of these p | | | 3,507,054 | 23 | 2,659,584 |
| 23 | | | | 90,000 | 24 | 90,000 |
| 24 | Unsecured notes and loans payable to unrelated th | | \$18001101800000000000000000000000000000 | 30,000 | 24 | 30,000 |
| 25 | | | | | | |
| | parties, and other liabilities not included on lines 17 | -24). Complete | Part X | | 25 | |
| | of Schedule D | | TOP SEED OF COMPANY OF STREET OF STR | 3,883,655 | 26 | 2,937,833 |
| 26 | | | | 3,003,033 | 20 | 2,55.,055 |
| | Organizations that follow FASB ASC 958, check | nere | | | | |
| | and complete lines 27, 28, 32, and 33. | | | | 27 | |
| 27 | | | ************ | | 27 | |
| 28 | Net assets with donor restrictions Organizations that do not follow FASB ASC 958 | sec | v | | 20 | |
| 1 | | , check here | | | | |
| 1 | and complete lines 29 through 33. | | | | 20 | |
| 29 | | | | | 29 | |
| 30 | | | | 1 207 670 | 30 | 1,535,358 |
| 31 | Retained earnings, endowment, accumulated incom | | | 1,387,678 | 31 | 1,535,358 |
| 27 28 29 30 31 32 | Total net assets or fund balances | | | 1,387,678 5,271,333 | 32 | 4,473,191 |
| | Total liabilities and net assets/fund balances | | | 2.411.333 | 33 | 4,4/3,191 |

Form **990** (2022)

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| Form | 1 990 (2022) TITUSVILLE PLAYHOUSE INC 59-6177447 | | | Page 12 |
|------|---|--------------------|-------|---------|
| Pa | rt XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,125 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,975 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,430 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,387 | 7,678 |
| 5 | Net unrealized gains (losses) on investments | 5 | | |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses | 7 | | |
| 8 | Prior period adjustments | 8 | -2 | 2,750 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | |
| | 32, column (B)) | 10 | 1,535 | 5,358 |
| Pa | rt XII Financial Statements and Reporting | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | |
| | | | Y | es No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | _ | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | - 1 | |
| | Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 101000000000000 | 2a | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 9900000000000 | 2b | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | |
| | separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | 1 1 | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | are entre entre en | 2c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | 110.1 | |
| | 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? | 1100000000 | 3a | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | |

Form **990** (2022)

DAA

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2022 Open to Public

n. Inspection
Employer identification number

TITUSVILLE PLAYHOUSE INC 59-6177447 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 | X | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (vi) Amount of (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported other support (see (described on lines 1-10 listed in your governing support (see organization above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990) 2022

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.)

| Sec | tion A. Public Support | | | | · · · · · · · · · · · · · · · · · · · | | |
|------------|---|-----------------------|---|---|---|---|--------------|
| | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | 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 5 | Total. Add lines 1 through 3 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 | | | | | | |
| | tion B. Total Support | | | | | T = = = = = = = = = = = = = = = = = = = | |
| | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 0 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 1 | Total support. Add lines 7 through 10 | | | | | | |
| 2 | Gross receipts from related activities, etc. | (see instructions) | 27/22/21/21/21/21/21 | | | 12 | |
| 3 | First 5 years. If the Form 990 is for the organization | ganization's first, s | second, third, fourth | , or fifth tax year a | s a section 501(c)(| (3) | |
| | organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Su | | | | | | |
| 4 | Public support percentage for 2022 (line 6, | | | | | | % |
| 15 | Public support percentage from 2021 Sche- | dule A, Part II, line | e 14. | | | 15 | %_ |
| l6a | 33 1/3% support test—2022. If the organi | zation did not che | ck the box on line | 13, and line 14 is 3 | 33 1/3% or more, c | neck this | |
| | box and stop here. The organization quali | fies as a publicly | supported organiza | tion | 5 i- 00 4/00/ | | Minoranian a |
| b | 33 1/3% support test—2021. If the organi | | | | 5 IS 33 1/3% OF MC | оге, спеск | |
| | this box and stop here . The organization of | | | | a as 16b, and line | 14 io | |
| 17a | 10%-facts-and-circumstances test—202 | | | | | | |
| | 10% or more, and if the organization meets Part VI how the organization meets the fact | | | | | | П |
| b | organization 10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization in Part VI how the organization meets the | meets the facts-a | nd-circumstances to tances test. The org | est, check this box ganization qualifies | and stop here. E as a publicly supp | xplain oorted | |
| 8 | organization Private foundation. If the organization did | | on line 13, 16a, 16i | o, 17a, or 17b, che | eck this box and se | | П |
| | instructions | | | | 1500,400,100,000,400,400,400,400,400 | | |

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.)

| Sec | tion A. Public Support | | | | | | |
|-----------|--|----------------------|----------------------|----------------------|----------------------|----------------------------------|----------------------|
| Caler | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 225,151 | 188,677 | 459,662 | 143,631 | 668,669 | 1,685,790 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1,287,697 | 1,166,261 | 609,861 | 2,106,089 | 1,465,159 | 6,635,067 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | w | | | |
| 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 fumished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 1,512,848 | 1,354,938 | 1,069,523 | 2,249,720 | 2,133,828 | 8,320,857 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | 8,320,857 |
| 500 | line 6.) tion B. Total Support | | | | | | 6,320,637 |
| | idar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 1,512,848 | 1,354,938 | 1,069,523 | 2,249,720 | 2,133,828 | 8,320,857 |
| | VIIVA100100100100000 | 1,512,040 | 1,334,330 | 1,005,023 | -// | | |
| 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 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 1,512,848 | 1,354,938 | 1,069,523 | 2,249,720 | 2,133,828 | 8,320,857 |
| 14 | First 5 years. If the Form 990 is for the or | | cond, third, fourth, | or fifth tax year as | a section 501(c)(3 |) | П |
| | organization, check this box and stop here | | | | | | |
| | tion C. Computation of Public St | | | · (A) | | 15 | 100.00% |
| 15 | Public support percentage for 2022 (line 8, | | | | | 16 | 100.00 % |
| 16 | Public support percentage from 2021 Sche tion D. Computation of Investme | | | | | | 100.00 % |
| | Investment income percentage for 2022 (li | | | column (f)) | | 17 | % |
| 17 10 | Investment income percentage for 2022 (iii | | | Coldinii (i)) | | 18 | % |
| 18 19a | 33 1/3% support tests—2022. If the orga | | | 14, and line 15 is a | more than 33 1/3% | Wild A to take a facility of the | |
| 130 | 17 is not more than 33 1/3%, check this bo | x and stop here. T | he organization of | ualifies as a public | ly supported organi | zation | X |
| ь | 33 1/3% support tests—2021. If the orga | nization did not che | ck a box on line 14 | for line 19a, and li | ine 16 is more than | 33 1/3%, and | www.htmcnuscol |
| | line 18 is not more than 33 1/3%, check thi | s box and stop her | e. The organization | on qualifies as a pu | ublicly supported or | ganization | |
| 20 | Private foundation. If the organization did | | | | | | |
| _ | | | | | | | le A (Form 990) 2022 |

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 | Δ | ΔII | Supporting | Organizations |
|---------|----|-----|------------|----------------------|
| Secuoii | M. | MII | Supporting | Organizations |

- 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.
- 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.
- 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?
- 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).
- 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.
- 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.)

| | Yes | No |
|----------|-------|--------|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3с | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b 5c | | |
| Ju | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | (Form | 000) (|

Page 5

| Par | t IV Supporting Organizations (continued) | | v . I | **- |
|--------|---|-----------|-------|-----|
| | the fellowing page 2 | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 1 | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | 11a | | |
| _ | 11c below, the governing body of a supported organization? | 11b | | |
| b | A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| С | | 11c | | |
| Secti | provide detail in Part VI. on B. Type I Supporting Organizations | | | |
| 7001 | | 7 | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| 93, | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | _ * | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | on 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 | 1 | | |
| | 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 | 1 | | |
| | the supported organization(s). | | | |
| ect | on D. All Type III Supporting Organizations | | Yes | No |
| ŭ. | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 100 | 110 |
| 1 | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | 1 | | |
| | 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 | | | |
| 2 | 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 | | | |
| 3 | 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 | | |
| Secti | on 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 | :). | | |
| а | 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. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst | ructions) | | - |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | 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 | | | |
| | | 2a | | |
| | that these activities constituted substantially all of its activities. | | | |
| Ь | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | |
| 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 | | | |
| 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 | | | |
| 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 | | |
| b 3 | 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. Parent of Supported Organizations. Answer lines 3a and 3b below. | 2b | | |
| | 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. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| 3 | 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. Parent of Supported Organizations. Answer lines 3a and 3b below. 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 . | 2b | | |
| 3 | 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. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |

| hedule A (Form 990) 2022 TITUSVILLE PLAYHOUSE INC | | 59-6177 | 447 Pag |
|---|------------------|--|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting | Organization | ons | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of instructions. All other Type III non-functionally integrated supporting organizations. | on Nov. 20, 1970 |) (explain in Part VI). So Sections A through F | ee |
| ection A – Adjusted Net Income | s must complete | (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 | 1 1 | | |
| 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 | | |
| ection 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 | | |
| ection 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 | | ļ |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2022

(see instructions).

TITUSVILLE PLAYHOUSE INC 59-6177447 Page 7 Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required-provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) (i) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j Breakdown of line 7: a Excess from 2018

Schedule A (Form 990) 2022

b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

| Schedule A (Form | n 990) 2022 | TITUSVILLE | PLAYHOUSE | INC | 59-6177447 | Page 8 |
|---|--|--|---|---|--|---|
| Part VI | Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Par | : IV, Section A, lines 1 2: Part IV. Section C. I | , 2, 3b, 3c, 4b, 4c ine 1; Part IV, Sec ction B, line 1e; P | , 5a, 6, 9a, 9b, 9c ction D, lines 2 an art V, Section D, l | II, line 10; Part II, line 17a o c, 11a, 11b, and 11c; Part IV ld 3; Part IV, Section E, line lines 5, 6, and 8; and Part V (See instructions.) | /, Section s 1c, 2a, 2b, |
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Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

| TITUSVILLE PLA | YHOUSE INC | 59-6177447 | | | | | |
|---|--|--------------|--|--|--|--|--|
| Organization type (check one |): | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| | | | | | | | |
| | overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. | See | | | | | |
| General Rule | | | | | | | |
| | ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5, property) from any one contributor. Complete Parts I and II. See instructions for determining ributions. | | | | | | |
| Special Rules | | | | | | | |
| regulations under section 16b, and that received | scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, from any one contributor, during the year, total contributions of the greater of (1) \$5,000; on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | 16a, or | | | | | |
| 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. | | | | | | | |
| contributor, during the contributions totaled moduring the year for an egeneral Rule applies | 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 must answer "No" on Part IV, I | isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-f the filing requirements of Schedule B (Form 990). | 990), but it | | | | | |

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number 59-6177447

TITUSVILLE PLAYHOUSE INC Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 1 MARK WADE 1540 S. Washington Ave Payroll 10,000 Noncash FL 32780 Titusville (Complete Part II for noncash contributions.) (c) (d) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. AMERIRPISE FINANCIAL Kerry Kennedy Person 2 1108 S. Washington Avenue Payroll s 6,750 Noncash Titusville FL 32780 (Complete Part II for noncash contributions.) (d) (c) (a) (b) Type of contribution Total contributions No. Name, address, and ZIP + 4 TAMI LEILUGA 3 Person Pavroll 965 Glenda Drive 10,000 Noncash Titusville FL 32780 (Complete Part II for noncash contributions.) (c) (d) (b) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. PARRISH MEDICAL CENTER Person 951 N. Washington Ave Suite 100 Payroll 20,000 Noncash FL 32796 Titusville (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization 59-6177447 TITUSVILLE PLAYHOUSE INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? 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? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 Assets included in Form 990, Part X

255,362

4,543,859

3,199,056 1,344,803 3,454,418

Schedule D (Form 990) 2022

255.362

1a Land **b** Buildings

c Leasehold improvements d Equipment

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

| Part VII | Investments – Other Securities. Complete if the organization answered "Yes" on F | orm 990 Part IV lin | e 11h See Form 990 P | art X line 12 |
|---------------|--|----------------------------------|----------------------------------|----------------|
| | (a) Description of security or category | (b) Book value | (c) Method of | |
| | (including name of security) | (b) Book value | Cost or end-of-year | |
| (4) Financial | | | | |
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| | eid equity interests | | | |
| | | | | |
| (A) | | | | |
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| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | (A) | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments – Program Related. Complete if the organization answered "Yes" on F | orm 000 Part IV lin | e 11c See Form 990 D | art X line 13 |
| | | (b) Book value | (c) Method of | |
| | (a) Description of investment | (b) Book value | Cost or end-of-year | |
| 7.00 | | | - | |
| (1) | | | | |
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| (7) | | | | |
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| (9) | 7 - 112 - 117 (1917 191 | | | |
| Part IX | on (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. | | | |
| | Complete if the organization answered "Yes" on F | orm 990, Part IV, lin | e 11d. See Form 990, P | |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
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| (9) | | | | |
| Total. (Colum | | CONTRACTOR CONTRACTOR CONTRACTOR | | |
| Part X | Other Liabilities. Complete if the organization answered "Yes" on F line 25. | Form 990, Part IV, lin | ne 11e or 11f. See Form | 990, Part X, |
| 1. | (a) Description of liability | | | (b) Book value |
| | I income taxes | | Y . | |
| (2) | | | | |
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| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | | |
| | r uncertain tax positions. In Part XIII, provide the text of the footn | ote to the organization's f | inancial 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

| Sche | edule D (Form 990) 2022 TITOSVILLE PLATHOUSE INC | <u></u> | | rage 4 |
|--|--|---|----------------------|-------------------------------------|
| Pa | art XI Reconciliation of Revenue per Audited Financial Stateme | | e per Return. | |
| _ | Complete if the organization answered "Yes" on Form 990, Pa | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 910191048106481855518555555 | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | T | | |
| а | | 2a | | |
| þ | | 2b | | |
| С | | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| C | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | |
| Pa | Reconciliation of Expenses per Audited Financial Statem | | ses per Return. | |
| _ | Complete if the organization answered "Yes" on Form 990, Page 1 | art IV, line 12a. | | |
| 1 | | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | | |
| а | | | | |
| b | | 2b | | |
| С | | | | |
| d | ************************************** | | | |
| _ | Add lines 2a through 2d | | 2e 3 | |
| 3 | Subtract line 2e from line 1 | JI | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 04001 | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| a | | AL I | | |
| a b | Other (Describe in Part XIII.) | | 40 | |
| С | Other (Describe in Part XIII.) Add lines 4a and 4b | | | |
| с 5 | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | | |
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| Schedule D (F | orm 990) 2022 | TITUSVILLE | PLAYHOUSE | INC | | 59-6177447 | Page 5 |
|---|---|--|-----------------------|---|---|---|--|
| Part XIII | | Information (c | | | | | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

| TITUSVILLE PLAYHOUSE INC | 59-6177447 |
|--|---|
| Amended Return Explanation | *************************************** |
| Amending to correct errors in original filing. | |
| Form 990, Part VI, Line 11b - Organization's Proc FORM 990 HAS BEEN PRESENTED TO BOARD OF DIRECTOR | |
| Form 990, Part VI, Line 12c - Enforcement of Con- BOARD OF DIRECTORS MONITORS AND ENFORCES POLICY (| |
| Form 990, Part VI, Line 19 - Governing Documents DOCUMENTS ARE AVAILABLE UPON REQUEST. | Disclosure Explanation |
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Form 4562

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2022

ttachment

Identifying number

179

| | TI | TUSVILLE PLAYH | OUSE INC | | | | 59- | PT \ | /44/ |
|--------------|----------------------------------|---|--|--------------|---|------------------|---|-------|----------------------------|
| | ess or activity to which this fo | | | | | | | | |
| _ <u>I</u> 1 | ndirect Depre | ciation | | | | | | | |
| Pa | | Expense Certain Pro | | | | | | | |
| | | a have any listed prope | rty, complete Part | V befor | e you c | omplete Part | 12 | | 1,080,000 |
| 1 | Maximum amount (see i | | | | | | | 1 | 1,080,000 |
| 2 | | property placed in service (s | | | | | | 3 | 2,700,000 |
| 3 | | 179 property before reducti | | structions) | -+++ | | 40000000 | 4 | 2,700,000 |
| 4 | | ubtract line 3 from line 2. If z | | d Classica | | | 40000000 | 5 | |
| 5 | | Subtract line 4 from line 1. If zero | | | usiness use | | Elected cost | - | |
| 6 | | Description of property | | (b) Cost (be | usiness use (| Siny) (O) | LIGORGA GOOT | | |
| | | | | | | | | | |
| _ | Listed property Enter the | amount from line 20 | | | | 7 | | | |
| 7 8 | Listed property. Enter the | tion 179 property. Add amour | ate in column (c) lines f | 6 and 7 | | | | 8 | |
| 9 | | er the smaller of line 5 or line | | | | | | 9 | |
| 10 | | deduction from line 13 of you | 1 To 10 TO 1 | michichia | series en en en e | | | 10 | |
| 11 | | n. Enter the smaller of busin | | nan zero) | or line 5. | See instructions | | 11 | |
| 12 | | duction. Add lines 9 and 10, I | | | | | 111111111111111111111111111111111111111 | 12 | |
| 13 | • | deduction to 2023. Add lines | | | | 13 | | | |
| | | III below for listed property. In | | | 3.000.00 | | | | |
| Pa | rt II Special De | preciation Allowance | and Other Depre | ciation | (Don't | include listed | propert | y. Se | e instructions.) |
| 14 | | wance for qualified property | | | | | | | |
| | during the tax year. See | | | | | | | 14 | |
| 15 | Property subject to section | on 168(f)(1) election | | | | | | 15 | |
| 16 | Other depreciation (inclu | | | | | | ******* | 16 | |
| Pa | rt III MACRS De | preciation (Don't inclu | ude listed property. | . See ii | nstructio | ns.) | | | |
| | | | Section | ı A | | | | | |
| 17 | MACRS deductions for a | ssets placed in service in tax | years beginning before | e 2022 | | | 2022200 | 17 | 103,798 |
| 18 | If you are electing to group any | assets placed in service during the tax | year into one or more genera | asset acco | ounts, check | here | [] | | |
| | Sec | tion B—Assets Placed in S | Service During 2022 Ta | ax Year | Using the | e General Depr | eciation S | ystem | |
| | (a) Classification of propert | (b) Month and year placed in service | (c) Basis for depreciat (business/investment u only-see instructions | use (u | l) Recovery period | (e) Convention | (f) Met | nod | (g) Depreciation deduction |
| 19a | 3-year property | | | | | | | | |
| b | 5-year property | | 28,5 | | 5.0 | HY | 200 | | 5,708 |
| С | 7-year property | | 43,3 | 359 | 7.0 | НУ | 200 | DB | 6,194 |
| d | 10-year property | | | | | | | | |
| е_ | 15-year property | | | | | | | | |
| f | 20-year property | | | | | | | | |
| _ g | 25-year property | | | | 25 yrs. | | S/L | - | |
| h | Residential rental | | | | 27.5 yrs. | MM | S/L | | |
| | property | | | | 27.5 yrs. | MM | S/L | _ | E73 |
| i | Nonresidential real | 05/31/23 | 536,4 | 426 | 39 yrs. | MM | S/L | | 573 |
| | property | | | | | MM | S/L | | |
| | | on C—Assets Placed in Se | rvice During 2022 Tax | x Year U | Ising the | Alternative Dep | | | m |
| 20a | Class life | | | | | | S/L | _ | |
| _ь | 12-year | | | | 12 yrs. | | S/L | _ | |
| c | 30-year | | | - | 30 yrs. | MM | S/L | _ | |
| d | 40-year | | | | 40 yrs. | MM | S/L | | |
| _Pa | | (See instructions.) | | | | | | | 1 000 |
| 21 | Listed property. Enter an | | | | | | | 21 | 1,008 |
| 22 | | i line 12, lines 14 through 17 iate lines of your return. Part | | | | | | 22 | 117,281 |
| 23 | | and placed in service during | | | T I I I I I I I I I I I I I I I I I I I | | | | |
| | | utable to section 263A costs | | | 23 | | | | |

| Pa | irt V | Listed Prope entertainment Note: For any v | t, recreation, | or amuse | ement.) | ndard n | nileage r | ate or de | eductina le | | | | | | | |
|------------|--|--|---|-----------------------|-------------|----------|--|---------------------|---------------------------|---------------|----------------------------|--------------------------------|---------------------|--------------|----------------------|-----------|
| _ | | 24b, columns (a) | -Depreciation | and Other | Informat | on (C: | aution: S | See the i | instruction | s for lin | nits for | passenge | r autom | obiles.) | | |
| 24- | DESCRIPTION OF THE PROPERTY OF | ve evidence to support to | | | moma | 101 | Yes | No | | | | evidence | | , | Yes | No |
| Туре | (a) of property ehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or oth | | | (e) sis for depresiness/inveruse only | eciation strnent | (f) Recovery period | l v | (g) lethod/ nvention | | (h) Depreciation | | Elected se | ction 179 |
| 25 | Special | depreciation allowa | nce for qualified | listed prope | erty place | d in se | | | | | | | | | | |
| | • | ear and used more | | | | | | | | | . 2 | 5 | | | | |
| 26 | Property | used more than 5 | 0% in a qualified | business u | se: | | | | | | | | | | | |
| V | EHICL | | | | 5,041 | | 5 | ,041 | 5.0 | 20 | ODBH | IY | 1 | ,008 | | |
| | | | % | | | | | | | | | | | | | |
| 27 | Property | used 50% or less | in a qualified bu | siness use: | | _ | | | | 1 | | | | | | |
| | | 1 | | | | | | | | S/L | | - | | | | |
| | | | % | | | +- | | | | - S/L | | - | | | | |
| | | Ï | 0/ | | | | | | | S/L | | 1 | | | | |
| 28 | Add amo | ounts in column (h) | lines 25 through | 27. Enter l | nere and | on line | 21. pag | e 1 | | | | :8 | 1 | ,008 | | |
| 29 | | ounts in column (i), | | | | | | | **** | | | | | 29 | | |
| | 1.01000.000.000 | | | | | | tion on | Use of | Vehicles | | | | | | | |
| Com | olete this | section for vehicles | s used by a sole | proprietor, p | artner, o | other | "more th | an 5% o | wner," or | related | person | . If you p | rovided | vehicles | | |
| to yo | ur employ | ees, first answer th | ne questions in S | ection C to | see if you | meet | | | | | | | | | | |
| | | | | | (a Vehic | | | b) icle 2 | (c) | | | (d) nicle 4 | | e) icle 5 | (f Vehic | |
| 30 | | siness/investment | | ng | | | | | | | | | | | | |
| | - | (don't include cor | | | | | - | | | | _ | | | | | |
| 31 | | mmuting miles driv | | ar | | | - | | | | | | - | | | |
| 32 | | ner personal (nonc | commuting) | | | | | | | | | | | | | |
| 33 | miles dri | ven es driven during th | o vear Add | 1001000001 | | | | | | | | | | | | |
| 33 | | through 32 | ie year. Add | | | | | | | | | | | | | |
| 34 | | vehicle available | for personal | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | | ng off-duty hours? | - | | | | | | | | | | | | | |
| 35 | Was the | vehicle used prima | arily by a more | incomentation : | | | | | | | | | | | | |
| | than 5% | owner or related p | person? | | | | | | | | | | | | | |
| 36 | Is anoth | er vehicle available | | | | | | | | | | 1 | | | | |
| | | ; | Section C—Que | stions for l | Employe | s Who | Provid | e Vehicl | es for U | se by T | heir E | mployees | . | | | |
| | | questions to deterr | | | n to com | eleting | Section I | 3 for veh | iicles use | d by em | nployee | s who are | en't | | | |
| | | owners or related | | | !! | | a of woh | iolog inc | duding on | mmutin | a by | | | | Yes | No |
| 37 | | maintain a written | | | | | | | | | | | | | 163 | 110 |
| 38 | Do you | ployees? maintain a written | nolicy statement | that prohibit | s nersona | ıl use o | of vehicle | s excen | t commut | ina. by | vour | 212272215 | 9.5577799 | | | |
| 30 | | es? See the instru | | | | | | | | | | | | | | |
| 39 | | treat all use of veh | | | | | | | 00.000.000.000 | | | | | | | |
| 40 | Do you | provide more than | five vehicles to y | our employe | ees, obta | n inform | nation fr | om your | employee | es abou | t the | | | | | |
| | use of th | ne vehicles, and re | tain the informati | ion received | ? | | | ***** | | | 5375105 | | | | | |
| 41 | | meet the requirem | | | | | | | | | | | | 20020 | | |
| _ | | your answer to 37 | | 1 is "Yes," o | on't com | olete Se | ection B | for the c | overed ve | hicles. | | | | | | |
| <u> Pa</u> | rt VI | Amortization | 1 | 7 | | _ | | | | | | (e) | | | | |
| | | (a) Description of costs | | (b Date amo beg | ortization | | Amortiz | (c) able amoui | nt | (d) Code s | | Amortiza period percenta | ог | Amortiz | (f) ation for thi | s year |
| 42 | Amortiza | ition of costs that I | begins during you | ur 2022 tax | year (see | instruc | ctions): | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 43 | Amortiza | ition of costs that t | negan hefore you | r 2022 tax v | /ear | | | | | | | | 43 | | | |
| 44 | | dd amounts in col | | | | | | | | | | SOTOTAL | 44 | | | |

Page 2

TITUSPLAY TITUSVILLE PLAYHOUSE INC 59-6177447 Federal Asset Report Form 990, Page 1

FYE: 5/31/2023

| Asset | Description | Date In Service | Cost | Bus Sec % 179Bonus | Basis for Depr | PerConv Meth | Prior Current |
|--|---|---|---|---|---|--|---|
| | VIDEO SERVER APPLE COMPUTERS DELL COMPUTERS APPLE COMPUTERS APPLE COMPUTER | 6/17/22 7/19/22 6/30/22 2/14/23 | 14,028 6,798 4,394 3,316 28,536 | 77 173 Donas | 14,028 6,798 4,394 3,316 28,536 | 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB | 0 2,806 0 1,360 0 879 0 663 0 5,708 |
| 7-year 83 84 87 89 90 91 | LIGHTING EQUIP APAV EQUIPMENT SCENIC AUTOMATION KEYBOARD/ PIANO KEYBOARD/ PIANO PORT LIGHTING SYSTEM | 6/13/22 10/13/22 2/06/23 6/27/22 6/15/22 6/15/22 | 3,802 6,436 1,570 3,050 2,426 26,075 43,359 | | 3,802 6,436 1,570 3,050 2,426 26,075 43,359 | 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB | 0 543 0 919 0 224 0 436 0 347 0 3,725 0 6,194 |
| | Residential Real Property: IMPROVEMENTS | 5/31/23 _ | 536,426 536,426 | | 536,426 536,426 | 39 MM S/L | 0 0 573 573 |
| 1 2 3 4 4 5 6 7 8 8 9 10 11 12 13 14 16 17 18 19 20 21 22 23 24 22 5 26 27 28 29 30 31 32 33 34 4 35 5 36 38 39 40 41 42 43 44 | MACRS: SOUND EQUIPMENT OFFICE FURNITURE RESTROOM EQUIP/ FIXTURE CHANDELIER LIFT FURN FIXTURES IMPROVEMENTS CHAIRS BUILDING IMPROVEMENTS 311 JULIA ST BLDG BUILDING IMPROVEMENTS SOUND SYSTEM EQUIPMENT (VARIOUS) IMPROVEMENTS LIGHTING BALCONY IMPROVEMENT BUILDING IMPROVEMENT BUILDING IMPROVEMENT BUILDING IMPROVEMENT EXTERIOR REPAIR INTERIOR REP EL ROOF FLOORS FLOORS FLOORS TILE AIR CONDITIONER CARPET CEILING TILE IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS FLOORS FASCADE MICROPHONES GENIE LIFT PROJECTOR SOUND EQUIPMENT COMPUTER LIGHTING TICKET PRINTER TRUSSES EQUIPMENT | 1/26/17 3/14/17 8/29/16 3/17/17 3/27/17 5/31/17 5/31/17 5/31/17 5/31/17 5/27/14 11/05/13 11/21/14 4/30/15 12/22/14 3/05/15 5/12/16 10/15/15 1/21/89 11/01/91 1/08/04 5/20/05 6/01/05 5/29/06 6/02/06 6/02/06 6/13/06 6/20/06 6/20/06 6/20/06 6/20/06 6/20/06 6/20/06 6/20/06 6/20/06 6/20/06 6/20/06 6/20/06 6/20/06 6/20/06 6/20/06 6/20/06 8/20/06 6/20/06 8 | 1,500 11,384 4,341 1,425 2,569 317,901 9,836 35,726 68,000 169,064 24,418 27,255 108,595 2,900 6,938 93,734 35,235 3,100 14,150 26,278 1,300 4,139 2,220 1,880 1,471 1,700 2,078 3,000 2,605 2,767 2,900 1,000 2,467 10,575 4,890 3,250 3,000 1,420 433 10,066 1,485 29,727 6,477 | X X X X X X X X X X X X X | 2,220 1,880 1,471 1,700 2,078 3,000 2,605 2,767 2,900 1,000 2,467 1,217 563 1,625 1,500 710 216 5,033 742 | 5 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 39 MM S/L 39 MM S/L 39 MM S/L 39 MM S/L 39 MM S/L 31 MM S/L 31 MM S/L 31 MM S/L 31 MM S/L 31 MM S/L 31 MM S/L 31 MM S/L 31 MM S/L 31 MY S/L 31 MY S/L 31 MY S/L 31 MY S/L 31 MY S/L 31 MY S/L 32 HY S/L 33 MY S/L 34 HY S/L 35 HY S/L 36 HY S/L 37 HY S/L 38 HY S/L 39 MY S/L 39 MY S/L 31 MY S/L 31 HY S/L 31 HY S/L 32 HY S/L 33 HY S/L 34 HY S/L 35 HY S/L 36 HY S/L 37 HY S/L 38 HY S/L 38 HY S/L 39 HY S/L 39 HY S/L 31 HY S/L 31 HY S/L 32 HY S/L 33 HY S/L 34 HY S/L 35 HY S/L 36 HY S/L 37 HY 200DB 38 HY 200DB 39 HY 200DB 39 HY 200DB 30 HY 200DB 31 HY 200DB | 1,462 0 10,012 915 4,284 38 1,254 114 2,260 206 199,875 8,151 7,915 0 19,559 1,191 13,152 1,744 30,887 4,335 24,195 0 19,806 0 77,837 3,620 2,900 0 6,144 0 89,267 0 27,678 0 2,938 0 13,942 0 26,278 0 1,279 0 4,139 0 2,220 0 1,880 0 1,471 0 1,700 0 2,078 0 3,000 0 2,605 0 2,767 0 2,900 0 1,000 0 2,467 0 9,358 0 4,327 0 |

FYE: 5/31/2023

TITUSPLAY TITUSVILLE PLAYHOUSE INC 59-6177447 Federal Asset Report Form 990, Page 1

| 1 | | D-4- | | Due | Coo | Basis | | | |
|------------|--|----------------------|--------------------|-----|------------------|--------------------|--------------------------|------------------|----------------|
| Asset | Description | Date In Servio | e Cost | % | Sec 179 Bonus | | PerConv Meth | Prior | Current |
| 48 | ICE MAKER | 7/24/17 | 2,450 | | <u>X</u> | 1,225 | 7 HY 200DB | 1,904 | 218 |
| 49 | SIGN | 8/31/17 | 6,240 | | X | 3,120 | 7 HY 200DB | 4,847 | 557 |
| 50 | BUILDING IMPROVEMENTS | 5/30/18 | 336,559 | | | 336,559 | 39 MM S/L | 34,876 | 8,630 |
| 51 | SOUND EQUIPMENT | 10/03/17 | 930 | | X | 207 | 7 HY 200DB | 723 | 83 892 |
| 52 | GENIE LIFT | 10/23/17 11/27/17 | 9,995 4,641 | | X X | 2,230 1,035 | 7 HY 200DB 7 HY 200DB | 7,765 3,606 | 892 414 |
| 53 54 | CAMERA LIGHTING EQUIPMENT | 12/06/17 | 5,279 | | X | 1,179 | 7 HY 200DB | 4,100 | 472 |
| 55 | COMPUTER | 3/28/18 | 2,549 | | X | 0 | 5 HY 200DB | 2,549 | 0 |
| 57 | BUILDING IMPROVEMENTS | 8/20/18 | 82,440 | | X | 63,198 | 15 HY S/L | 19,242 | 4,213 |
| 58 | ROLLER | 6/20/18 11/23/18 | 13,775 1,056 | | X X | 4,305 0 | 7 HY 200DB 5 HY 200DB | 9,470 1,056 | 1,230 |
| 59 60 | COMPUTER BUILDING IMPROVEMENTS | 5/08/20 | 174,772 | | X | 150,985 | 15 HY S/L | 23,787 | 10,066 |
| 61 | PROJECTOR | 12/17/19 | 7,374 | | X | 3,224 | 7 HY 200DB | 4,150 | 921 |
| 62 | SOUND BOARD | 12/17/19 | 8,512 | | X | 3,722 | 7 HY 200DB | 4,790 | 1,063 |
| 63 | SCENIC AUTOMATION | 2/11/20 8/01/20 | 28,075 28,075 | | X X | 12,277 17,187 | 7 HY 200DB 7 HY 200DB | 15,798 10,888 | 3,508 4,911 |
| 64 65 | SCENIC AUTOMATION 413 S. PALM AVE | 9/30/20 | 191,607 | | ^ | 191,607 | 39 MM S/L | 8,398 | 4,913 |
| 67 | 415 S. PALM AVE | 8/31/20 | 201,769 | | | 201,769 | 39 MM S/L | 9,275 | 5,174 |
| 69 | WINDOWS | 7/15/20 | 16,230 | | | 16,230 | | 781 | 416 |
| 70 | DOORS | 1/18/21 4/12/22 | 13,481 20,000 | | | | 39 MM S/L 39 MM S/L | 476 64 | 346 513 |
| 71 72 | BAR REMODEL 321 WILSON AVE | 5/18/22 | 138,922 | | | 138,922 | | 149 | 3,562 |
| 74 | 313 WILSON AVE | 7/15/21 | 250,000 | | | 250,000 | 39 MM S/L | 5,618 | 6,410 |
| 75 | 420 JULIA ST | 7/15/21 | 450,000 | | | 450,000 | 39 MM S/L | 10,112 | 11,538 |
| 76 | 422 JULIA ST 428 JULIA ST | 7/15/21 7/15/21 | 150,000 150,000 | | | 150,000 150,000 | 39 MM S/L 39 MM S/L | 3,371 3,371 | 3,846 3,846 |
| 77 79 | 312/314 S PALM AVE | 7/02/21 | 179,730 | | | 179,730 | | 4,039 | 4,608 |
| l '' | | | 3,539,660 | | | 3,272,946 | | 856,185 | 103,798 |
| l | | | 5,557,000 | | | | | | |
| l | | | | | | | | | |
| ACRS 15 | <u>:</u> BUILDING | 6/01/84 | 390,000 | | | 390,000 | 18 MM PRE | 370,500 | 0 |
| 13 | | 0/01/04 | 390,000 | | | 390,000 | 10 1/11/1112 | 370,500 | |
| l | Total ACRS Depreciation | | 390,000 | | | 390,000 | | 370,500 | <u> </u> |
| | | | | | | | | | |
| | Depreciation: LIGHTING SOFTWARE | 8/28/12 | 837 | | X | 418 | 3 MOAmort | 837 | 0 |
| 37 46 | 311 JULIE ST (LAND) | 11/21/14 | 10,000 | | Λ | 10,000 | 0 Land | 0 | ŏ |
| 47 | 313 JULIA STREET (LAND) | 4/11/16 | 112,500 | | | 112,500 | 0 Land | 0 | 0 |
| 56 | LAND | 6/01/84 | 22,459 | | | 22,459 | 0 Land | 0 | 0 |
| 66 | 413 S PALM AVE LAND 415 S. PALM AVE LAND | 9/30/20 8/31/20 | 10,000 10,000 | | | 10,000 10,000 | 0 Land 0 Land | 0 | 0 |
| 68 73 | 321 WILSON AVE LAND | 5/18/22 | 10,000 | | | 10,000 | 0 Land | ŏ | ŏ |
| 78 | 420/422/428/313 JULIA WILSON LAND | 7/15/21 | 60,403 | | | 60,403 | 0 Land | 0 | 0 |
| 80 | 312/314 S, PALM AVE | 7/02/21 | 20,000 | | | 20,000 | 0 Land | | 0 |
| | Total Other Depreciation | | 256,199 | | | 255,780 | | 837 | 0 |
| | | | | | | | | | |
| | Total ACRS and Other Depre | ciation | 646,199 | | | 645,780 | | 371,337 | 0 |
| | | | | | | | | | |
| Lister | Property: | | | | | | | | |
| | VEHICLES | 6/27/22 | 5,041 | | | 5,041 | 5 HY 200DB | 0 | 1,008 |
| | | | 5,041 | | | 5,041 | | 0 | 1,008 |
| l | | | - Artista | | | | | | |
| l | Crand Totals | | 4,799,221 | | | 4,532,088 | | 1,227,522 | 117,281 |
| | Grand Totals Less: Dispositions and Transfe | ers | 0 | | | 4,552,000 | | 0 | 0 |
| | Less: Start-up/Org Expense | | | | | 0 | | 0 | 0 |
| | Net Grand Totals | | 4,799,221 | | | 4,532,088 | | 1,227,522 | 117,281 |
| l | | | | | | | | | |

TITUSPLAY TITUSVILLE PLAYHOUSE INC 59-6177447 AMT Asset Report Form 990, Page 1

FYE: 5/31/2023

| Asset Description | Date In Service | Cost | Bus Sec <u>%</u> 179Bonus | Basis for Depr | PerConv Meth | Prior Current |
|--|---|---|---|--|--|---|
| 5-year GDS Property: 82 VIDEO SERVER 85 APPLE COMPUTERS 88 DELL COMPUTERS 92 APPLE COMPUTER | 6/17/22 7/19/22 6/30/22 2/14/23 | 14,028 6,798 4,394 3,316 28,536 | , | 14,028 6,798 4,394 3,316 28,536 | 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB | 0 2,806 0 1,360 0 879 0 663 0 5,708 |
| 7-year GDS Property: 83 LIGHTING EQUIP 84 APAV EQUIPMENT 87 SCENIC AUTOMATION 89 KEYBOARD/ PIANO 90 KEYBOARD/ PIANO 91 PORT LIGHTING SYSTEM | 6/13/22 10/13/22 2/06/23 6/27/22 6/15/22 6/15/22 | 3,802 6,436 1,570 3,050 2,426 26,075 43,359 | | 3,802 6,436 1,570 3,050 2,426 26,075 43,359 | 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB | 0 543 0 919 0 224 0 436 0 347 0 3,725 0 6,194 |
| Non-Residential Real Property: 81 IMPROVEMENTS | 5/31/23 = | 536,426 536,426 | ; | 536,426 536,426 | 39 MM S/L | 0 573 0 573 |
| Prior MACRS: 1 SOUND EQUIPMENT 2 OFFICE FURNITURE 3 RESTROOM EQUIP/ FIXTURE 4 CHANDELIER LIFT 5 FURN FIXTURES 6 IMPROVEMENTS 7 CHAIRS 8 BUILDING IMPROVEMENTS 9 311 JULIA ST BLDG 10 BUILDING IMPROVEMENTS 11 SOUND SYSTEM 12 EQUIPMENT (VARIOUS) 13 IMPROVEMENTS 14 LIGHTING 16 BALCONY IMPROVEMENT 17 BUILDING IMPROVEMENT 18 EXTERIOR REPAIR 19 INTERIOR REP EL 20 ROOF 21 ROOF 21 ROOF 22 FLOORS 23 FLOORS 24 TILE 25 AIR CONDITIONER 26 CARPET 27 CEILING TILE 28 IMPROVEMENTS 30 IMPROVEMENTS 31 IMPROVEMENTS 31 IMPROVEMENTS 32 WINDOWS 33 IMPROVEMENTS 34 FLOORS 35 FASCADE 36 MICROPHONES 37 FASCADE 38 GENIE LIFT 39 PROJECTOR 40 SOUND EQUIPMENT 41 COMPUTER 42 LIGHTING 43 TICKET PRINTER 44 TRUSSES 45 EQUIPMENT | 1/26/17 3/14/17 8/29/16 3/17/17 5/31/17 5/31/17 5/31/17 5/31/17 5/31/14 4/30/15 12/22/14 3/05/15 5/12/16 10/15/15 1/21/89 11/01/91 1/08/04 5/20/05 6/01/05 5/29/06 6/02/06 6/13/06 6/13/06 6/13/06 6/20/06 6/21/06 8/07/06 8/07/06 8/07/06 8/21/06 10/16/06 7/31/11 7/31/11 10/02/12 10/26/12 12/28/13 2/28/13 2/28/13 5/29/14 | 1,500 11,384 4,341 1,425 5108,726 68,000 169,064 24,418 27,255 108,595 2,900 6,938 93,734 35,235 3,100 14,150 26,278 1,300 4,139 2,220 1,880 1,471 1,700 2,078 3,000 2,605 2,767 2,900 1,000 2,467 10,575 4,890 3,250 3,000 1,420 433 10,066 1,485 29,727 6,477 | X X X X X X X X X X X X X | 169,064 12,209 13,627 54,297 1,450 6,938 93,734 35,235 3,100 14,150 26,278 1,300 4,139 2,220 1,880 1,471 1,700 2,078 3,000 2,605 2,767 2,900 1,000 2,467 1,217 563 1,625 1,500 710 216 5,033 742 | 5 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 39 MM S/L 39 MM S/L 39 MM S/L 7 HY 200DB 15 HY S/L 5 HY 200DB 16 HY 200DB 17 HY 200DB 18 HY 200DB 19 HY 200DB 19 HY 200DB 10 HY S/L 10 HY S/L 10 HY S/L 11 HY S/L 11 HY S/L 12 HY S/L 13 HY S/L 14 HY S/L 15 HY S/L 15 HY S/L 15 HY S/L 16 HY S/L 17 HY S/L 18 HY S/L 19 HY 200DB 19 HY 200DB 20 HY 200DB 21 HY 200DB 22 HY 200DB 23 HY 200DB 24 HY 200DB 25 HY 200DB 26 HY 200DB 27 HY 200DB 28 HY 200DB 29 HY 200DB 20 HY 200DB 20 HY 200DB | 1,462 |

TITUSPLAY TITUSVILLE PLAYHOUSE INC

59-6177447 FYE: 5/31/2023

AMT Asset Report Form 990, Page 1

Basis Bus Sec Date % 179 Bonus for Depr Prior Current Description Cost PerConv Meth Asset In Service 7/24/17 2,450 1,225 7 HY 200DB 1,904 218 ICE MAKER X **HY 200DB** 4,847 557 8/31/17 6,240 3,120 49 SIGN 34,876 723 MM S/L 8,630 BUILDING IMPROVEMENTS 5/30/18 336,559 336,559 50 HY 200DB 83 930 207 SOUND EQUIPMENT 10/03/17 XXXXXXXXXXXXX 2,230 7,765 52 10/23/17 9,995 HY 200DB 892 GENIE LIFT 53 11/27/17 4,641 1,035 **HY 200DB** 3,606 414 **CAMERA** 5,279 2,549 1,179 **HY 200DB** 4,100 472 LIGHTING EQUIPMENT 12/06/17 2,549 HY 200DB 55 COMPUTER 3/28/18 63,198 19,242 15 HY S/L 4.213 BUILDING IMPROVEMENTS 8/20/18 82,440 HY 200DB 58 6/20/18 13,775 4,305 9,470 1,230 ROLLER 59 1,056 HY 200DB 1,056 **COMPUTER** 11/23/18 15 HY S/L HY 200DB 150,985 23,787 10,066 **BUILDING IMPROVEMENTS** 60 5/08/20 174,772 3,224 3,722 4,150 921 61 **PROJECTOR** 12/17/19 7,374 1,063 HY 200DB 4,790 62 SOUND BOARD 12/17/19 8,512 SCENIC AUTOMATION SCENIC AUTOMATION 28,075 12,277 **HY 200DB** 15,798 3,508 63 2/11/20 17,187 **HY 200DB** 10,888 4,911 8/01/20 28,075 64 MM S/L 8,398 4,913 413 S. PALM AVE 9/30/20 191,607 191,607 39 65 201,769 39 9,275 5,174 67 415 S. PALM AVE 8/31/20 201,769 MM S/L 781 WINDOWS 7/15/20 16,230 16,230 39 MM S/L 416 69 70 71 13,481 13,481 39 MM S/L 476 346 **DOORS** 1/18/21 20,000 513 BAR REMODEL 4/12/22 20,000 39 MM S/L 64 5/18/22 138,922 39 MM S/L 149 3,562 72 321 WILSON AVE 138,922 6,410 5,618 250,000 39 313 WILSON AVE 7/15/21 250,000 MM S/L 11,538 75 7/15/21 450,000 450,000 39 MM S/L 10,112 420 JULIA ST 76 7/15/21 150,000 150,000 39 MM S/L 3,371 3,846 422 IIII IA ST 150,000 150,000 39 MM S/L 3,371 3,846 7/15/21 428 JULIA ST 179,730 4,608 39 MM S/L 4,039 312/314 S PALM AVE 7/02/21 179,730 3,272,946 856,185 103,798 3,539,660 ACRS: 15 BUILDING 6/01/84 390,000 390,000 18 MM S/L 370,500 0 0 390,000 390,000 370,500 **Total ACRS Depreciation** Other Depreciation:
46 311 JULIE ST (LAND)
47 313 JULIA STREET (LAND) 11/21/14 0 0 HY 0 0 0 4/11/16 0 0 HY 0 6/01/84 0 0 0 HY 0 LAND 0 0 0 0 413 S PALM AVE LAND 9/30/20 0 HY 0 415 S. PALM AVE LAND 8/31/20 0 0 HY 0 0 0 0 0 73 78 321 WILSON AVE LAND 5/18/22 0 HY 0 420/422/428/313 JULIA WILSON LAND 7/15/21 0 0 0 HY 0 HY 0 0 0 312/314 S, PALM AVE 7/02/21 0 0 0 **Total Other Depreciation** 0 370,500 0 Total ACRS and Other Depreciation 390,000 390,000 Listed Property: 86 VEHICLES 6/27/22 5,041 5,041 5 HY 200DB 1,008 5,041 1,008 5,041 4,543,022 4,276,308 1,226,685 117,281 **Grand Totals** Less: Dispositions and Transfers 0 0 0 117,281 1,226,685 4,276,308 **Net Grand Totals** 4,543,022

TITUSPLAY TITUSVILLE PLAYHOUSE INC 59-6177447 Bonus Depreciation Report

| FYE: 5/31/2023 | Form 990, Page |
|----------------|----------------|
|----------------|----------------|

| Asset | Property Description | Date In Service | Tax Cost | Bus Pct | Tax Sec 179 Exp | Current Bonus | Prior Bonus | Tax - Basis for Depr |
|---------------|-------------------------|--------------------|--------------|------------|--------------------|------------------|----------------|-------------------------|
| | SOUND EQUIPMENT | 1/26/17 | 1,500 | | | 0 | 750 | 750 |
| 2 | OFFICE FURNITURE | 3/14/17 | 11,384 | | ő | ő | 5,692 | 5,692 |
| $\frac{2}{3}$ | RESTROOM EQUIP/ FIXTURE | 8/29/16 | 4,341 | | ő | ŏ | 2,171 | 2,170 |
| | CHANDELIER LIFT | 3/17/17 | 1,425 | | ő | ŏ | 713 | 712 |
| | | 3/27/17 | 2,569 | | 0 | ŏ | 1,285 | 1,284 |
| 3 | FURN FIXTURES CHAIRS | 5/27/14 | 9,836 | | ő | ő | 4,918 | 4,918 |
| / | BUILDING IMPROVEMENTS | 11/05/13 | 35,726 | | 0 | ŏ | 17,863 | 17,863 |
| | | 12/22/14 | 24,418 | | 0 | 0 | 12,209 | 12,209 |
| 11 | SOUND SYSTEM | 3/05/15 | 27,255 | | 0 | ő | 13,628 | 13,627 |
| 12 | EQUIPMENT (VARIOUS) | 5/12/16 | 108,595 | | 0 | 0 | 54,298 | 54,297 |
| | IMPROVEMENTS | 10/15/15 | 2,900 | | 0 | ő | 1,450 | 1,450 |
| | LIGHTING | 7/31/11 | 10,575 | | 0 | 0 | 9,358 | 1,217 |
| 33 | FASCADE | 7/31/11 | 4,890 | | 0 | 0 | 4,327 | 563 |
| | MICROPHONES | 8/28/12 | 4,890 837 | | 0 | 0 | 419 | 418 |
| | LIGHTING SOFTWARE | | 3,250 | | 0 | 0 | 1,625 | 1,625 |
| | GENIE LIFT | 10/02/12 | | | 0 | 0 | 1,500 | 1,500 |
| | PROJECTOR | 10/26/12 | 3,000 | | 0 | 0 | 710 | 710 |
| | SOUND EQUIPMENT | 12/12/12 | 1,420 | | 0 | 0 | 217 | 216 |
| | COMPUTER | 2/28/13 | 433 | | | 0 | 5,033 | 5,033 |
| | LIGHTING | 2/28/13 | 10,066 | | 0 | 0 | 743 | 742 |
| 43 | TICKET PRINTER | 2/28/13 | 1,485 | | 0 | | | 17,011 |
| 44 | TRUSSES | 6/26/13 | 29,727 | | 0 | 0 | 12,716 | 3,238 |
| | EQUIPMENT | 5/29/14 | 6,477 | | 0 | 0 | 3,239 1,225 | 1,225 |
| | ICE MAKER | 7/24/17 | 2,450 | | 0 | 0 | | |
| 49 | SIGN | 8/31/17 | 6,240 | | 0 | 0 | 3,120 | 3,120 |
| 51 | SOUND EQUIPMENT | 10/03/17 | 930 | | 0 | 0 | 723 | 207 |
| | GENIE LIFT | 10/23/17 | 9,995 | | 0 | 0 | 7,765 | 2,230 |
| | CAMERA | 11/27/17 | 4,641 | | 0 | 0 | 3,606 | 1,035 |
| | LIGHTING EQUIPMENT | 12/06/17 | 5,279 | | 0 | 0 | 4,100 | 1,179 |
| | COMPUTER | 3/28/18 | 2,549 | | 0 | 0 | 2,549 | 0 |
| | BUILDING IMPROVEMENTS | 8/20/18 | 82,440 | | 0 | 0 | 19,242 | 63,198 |
| | ROLLER | 6/20/18 | 13,775 | | 0 | 0 | 9,470 | 4,305 |
| 59 | COMPUTER | 11/23/18 | 1,056 | | 0 | 0 | 1,056 | 0 |
| 60 | BUILDING IMPROVEMENTS | 5/08/20 | 174,772 | | 0 | 0 | 23,787 | 150,985 |
| 61 | PROJECTOR | 12/17/19 | 7,374 | | 0 | 0 | 4,150 | 3,224 |
| 62 | SOUND BOARD | 12/17/19 | 8,512 | | 0 | 0 | 4,790 | 3,722 |
| 63 | SCENIC AUTOMATION | 2/11/20 | 28,075 | | 0 | 0 | 15,798 | 12,277 |
| 64 | SCENIC AUTOMATION | 8/01/20 | 28,075 | | 0 | 0 | 10,888 | 17,187 |
| | | Grand Total | 678,272 | | 0 | 0 | 267,133 | 411,139 |
| | | | | | | | | |

FYE: 5/31/2023

All Business Activities

| Form | <u>Unit</u> | Asset | Description | Tax | AMT | Adjustments/ Preferences |
|------------------|-------------|-----------|--|----------------|----------------|-----------------------------|
| MACI | DS Adi | ustments: | | | | |
| | 150 | | COLIND EQUIDMENT | 0 | 0 | 0 |
| Page 1 Page 1 | 1 | 1 2 | SOUND EQUIPMENT OFFICE FURNITURE | 915 | 915 | 0 |
| Page 1 | 1 | 3 | RESTROOM EQUIP/ FIXTURE | 38 | 38 114 | 0 |
| Page I | 1 | 4 5 | CHANDELIER LIFT FURN FIXTURES | 114 206 | 206 | 0 |
| Page I Page I | i | 6 | IMPROVEMENTS | 8,151 | 8,151 | 0 |
| Page 1 | 1 | 7 | CHAIRS | 0 1,191 | 0 1.191 | 0 |
| Page I Page I | i i | 8 9 | BUILDING IMPROVEMENTS 311 JULIA ST BLDG | 1,191 | 1,744 | 0 |
| Page I | i | 10 | BUILDING IMPROVEMENTS | 4,335 | 4,335 | 0 |
| Page 1 | 1 | 11 | SOUND SYSTEM | 0 | 0 | 0 |
| Page 1 Page 1 | 1 | 12 13 | EQUIPMENT (VARIOUS) IMPROVEMENTS | 3,620 | 3,620 | 0 |
| Page I | i | 14 | LIGHTING | 0 | 0 | 0 |
| Page 1 | 1 | 16 | BALCONY IMPROVEMENT | 0 | 0 | 0 |
| Page 1 Page 1 | 1 | 17 18 | BUILDING IMPROVEMENTS EXTERIOR REPAIR | 0 | 0 | 0 |
| Page I | î | 19 | INTERIOR REP EL | 0 | 0 | 0 |
| Page 1 | 1 | 20 | ROOF | 0 | 0 | 0 |
| Page 1 Page 1 | 1 | 21 22 | ROOF FLOORS | 0 | 0 | 0 |
| Page I | i | 23 | FLOORS | Õ | 0 | 0 |
| Page 1 | 1 | 24 | TILE | 0 | 0 | 0 |
| Page 1 | 1 | 25 26 | AIR CONDITIONER CARPET | 0 | 0 | Ö |
| Page 1 Page 1 | Ť | 27 | CEILING TILE | Ö | 0 | 0 |
| Page 1 | ĺ | 28 | IMPROVEMENTS | 0 | 0 | 0 |
| Page 1 | 1 | 29 30 | IMPROVEMENTS IMPROVEMENTS | 0 | 0 | 0 |
| Page 1 Page 1 | 1 | 31 | IMPROVEMENTS | 0 | ő | 0 |
| Page 1 | î | 32 | WINDOWS | 0 | 0 | 0 |
| Page 1 | I | 33 | IMPROVEMENTS ELOOPS | 0 0 | 0 | 0 |
| Page 1 Page 1 | 1 | 34 35 | FLOORS FASCADE | 0 | ő | 0 |
| Page I | i | 36 | MICROPHONES | 0 | 0 | 0 |
| Page 1 | 1 | 38 | GENIE LIFT | 0 | 0 | 0 |
| Page I Page I | 1 | 39 40 | PROJECTOR SOUND EOUIPMENT | 0 | 0 | ő |
| Page 1 | i | 41 | COMPUTER | 0 | 0 | 0 |
| Page 1 | Ţ | 42 | LIGHTING | 0 | 0 | 0 |
| Page I Page I | I I | 43 44 | TICKET PRINTER TRUSSES | 1,134 | 1,134 | ő |
| Page I | i | 45 | EQUIPMENT | 0 | 0 | 0 |
| Page 1 | 1 | 48 | ICÈ MAKER | 218 | 218 | 0 |
| Page 1 | 1 | 49 50 | SIGN BUILDING IMPROVEMENTS | 557 8,630 | 557 8,630 | ő |
| Page 1 Page 1 | i | 51 | SOUND EQUIPMENT | 83 | 83 | 0 |
| Page 1 | 1 | 52 | GENIE LIFT | 892 | 892 414 | 0 |
| Page 1 | 1 | 53 54 | CAMERA LIGHTING EQUIPMENT | 414 472 | 414 472 | 0 |
| Page 1 Page 1 | î | 55 | COMPUTER | 0 | 0 | 0 |
| Page 1 | 1 | 57 | BUILDING IMPROVEMENTS | 4,213 | 4,213 | 0 |
| Page 1 | 1 | 58 59 | ROLLER COMPUTER | 1,230 | 1,230 0 | 0 |
| Page 1 Page 1 | 1 | 60 | BUILDING IMPROVEMENTS | 10,066 | 10,066 | 0 |
| Page 1 | i | 61 | PROJECTOR | 921 | 921 | 0 |
| Page 1 | 1 | 62 | SOUND BOARD SCENIC AUTOMATION | 1,063 3,508 | 1,063 3,508 | 0 |
| Page 1 Page 1 | i | 63 64 | SCENIC AUTOMATION SCENIC AUTOMATION | 4,911 | 4,911 | 0 |
| Page 1 | i | 65 | 413 S. PALM AVE | 4,913 | 4,913 | 0 |
| Page 1 | 1 | 67 | 415 S. PALM AVE | 5,174 416 | 5,174 416 | 0 |
| Page 1 | 1 | 69 70 | WINDOWS DOORS | 346 | 346 | 0 |
| Page I | ì | 71 | BAR REMODEL | 513 | 513 | 0 |
| Page 1 | 1 | 72 | 321 WILSON AVE | 3,562 | 3,562 | 0 |
| Page 1 | 1 | 74 | 313 WILSON AVE | 6,410 | 6,410 | U |

TITUSPLAY TITUSVILLE PLAYHOUSE INC

59-6177447

Depreciation Adjustment Report

FYE: 5/31/2023

All Business Activities

AMT Adjustments/ Unit Asset Description Tax AMT Preferences Form 420 JULIA ST 11,538 11,538 Page 1 76 77 79 3,846 422 JULIA ST 3,846 0 Page 1 428 JULIA ST 312/314 S PALM AVE IMPROVEMENTS 3.846 3,846 0 Page 1 4,608 Õ 4,608 Page 1 573 2,806 0 81 573 Page VIDEO SERVER 2,806 0 Page | 82 LIGHTING EQUIP APAV EQUIPMENT APPLE COMPUTERS Page 1 83 543 543 0 84 919 919 0 Page 1 0 85 1,360 1,360 Page 1 ŏ **VEHICLES** 1,008 Page 1 86 1,008 SCENIC AUTOMATION DELL COMPUTERS KEYBOARD/ PIANO KEYBOARD/ PIANO Page I 87 224 224 0 88 89 879 879 0 Page 1 436 0 436 Page 1 ŏ Page 1 90 347 347 91 PORT LIGHTING SYSTEM 3,725 3,725 0 Page 1 663 0 92 APPLE COMPUTER 663 Page 1 0 117,281 117,281

06/16/2024 9:23 PM

06/16/2024 9:23 PM

TITUSPLAY TITUSVILLE PLAYHOUSE INC 59-6177447 Future Depreciation Report FYE: 5/31/24

Form 990, Page 1 FYE: 5/31/2023

| Asset | Description | Date In Service | Cost | Tax | AMT | |
|--|--|---|---|--|--|--|
| <u>Prior N</u> | MACRS: | | | | | |
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 16 17 18 19 20 1 22 23 24 25 26 27 28 29 30 31 23 33 34 45 50 51 52 53 55 57 58 59 60 61 62 63 64 65 67 70 71 72 75 75 75 75 75 75 75 75 75 75 75 75 75 | SOUND EQUIPMENT OFFICE FURNITURE RESTROOM EQUIP/ FIXTURE CHANDELIER LIFT FURN FIXTURES IMPROVEMENTS CHAIRS BUILDING IMPROVEMENTS 311 JULIA ST BLDG BUILDING IMPROVEMENTS SOUND SYSTEM EQUIPMENT (VARIOUS) IMPROVEMENTS LIGHTING BALCONY IMPROVEMENT BUILDING IMPROVEMENT BUILDING IMPROVEMENT BUILDING IMPROVEMENT EXTERIOR REPAIR INTERIOR REP EL ROOF ROOF FLOORS FLOORS TILE AIR CONDITIONER CARPET CEILING TILE IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS IMPROVEMENTS ILIT PROJECTOR SOUND EQUIPMENT COMPUTER LIGHTING TICKET PRINTER TRUSSES EQUIPMENT ICE MAKER SIGN BUILDING IMPROVEMENTS SOUND EQUIPMENT COMPUTER LIGHTING EQUIPMENT COMPUTER BUILDING IMPROVEMENTS ROLLER COMPUTER BUILDING IMPROVEMENTS ROLLER COMPUTER BUILDING IMPROVEMENTS ROLLER COMPUTER BUILDING IMPROVEMENTS ROLLER COMPUTER BUILDING IMPROVEMENTS ROLLER COMPUTER BUILDING IMPROVEMENTS ROLLER COMPUTER BUILDING IMPROVEMENTS ROLLER COMPUTER BUILDING IMPROVEMENTS PROJECTOR SOUND BOARD SCENIC AUTOMATION SCENIC AUTOMATION 413 S. PALM AVE 415 S. PALM AVE 415 S. PALM AVE 415 S. PALM AVE WINDOWS DOORS BOAR BAR REMODEL 321 WILSON AVE 420 JULIA ST | 1/26/17 3/14/17 8/29/16 3/17/17 3/14/17 8/29/16 3/17/17 3/27/17 5/31/17 5/31/17 5/27/14 11/05/13 11/21/14 4/30/15 12/22/14 3/05/15 5/12/16 10/15/15 1/21/89 11/01/91 1/08/04 5/20/05 6/01/05 5/29/06 6/02/06 6/02/06 6/13/06 6/20/06 6/13/06 6/20/06 6/20/06 6/13/06 8/27/06 8/07/06 8/07/06 8/07/06 8/07/06 8/07/06 8/21/06 9/12/06 10/16/06 7/31/11 7/31/11 10/02/12 10/26/12 12/12/12 12/28/13 2/28/13 2/28/13 2/28/13 2/28/13 5/29/14 7/24/17 8/31/17 5/30/18 10/03/17 10/23/17 11/27/17 12/06/17 3/28/18 8/20/18 6/20/18 6/20/18 6/20/18 11/23/18 5/08/20 12/17/19 12/17/19 12/17/19 2/11/20 8/01/20 9/30/20 8/31/20 7/15/20 1/18/21 4/12/22 5/18/22 7/15/21 7/15/21 | 1,500 11,384 4,341 1,425 2,569 317,901 9,836 35,726 68,000 169,064 24,418 27,255 108,595 2,900 6,938 93,734 35,235 3,100 14,150 26,278 1,300 4,139 2,220 1,880 1,471 1,700 2,078 3,000 2,605 2,767 2,900 1,000 2,467 10,575 4,890 3,250 3,000 1,420 433 10,066 1,485 29,727 6,477 2,450 6,240 336,559 930 9,995 4,641 5,279 2,549 82,440 13,775 1,056 174,772 7,374 8,512 28,075 28,075 28,075 28,075 28,075 28,075 21,769 16,230 13,481 20,000 138,922 250,000 450,000 | 0 457 19 57 103 8,152 0 1,191 1,743 4,335 0 0 3,620 0 0 0 0 1,119 79 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 457 19 57 103 8,152 0 1,191 1,743 4,335 0 0 3,620 0 173 2,343 881 79 0 0 0 0 0 0 0 0 0 0 0 0 0 | |

TITUSPLAY TITUSVILLE PLAYHOUSE INC
59-6177447 Future Depreciation Report FYE: 5/31/24 06/16/2024 9:23 PM

Form 990, Page 1 FYE: 5/31/2023

| Asset 76 77 79 81 82 83 84 85 87 88 | Description 422 JULIA ST 428 JULIA ST 428 JULIA ST 312/314 S PALM AVE IMPROVEMENTS VIDEO SERVER LIGHTING EQUIP APAV EQUIPMENT APPLE COMPUTERS SCENIC AUTOMATION DELL COMPUTERS | Date In Service 7/15/21 7/15/21 7/02/21 5/31/23 6/17/22 6/13/22 10/13/22 17/19/22 2/06/23 6/30/22 | Cost 150,000 150,000 179,730 536,426 14,028 3,802 6,436 6,798 1,570 4,394 | 3,846 3,846 4,609 13,755 4,489 931 1,577 2,175 385 1,406 | 3,846 3,846 4,609 13,755 4,489 931 1,577 2,175 385 1,406 747 |
|--|---|--|--|--|--|
| 89 90 91 92 | KEYBOARD/ PIANO KEYBOARD/ PIANO PORT LIGHTING SYSTEM APPLE COMPUTER | 6/27/22 6/15/22 6/15/22 2/14/23 | 3,050 2,426 26,075 3,316 4,147,981 | 747 594 6,386 1,061 133,865 | 594 6,386 1,061 136,143 |
| 15 | BUILDING Total ACRS Depreciation | 6/01/84 | 390,000 390,000 | 0 | 0 0 |
| Other I | Depreciation: | | | | |
| 37 46 47 56 66 68 73 78 80 | LIGHTING SOFTWARE 311 JULIE ST (LAND) 313 JULIA STREET (LAND) LAND 413 S PALM AVE LAND 415 S. PALM AVE LAND 321 WILSON AVE LAND 420/422/428/313 JULIA WILSON LAND 312/314 S, PALM AVE | 8/28/12 11/21/14 4/11/16 6/01/84 9/30/20 8/31/20 5/18/22 7/15/21 7/02/21 | 837 10,000 112,500 22,459 10,000 10,000 60,403 20,000 | 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 |
| | Total Other Depreciation | | 256,199 | 0 | 0 |
| | Total ACRS and Other Depreciation | | 646,199 | 0 | 0 |
| Listed 1 | Property: | | | | |
| 86 | VEHICLES | 6/27/22 | 5,041 | 1,613 | 1,613 |
| | Grand Totals | | 4,799,221 | 135,478 | 137,756 |

6/16/2024 9:23 PM Fund Raising Management & General Form 990, Part IX, Line 24e - All Other Expenses 8,661 8,661 Program Service Federal Statements 8,661 8,661 Total Expenses رۍ ا TITUSPLAY TITUSVILLE PLAYHOUSE INC WORKSHOPS & SUMMER CAMP Description FYE: 5/31/2023 Total 59-6177447 637

| TITUSPLAY TITUSVILLE PLAYHOUSE INC 59-6177447 FYE: 5/31/2023 | 6/16/2024 9:23 PM tatements |
|--|---|
| Schedule A, Part III, Line 1(e) | ırt III. Line 1(e) |
| Description | Amount |
| Membership Dues and Assessments ERC CONTRIBUTIONS/ SPONSOR/ 50/50 | \$ 83,800 193,424 344,695 |
| MARK WADE Cash Contribution AMERIRPISE FINANCIAL Cash Contribution | 10,000 |
| TAMI LEILUGA Cash Contribution | 10,000 |
| PARRISH MEDICAL CENTER Cash Contribution Total | \$ 668,669 |
| Schedule A, Pa | Part III, Line 2(e) |
| Description | Amount |
| BOX OFFICE ADMISSION CHILDRENS THEATRE HOSPITALITY INCOME MERCH INCOME Taxable Interest on Savings and Temporary Cash Investments COSTUMES MISC INCOME INSURANCE CLAIM Total | \$ 1,093,421 59,409 174,853 30,283 1,753 44,900 56,881 3,659 \$ 1,465,159 |
| | |
| | |

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709505

Entity Name: TITUSVILLE PLAYHOUSE, INC.

Current Principal Place of Business:

301 JULIA STREET TITUSVILLE, FL 32796

Current Mailing Address:

301 JULIA STREET TITUSVILLE, FL 32796 US

FEI Number: 59-6177447 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERON, STEVEN TITUSVILLE PLAYHOUSE, INC. 301 JULIA STREET TITUSVILLE, FL 32796 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 17, 2024

Secretary of State

8466689341CC

Officer/Director Detail:

Title

Title

TREASURER

Name

LUGO, MELISSA

Name

MACDONALD, KAREN

Address 301 JULIA STREET City-State-Zip:

Address

301 JULIA STREET

TITUSVILLE FL 32796

City-State-Zip:

TITUSVILLE FL 32796

Title

S

Title

BALL, JIM Name

Name

BALL, KATY 301 JULIA STREET

Address City-State-Zip:

301 JULIA STREET TITUSVILLE FL 32796 Address

City-State-Zip: TITUSVILLE FL 32796

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATY BALL

PRESIDENT

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

For TDO use: PROJECT #- C18-E



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | Brevard Renaissance, Inc | |
|------------------------------|--------------------------|--|
| Applicant Event Name: | Brevard Renaissance Fair | |

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

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

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

Peter Cranis, Executive Director

| Response | ID:52 | Data |
|-------------|-------|------|
| I ICODOLIGE | 10.02 | Data |



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

Signature of: Peter Moolhuizen

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Brevard Renaissance Fair, Inc

Organization address

3900 Lobiolly Pl.

State

FL

City

Cocoa

Zip

32926

Primary contact name

Peter Moolhuizen

Primary contact phone number

3214583515

Primary contact email

pete@brevardrenaissancefair.com

Secondary contact name

BARBARA J MOOLHUIZEN

Secondary contact phone number

3214582972

Secondary contact email

barb@brevardrenaissancefair.com

Organization website address

3900 Loblolly Pl.

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

82-3561549

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Brevard Renaissance Fair

Event website address (if different from organization website)

3190 New York Avenue

Event location

Melbourne Florida 32934

9. (untitled)

8. What is the first date of your event?

01/18/2025

10. (untitled)

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

14

11. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Direct mail

Radio

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

Social hashtags

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

TV/Video

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook: https://www.facebook.com/brevardrenaissancefair

Instagram: https://www.instagram.com/brevardrenaissancefair/?hl=en

YouTube: https://www.youtube.com/@Brevardrenaissancefairs

14. (untitled)

12. What hashtags do you use?

#brevardrenaissancefair # BRF2025

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Billboards

Direct mail

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Social media post

Website/blog

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

Articles.pdf

20. (untitled)

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

Sunbiz_2024.pdf

21. (untitled)

17. Upload your completed Checklist.

TDC Checklist.pdf

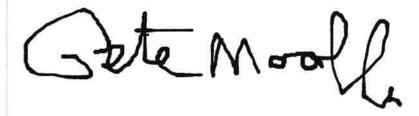
22. (untitled)

18.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will

comply with the requirements set forth, if awarded support.



Signature of: Peter Moolhuizen

23. Thank You!

New Send Email

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

Electronic Articles of Incorporation For

P17000094411 FILED November 28, 2017 Sec. Of State cmwood

BREVARD RENAISSANCE FAIR, 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 RENAISSANCE FAIR, INC.

Article II

The principal place of business address: 3900 LOBLOLLY PL. COCOA, FL. US 32926

The mailing address of the corporation is: 3900 LOBLOLLY PL. COCOA, FL. US 32926

Article III

The purpose for which this corporation is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is: 10,000

Article V

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

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAK COURT

TAMPA, FL. 33612

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

Registered Agent Signature: CHEYENNE MOSELEY, US CORP. AGENTS

P17000094411 FILED November 28, 2017 Sec. Of State cmwood

Article VI

The name and address of the incorporator is:

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

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

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

Article VII

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

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

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

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

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000094411

Entity Name: BREVARD RENAISSANCE FAIR, INC.

Current Principal Place of Business:

3900 LOBLOLLY PL. COCOA, FL 32926

Current Mailing Address:

3900 LOBLOLLY PL. COCOA, FL 32926 US

FEI Number: 82-3561549

Name and Address of Current Registered Agent: UNITED STATES CORPORATION AGENTS, INC.

476 RIVERSIDE AVE. JACKSONVILLE, FL 32202 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Mar 04, 2024

Secretary of State

0398554323CC

Certificate of Status Desired: No

Officer/Director Detail:

Title P, D

Title S, D

MOOLHUIZEN, BARBARA

Name Address MOOLHUIZEN, PETER 3900 LOBLOLLY PL.

Name Address

3900 LOBLOLLY PL.

City-State-Zip: COCOA FL 32926

City-State-Zip:

COCOA FL 32926

Title

Name

MOOLHUIZEN, LUCAS

Address

3900 LOBLOLLY PL.

City-State-Zip:

COCOA FL 32926

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

SIGNATURE: PETER L MOOLHUIZEN

PRESIDENT

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

For TDO use: **PROJECT #-** C21-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | Valiant Air Command, Inc | |
|------------------------------|--------------------------|--|
| Applicant Event Name: | Year-round programming | |

| | Yes | No | Comment |
|------------------------------------|-----|----|----------|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | Х | | |
| Copy of IRS Articles of | | X | 1.40 |
| Incorporation – (if applicable) | | ^ | N/A - dw |
| Copy of IRS Determination letter – | x | | |
| (if applicable) | _ ^ | | |
| Copy of SunBiz.org (if applicable) | Х | | |
| Copy of this MSP checklist | Х | | |

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

Peter Cranis, Executive Director

FY 2024-2025 Warketing Support Program application

| 2. | / | | | • • • | le | - 1 | ١ |
|----|---|---|----|-------|--------|-----|----|
| ., | " | - | ъ. | ודו | \sim | ~ | -1 |
| | | | | | | | |
| | | | | | | | |

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

Signature of: Tracy Bohrmann

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Valiant Air Command, Inc

Organization address

6600 Tico Rd

State

FLORIDA

City

Titusville

Zip

32780

Primary contact name

Tracy Bohrmann

Primary contact phone number

3216849314

Primary contact email

tracy.bohrmann@valiantaircommand.com

Secondary contact name

Bob Boswell

Secondary contact phone number

321-432-2011

Secondary contact email

bob.boswell@valiantaircommand.com

Organization website address

www.valiantaircommand.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-1773787

7. (untitled)

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

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

8. (untitled)

1. E7 ENT INFORMATION

Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Digital advertising (banner ads, etc.)

Radio

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

Social hashtags

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

13. (untitled)

9. What are your social media handles?

Facebook: vacwarbirdairshow

Instagram: Valiantaircommand@vac.inc

YouTube: N/A

14. (untitled)

,. What hashtags do you use?

#warbirdairshow, #aviation museum

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Radio

Social media post

17. (untitled)

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

VAC_IRS.pdf

18. (untitled)

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

Compressed_990_2023.pdf

19. (untitled)

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

20. (untitled)

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

VAC_Sunbiz.pdf

21. (untitled)

15. Upload your completed Checklist.

VAC_Checklist.pdf

22. (untitled)

16.

ATTESTATION

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



Signature of: Tracy Bohrmann

23. Thank You!

New Send Email

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

Internal Revenue Service District Director Department of the Treasury

Date: JUN 1 9 1978

Valiant Air Command, Inc. 221 Shell Point Road Maitland, Florida 32751 Employer Identification Number: 59-1773787
Accounting Period Ending: December 31
Foundation Status Classification: 509 (a) (2)
Advance Ruling Period Ends: December 31, 1979
Person to Contact:
Y. Burleson
Contact Telephone Number: (904) 791-2636

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(2).

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

mithin 90 days after the end of your advance ruling period, you must submit to us information needed to determine, whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940

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

400 West Bay St., Jacksonville, Fla. 32202

(over)

Letter 1045(DO) (5-77)

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

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

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know:

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present on 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 or your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

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

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

Sincerely yours,

District Director

Letter 1045(DO) (6-77)

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

| OMB | No. | 1545-00 | 47 |
|-----|-----|---------|----|

Department of the Treasury

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

2023

Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information.

| Million Of They | EIN or SSN |
|--|----------------------------|
| VALIANT AIR COMMAND INC | 59-1773787 |
| Name and title of officer or person subject to tex NORMAN DANIELS | 05 1775707 |
| DIRECTOR | |
| Part 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 t | \$ |
| 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check to | the ferministration |
| 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, | ne box on line 1a, 2a, |
| 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 leave line 1b, 2b, |
| applicable line below. Do not complete mare than one line in Part I. | n, then enter -0- on the |
| | |
| 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ line 9) | 1b 1,111,60 |
| in the second of | 2b |
| 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) | 3b |
| b lax based on investment income (Form 990-PF, Part V, line 5) | 4h |
| | 5b |
| b Total tax (Form 990-1, Part III, line 4) | 6b |
| Total tax (Form 4/20, Part III, line 1) | 7b |
| 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) | 8b |
| Ba Form 5330 check here b Tax due (Form 5330, Part II, line 19) | 9b |
| 10a Form 8038-CP check here b Amount of credit payment requested Form 8038-CP Part III line | 22 10b |
| Value of the state | |
| | tax with respect to (name |
| | ave 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 contempted at a service provider, transmitter, or electronic return additional (SEO) to each other transmitter, or electronic return additional (SEO) to each other transmitter, or electronic return additional (SEO) to each other transmitter. | onsent to allow my |
| intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the national delay in the national delay in the national delay in the national delay in the national delay in the national delay in the national delay in the national delay in the national delay in the national delay in the national delay in the national delay in the national delay in | live from the IRS (a) an |
| the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elect | eturn or refund, and (c) |
| (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal | tonic runds withdrawai |
| return, and the mancial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tree | sun/ Financial Agent of |
| 1-000-303-4037 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution | utions Involved in the |
| processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and received | dyn innun related to |
| the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and if ann | licable, the consent to |
| electronic lunds withdrawat. | |
| PIN: check one box only | |
| X lauthorize FLAVIN, NOONEY & PERSON to enter my PIN 3 | 2901 |
| ETIO A | as my signature |
| do n | ot 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 be | ing filed with a state |
| agonicytes) regulating charmes as part of the IRS Fed/State program. I also authorize the aforementioned ERO | to enter my PIN on the |
| Tetama diaciosara 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 ye | er 2023 electronically |
| move retain in the middled within this return that a converting in heigh with a state account of the | gulating charitles as part |
| of the free program, I will enter my Pily on the return's disclosure consent screen. | |
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| ERO's EFIN/PIN. Enter your stx-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. | |
| 01107032 | |
| Contifue that the shows surround antique my RIM which is not enter all | zeroe |
| I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated at | ove. I confirm that I |

is return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

BARBARA NOONEY, CPA

05/23/24

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

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

Form 8879-TE (2023)

Form

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

CME NO. 1545-0047 2023 Open to Public

Under section 501(c), 527, or 4947(s)(1) of the internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer Identification number Address chance VALIANT AIR COMMAND INC Doine business as Name charge 59-1773787 Num : a street or P. . . If mail is not delivered to street a count.) Initial return 6600 TICO ROAD 321-268-1941 Final return/ City or town, state or province, country, and Z/P or foreign postal code TITUSVILLE FL 32780 Amended return G Gross recel 1,337,502 F Name and address of principal officer. Application pending H(a) la this a group return for subordinetes? NORMAN DANIELS 6600 TICO ROAD H(b) Are all subordinates included? TITUSVILLE FL 32780 if "No," attech a list. See instructions X 501(c)(3) 501(c) (Tax exempt status: I Insert no. 4947 a 1 or WWW. VALIANTAIRCOMMAND. COM Webalts: H(¢) Group exemption number Form of amerization: X Corporation Trust Association L Year of formation: 1977 M State of legal demicile: Part Summary Briefly describe the organization's mission or most significant activities: MAKE GENERAL PUBLIC AWARE OF MILITARY AND CIVILIAN HERITAGE THROUGH AIR **Governance** SHOWS, MUSEUM, AND RESTORATION OF VINTAGE AIRCRAFT. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 행 4 Number of Independent voting members of the governing body (Part VI, line 1b) 8 Total number of Individuals employed in calendar year 2023 (Part V, line 2a) 13 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 78 b Net unrelated business taxable income from Form 990-T. Part I, line 11 ... Current Year 8 Contributions and grants (Part VIII, line 1h) 762 227,693 49. 9 Program service revenue (Part VIII, line 2g) 119,283 93,467 10 Investment income (Part VIII, column (A), ilnes 3, 4, and 7d) 55 262 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 651,276 790,181 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 820,376 111,603 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expanses 40,952 170 16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25)
0 0 17 Other expenses (Part iX, column (A), lines 11a-11d, 11f-24e) 803,839 825,654 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 844,791 866,824 19 Revenue less expenses. Subtract line 18 from line 12 -24,415244,779 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,663,244 2,881,824 21 Total liabilities (Part X, line 26) 499,720 473,520 22 Net assets or fund balances. Subtract line 21 from line 20 2,163,524 2,408,304 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Duta NORMAN DANIELS Here DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature IF PTIN Pald BARBARA NOONEY CPA BARBARA NOONEY 05/24/24 self-amployed P00482542 Preparer NOONEY & PERSON Flrm's name FLAVIN 59-3045479 Use Only Firm's EIN 2200 SOUTH BABCOCK STREET MELBOURNE FL 321-725-4700 May the IRS discuss this return with the preparer shown above? See Instructions X Yes

1

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| | Other program services (Describe or Expenses 3 Total program service Expenses | Schedule O.) including greats of § 788, 913 |) (Revenue \$ | |
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| C | NCE A YEAR AVIATION | ON SHOW IS PUT ON | FOR THE PUBLIC. | |
| | (Code:) (Expenses \$ | 75,340 Includin | g grants of \$) (Rever | um \$ |
| | the total expenses, and revenue, if a | any, for each program service rep | ported. | ~~··~=== |
| r | expenses. Section 501(c)(3) and 50 | i service accomplishments for ea 1(c)(4) organizations are required | ich of its three largest program services, as measi d to report the amount of grants and allocations to | others. |
| 4 | If "Yes," describe these changes on | 1 Schedule O. | | 200200 |
| | services? | | | Yes X |
| 3 | Did the organization cease conduct | | In how it conducts, any program | |
| | If "Yes," describe these new service | es on Schedule O. | | Yes X |
| 2 | walnut E 000 000 ETO | | ng the year which were not listed on the | |
| _ | | | ************************************** | |
| | Mana / Managam / Mis. | ABDIONATION OF | VINIAGE AIRCRAFI. | *********************** |
| 1 | SHOWS, MUSEUM, AND | DESTORATION OF | ARY AND CIVILIAN HERITAGE | THROUGH AIR |
| 1 | Briefly describe the organization's r | mission: | | |
| _ | Check if Schedule C | contains a response or no | 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | |
| | | ram Service Accomplishr | 59-1773787 | Pa Pa |
| P | n 990 (2023) VALIANT AIR | | 32 IIIII | |

Page 3 Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 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 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 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 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," A complete Schedule D, Part III X 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 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 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 110 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 111 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 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 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? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Perts I and IV 14b Х 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 15 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 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 17 Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 if "Yes," complete Schedule G, Part III 19 X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X if "Yes" to line 20s, did the organization attach a copy of its audited financial statements to this return?

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

X

| Ÿ, | | onackist of Required Schedules (continued) | | | |
|----|-----|--|------------|------|------------|
| | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| | | Part IX, column (A), line 27 if "Ves." complete Schedule 1. Parte Land III | | | v |
| | 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | 22 | - | X |
| | | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | | amployees? If "Yes," complete Schedule J | 23 | | X |
| | 248 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 43 | | Λ |
| | | \$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 25e | 24a | | Х |
| | b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | - |
| | C | Did the diganization maintain an escrow account other than a refunding secrow at any time during the year | - | | |
| | | to defease any tax-exempt bonds? | 24c | | |
| | d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 25a | section so r(c)(s), our(c)(4), and our(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | | transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I | 25a | | X |
| | b | parameter and a second of the second of the second | | | |
| | | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | - 1 | |
| | 26 | If "Yes," complete Schedule L, Part I | 25b | | X |
| | 40 | 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% | | | |
| | 27 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| | | 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 | | | |
| | | DEMOTIS? If "Ves " complete Schoolide I. Day III | | | |
| 1 | 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule | 27 | | X |
| | | L, Part IV, Instructions for applicable filling thresholds, conditions, and exceptions). | 1 | | |
| | a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | l i | | |
| | | "Yes," complete Schedule L, Part IV | 20- | | v |
| | b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28a 28b | - | X |
| | C | A 33% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? if | 200 | - | Λ |
| | | "Yes," complete Schedule L., Part IV | 28c | - 1 | Х |
| 2 | 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | - | X |
| 3 | 30 | the digatization feceive contributions of an, historical treasures, or other similar assets, or qualified | 10 | _ | 21 |
| | | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| | 11 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 3 | 12 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| _ | | complete Schedule N, Part II Did the granization own 100% of an entitled expensed to consist from the | 32 | | Х |
| 3 | _ | and any analysis of the state of the state of the second o | | | |
| 9 | 14 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| -3 | 170 | 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 | | | |
| 9 | | | 34 | | X |
| - | b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 36a | | X |
| | - | If "Yes" to line 35a, dld 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, Pert V, line 2 | | | |
| 3 | 6 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 35b | - | _ |
| | | related omanization? If "Van " complete School de C. Cad M. No. of | | | |
| 3 | 7 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | - | X |
| | | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | | v |
| 3 | 8 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | 37 | - | X_ |
| | | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | | v |
| | Par | Statements Regarding Other IRS Filings and Tax Compliance | 30 | | <u>X</u> |
| _ | | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | 1a | Enter the number repetied in her 2 of Fam. 4000 F. d. o. d. | | 198 | No |
| | b | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1s. Enter -0. If not applicable | | | |
| | C | Enter the number of Forms W-2G Included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | | reportable gaming (gambling) winnings to prize winners? | | | |
| D | AA. | A LINE MULLION OF LINE AUTHOR OF LINES AUTHOR AUTHOR OF LINES AUTHOR OF LINES AUTHOR OF LINES AUTHOR OF LINES | 1c | | <u>X</u> _ |
| | | | Form | 9au. | 61 |
| | | | | _ | |

| | 1 990 (2023) VALIANT AIR COMMAND INC 59-1773 | | | | 1 | Page |
|------------|--|-----------|--|------------|-------------|--|
| R | Statements Regarding Other IRS Filings and Tax Compliance (contin | ued) | | | Yes | No |
| 2a | | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 13 | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | | Х |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | 1 | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | ***************** | - | - | |
| 4a | At any time during the colorader year did the experiencian have an interest in our circumstance and the experience of the colorader year. | | | 3b | - | - |
| 74 | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | 1 | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial | accou | int)? | 4a | - | X |
| þ | If "Yes," enter the name of the foreign country | | | 1 - | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccoun | ts (FBAR). | | | |
| 5 a | the second of th | | | 5a | | X |
| þ | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | tion? | | 5b | | X |
| C | If "Yes" to line 5a or 5b, dld the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | е | MASSAGE AND SOME | | | |
| | 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 contribution | ns or | | | | |
| | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | hmm |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g | ehoni | | | | |
| | and an data and data it and an | | | 70 | | |
| Ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7a | | - |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | 75 | | - |
| | | | | | | |
| | | | | 7c | ********* | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| 6 | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | 7 | 7e | | _ |
| f | Did the organization, during the year, pay premiums, directly or Indirectly, on a personal benefit contra | | | 7f | | _ |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file For | | | 7 g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | llon file | a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | i by the | 3 | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | M2000000 | | 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 | | 1000 | | |
| 11 | Section 501(c)(12) organizations, Enter: | | | | | |
| 8 | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | |
| _ | against amounte due or mashed from those \ | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 42- | | |
| b | Temps of a second secon | 9 | | 12a | 11111111111 | mmin |
| 13 | | 12b | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 4,000 | 3400,00 | H1111111111111111111111111111111111111 |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | areanni | eti i secono |
| la. | 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 |
| Ь | if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule | 0 | | 14b | | |
| 15 | Is the organization subject to the section 4960 tex on payment(s) of more than \$1,000,000 in remuner | ation o | r | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X |
| | If "Yes," see 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 | | Χ |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity | ies | | | | 7780MM33355 |
| | that would result in the Imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | | |
| | | | | 1 | | ******* |

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

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.

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

| (A) Neme and title | (B) Average hours per week | be of | (C) Position (do not check mere than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the | (E) Raportable compensation from related | (F) Estimated amount of other |
|---|---|-------------|--|---------|--------------|---------------------|-------|---|--|---|
| | (ilst any hours for related organizations below dotted line) | or director | Institutional trustee | Officer | Kay emplayee | Fighest compensated | Famer | orgenization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) IRVING "BOB" BO DIRECTOR (2) NORMAN DANIELS | WELL 0.00 0.00 | x | | | | | | 0 | 0 | 0 |
| DIRECTOR (3) RICHARD JONES | 0.00 | Х | | Х | | | | 0 | 0 | 0 |
| DIRECTOR (4)MARVIN JUHL | 0.00 | х | | | | | | 0 | 0 | 0 |
| DIRECTOR (5) LEIGH LEWIS | 0.00 | х | | | | | | 0 | 0 | 0 |
| DIRECTOR (6) TERRY RUSH | 0.00 | х | | | | | | 0 | 0 | 0 |
| OIRECTOR (7) DAVID SHORE | 0.00 | Х | | 1 | | | | 0 | 0 | 0 |
| DIRECTOR (8) TRACY SCHOENEWO DIRECTOR | 0.00 | | | | | | | 0 | 0 | 0 |
| (9) | 0.00 | X | | | | | | 0 | 0 | 0 |
| (10) | | | | | | | | | | |
| (11) | ************ | | | | | | | | | |

| Pari | Section A. Officers | , Directors, Irt | 18096 | is, n | sy E | :mp | loyee | is, a | na mignest Compensated | Employees (continued) | |
|------------------------------|---|---|----------------------------------|------------------------------|-----------------------------------|-------------------------------|---------------------------------|----------------------------|---|---|--|
| | (A) Neme and title | (B) Average hours per week | (d bo | lo not rc, uni ficer e | Pos check eas pe ind a c | C) sition more araon | than o | one 1 e n de) | (D) Reportable compensation from the | (E) Reportable companisation from related | (F) Estimated amount of other compensation |
| | | (liet any hours for related organizations below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the from the organization and related organization |
| 2) | | | | | | | | | | | |
| 3) | | | | | | | | | | | |
| 4) | | | | | | | | | | | |
| 5) | ************************ | | | | | | | | | | |
| 8) | *************************************** | | | | | | | | | | |
| " | | EN EKELBLET DE AKARAGE | | | | | | | | | |
| 3) | | ATTO AND A TO SEE AS | | | | | | | | | |
| 3) | *************************************** | ********** | | | | | | | | | |
| с То | ubtotal otal from continuation shee otal (add lines 1b and 1c) | ts to Part VII, S | ectio | on A | | | | | | | |
| To | otal number of individuals (incompensation from | luding but not il | mitec | to t | hose | e fist | ed at | oove) | who received more than | \$100,000 of | |
| en Fo on ind Die | d the organization list any for nployee on line 1a? If "Yes," or any individual listed on line ganization and related organidividual dany person listed on line 1a reservices rendered to the organizations and the organization and the organization line 1a reservices rendered to the organizations. | complete Sched 1a, is the sum of zations greater if | ule J of rep than ue co | for porta \$150 | such ble o 0,000 | indi comp c? If | Vidue pense "Yes from | ation s," co | and other compensation fi | rom the h | 4 |
| ction Co | B. Independent Contractor implete this table for your five | a hlahest compe | nsat | eď Ir | dep | ende | ant co | ontra | ctors that received more th | an \$100 000 of | |
| 00 | meensation from the organiz | ation, Report co (A) usiness address | mpe | nsat | ion fi | or th | e cal | enda | | n the organization's tax year. B) of services | (C) |
| | | | | | _ | | | | | | |
| | | | | - | | | | | | | |

| | | | | | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue exclude |
|-----------------------------|---|--------------------------|--------------------|---------------|-------------|---------------|----------------------|--------------------------|--|--|
| | | | | | | | | function revenue | prieses tensura | from tax under sections 512-514 |
| 1a b c d e f | Federated cam | paigns | HEST-VERSION IV | 1a | | 2 | | | | THE PARTY OF THE P |
| b | Membership du | les | | 1b | | 31,772 | | | ###################################### | |
| C | Fundralsing eve | ents | | 1c | | | | | | |
| d | Related organiz | zations | 1 | 1d | | | | | | 0.000000000000000000000000000000000000 |
| ₽ | Government grants (c | ontributio | na) | 1e | | 195,062 | | | | |
| I | All other contributions and similar amounts of | , giffs, gn of Includ | ents, eri ahovo | 1f | | 859 | | | | |
| g | Noncash contributions | Included | in and in | | | 009 | | | 71777777777777777777777777777777777777 | |
| | lines 1a-1f | de la | *********** | 19 | 5 | | | | | |
| h | Total. Add lines | 1a-1 | f | | | | 227,693 | | | |
| | | | | | | Business Code | | | | |
| 2a | | | ONS | | | | 93.467 | 93,467 | | |
| b c d | | | | 1.11.11.11.11 | ********* | | | | | |
| C | | | | | 1 | | | | | |
| d | | | | | | | | | | |
| e, | All ather area | | Jan | | ****** | | | | | |
| | All other program | | | | | | 00 10- | | (las anno multiple continuo | Survivi Survi Survivi Survivi Survivi Survivi Survivi Survivi Survivi Survivi |
| 3 | Total. Add lines | 28-21 | aludlas didas | la fate | enni end | ******* | 93,467 | | | |
| 3 | other elmiler em | me (in | ciuaing aiviaend | is, inte | rest, and | | 260 | 2.52 | | |
| 4 | other similar am | nourius; | int of tox avammi | | are en orde | | 262 | 262 | | |
| 5 | Royalties | 0011116 | ant of tax-exemp | L DONG | proceeds | | | | | |
| | royanos | 11.53.12. | (I) Real | ***** | | reonal | | | | |
| 6a | Gross rents | 6a | (7) | | 11)10 | Toolidi | | | | |
| | Less: rental expenses | 6b | | | | | | | | |
| | Rantal Inc. or (loss) | 6c | | | | | | | | |
| d | Net rental Incom | e ar (| OSS | | | | | | | |
| 7a | Gross amount from asies of assets | | (i) Securities | | (li) C | Other | | | | |
| | other than inventory | 7a | | | | | | | | |
| ь | Less: cost or other | | | | | | | | | |
| | basis and sales exps. | 7b | | | | | | | | |
| | Gain or (loss) | 7c | | | | | | | | |
| d | Net gain or (loss |) | | | | | | | | |
| | Gross Income from | | | | | | | | | |
| | (not Including \$ | | | | | | | | | |
| | of contributions rep | | n line | | | | | | | |
| | 1c). See Part IV, Iir | | | 8a | | | Ī | 1 | | |
| | Less: direct expe | | **************** | 8b | | | | | | |
| | Net income or (id | | | ezneve | | | | | | |
| | Gross income fro | | | | | | 4 | | | |
| ь | activities. See Pa Less: direct expe | art IV, | ine 19 | 9a | | | | 1 | | |
| | Net income or (Id | | om agnino activ | 9b | | | | | | |
| 10a | Gross sales of ir | vee) III Vanto | om gerning activ | ALIOS | | | | | | |
| | returns and alloy | | i I | 10a | 2 | 30,879 | | | | |
| | Less: cost of god | | | 10b | | 25,899 | | | | |
| С | Net Income or (Id | ss: fro | om sales of inve | | | | 4,980 | 4 980 | | |
| | | | | | | Business Code | 1,300 | 3,500 | -11, 1111 | |
| 11a | MUSEUM TICE | ET S | ALES | | F | | 443,393 | 443,393 | | |
| b | FACILITY IN | | | neeyirii k | | | 340,257 | 340,257 | | |
| C | RESTORATION | INC | OME | sianyis | | | 1,551 | 1,551 | | |
| d | All other revenue | | | | | | | | | |
| 0 | Total. Add lines | 11a-1 | 1d | | | | 785,201 | | | |
| 12 | Total revenue 5 | See ins | structions | | | | 1.111,603 | 883,910 | 0 | |

| (4) | (B) | (0) | J-Start. |
|---|---|---|--|
| Total expenses | Program service expenses | Management and | (D) Fundralsing |
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| 29,659 | 26.701 | 2.958 | |
| 100000000000000000000000000000000000000 | | 2,300 | |
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| 11.511 | 5.755 | 5.756 | |
| | 3,,30 | 0,700 | |
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| 18.961 | 14 304 | 4 657 | |
| 20,001 | 21,001 | 4,007 | |
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| 2 502 | 2 502 | | |
| | | 10 005 | |
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| 27,027 | 20,004 | 2,303 | _ |
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| | | 13,004 | |
| 1,200 | 1,400 | | |
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| | | | |
| | 29,659 11,511 18,961 2,502 100,047 29,849 199,255 1,406 831 82,149 108,706 105,656 61,096 54,324 39,354 21,518 866,824 | 29,659 26,701 11,511 5,755 18,961 14,304 2,502 2,502 100,047 90,042 29,849 26,864 199,255 179,401 1,406 1,406 831 748 82,149 73,934 108,706 97,835 105,656 105,656 61,096 54,986 54,324 48,892 39,354 39,354 21,518 20,533 | 29,659 26,701 2,958 11,511 5,755 5,756 18,961 14,304 4,657 2,502 2,502 100,047 90,042 10,005 29,849 26,864 2,985 199,255 179,401 19,854 1,406 1,406 831 748 83 82,149 73,934 8,215 108,706 97,835 10,871 105,656 61,096 54,986 6,110 54,324 48,892 5,432 39,354 39,354 21,518 20,533 985 |

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 Cash--non-interest-bearing 1,540,614 1,842,289 2 Savings and temporary cash investments 2 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 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 Notes and loans receivable, net 7 Inventories for sale or use 80,320 79,374 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,345,002 b Less: accumulated depreciation 10b 2,385,464 1,041,687 10c 959,538 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 intangible assets 14 15 Other assets. See Part IV, line 11 623 623 15 2,663,244 2,881,824 16 17 Accounts payable and accrued expenses 5,759 17 7,892 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 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 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 493,961 465,628 Total liabilities. Add lines 17 through 25 26 499,720 26 473,520 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 2,163,524 27 2,408,304 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Pald-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 32 2,163,524 Total net assets or fund balances 2,408,304 Total liabilities and net assets/fund balances 2,663,244 2,881,824

Form 990 (2023)

| | m 990 (2023) VALIANT AIR COMMAND INC 59-1773787 | | Page 12 |
|---------|--|-------|--|
| | Reconcillation of Net Assets | | |
| 4 | Check if Schedule O contains a response or note to any line in this Part XI | | X |
| 2 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IV, column (A), line 12) | . 1 | 1,111,603 |
| 3 | Patients lines aguar ant IA, Columni (A), illie 20) | 2 | 866,824 |
| 4 | TOTALING 1000 CAPOLICOS, OUDITOS INIO Z HOHI IIII I | 1 2 1 | 244,779 |
| 5 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,163,524 |
| 6 | Net unrealized gains (losses) on investments Donated services and use of facilities | - 5 | |
| 7 | Position and access and day of facilities | 6 | |
| 8 | Manager to the second s | | |
| 9 | Other phanace in red accepts a fixed believes (see) | 6 | |
| 10 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 1 |
| | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32 column (B)) | | %≅ |
| Die. | art XII Financial Statements and Reporting | 10 | 2,408,304 |
| 1111111 | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | ************ |
| 1 | Accounting method wood to proceed the Townsee 12 or 1 | | Yes No |
| | Accounting method used to prepare the Form 990: X Cash Accrual Other | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 20 | | | |
| 28 | Were the organization's financial statements complied or reviewed by an independent accountant? | | 2a X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | |
| | reviewed on a separate basis, consolidated basis, or both. | | |
| la. | Separate basis Consolidated basis Both consolidated and separate basis | | |
| D | Were the organization's financial statements audited by an Independent accountant? | | 2b X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | |
| | separate basis, consolidated basis, or both. | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | |
| С | if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | 431 |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | |
| | Schedule O. | | 10000000000000000000000000000000000000 |
| 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 | | WW Company |
| | required audit or audits explain why on Schedule O and describe any steps taken to undergo such audits | | 3b |
| | | | Form 990 (2022) |

SCHEDULE A (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(s)(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

Open to Public Inspection

| | LIANT AIR CO | | | | J | 59-1773 | 787 |
|---------------------------------------|---------------------------|---|-----------------------------|--------------|-----------------------|----------------|------------------------|
| Part Reason for | Public Charity St | atus. (All organizatio | ns must c | omolet | e this part.) See | instruction | 8 |
| The organization is not a private | foundation because It | is: (For lines 1 through 1 | 2. check only | one box | c) | mod doddon | . |
| 1 A church, convention | of churches, or associ | ation of churches describe | ed in section | 170(b)(| 1)(A)(I). | | |
| 2 A school described in | section 170(b)(1)(A)(l | ii). (Attach Schedule E (Fe | om 990).) | | . 14. 14.1. | | |
| 3 A hospital or a cooper | rative hospital service o | organization described in s | section 170 | b)(1)(A) | an. | | |
| 4 A medical research or | ganization operated in | conjunction with a hospital | al described | in sectio | on 170(b)(1\(A\()))) | Enter the has | nitelia neme |
| city, and state: | 19099 | | | | | | hirer o tisitio |
| 6 An organization opera | ted for the benefit of a | callege or university owne | ed or operate | d by a g | overnmental unit de | scribed in | |
| section 170(b)(1)(A)(l | lv). (Complete Part II.) | | | | | POOLIDOG III | |
| 6 A federal, state, or loc | al government or gove | mmental unit described in | section 17 | D(b)(1)(A | ()(v). | | |
| 7 X An organization that no | ormally receives a sub | stantial part of its support | from a gove | mmenta | unit or from the ge | neral public | |
| described in section 1 | (Comp. (Comp.) (Up) | plete Part II.) | | | | | |
| 8 A community trust des | scribed in section 170(| b)(1)(A)(vi). (Complete Pr | art II.) | | | | |
| 9 An agricultural research | ch organization describ | ed in section 170(b)(1)(A |)(lx) operate | d in conj | unction with a land- | grant college | |
| university; | and-grant college of ac | priculture (see Instructions |). Enter the | name, ci | ty, and state of the | college or | |
| | nemally manistra (4) me | | | | | | |
| receipts from activities | related to its exempt f | ore than 33 1/3% of its su functions, subject to certai | pport from co | ontributio | ins, membership fe | es, and gross | |
| support from gross inve | estment income and u | nrelated business taxable | income (les | section | 511 tayl from hugi | /3% OT 118 | |
| acquired by the organic | zation after June 30, 19 | 975. See section 509(a)(3 | (Complete | Part III | .) | 169900 | |
| 11 An organization organi | zed and operated exclu | usively to test for public sa | afety. See se | ction 50 | 9(a)(4). | | |
| 12 An organization organization | zed and operated exclu | usively for the benefit of, t | o perform the | functio | ns of, or to carry ou | t the purposes | s of |
| one of more publicly su | apported organizations | described in section 509 | (a)(1) or sec | tion 500 | (a)(2) Sag saction | E00(-)(3) C | heck |
| 8 Type I. A supportin | ough 120 that describ | es the type of supporting | organization | and con | iplete lines 12e, 12 | f, and 12g. | |
| the supported orga | nization(s) the nower to | ed, supervised, or controlle o regularly appoint or elec | ed by its sup | ported o | rganization(s), typic | ally by giving | |
| supporting organiza | ation. You must comp | plete Part IV, Sections A | and B | or the gir | ectors of trustees o | i the | |
| b Type II. A supporting | ng organization superv | rised or controlled in conn | ection with it | R EUDDAR | ted amontration(a) | by boules | |
| control or managen | nent of the supporting | organization vested in the | same perso | ns that o | control or manage t | he sunnorted | |
| organization(s). Yo | u must complete Par | t IV, Sections A and C. | | | | | |
| c Type III functional | lly integrated. A support | orting organization operate | ed in connec | tion with | , end functionally in | tegrated with. | |
| im anhhoused order | iization(s) (see instruct | ions). You must complet | te Part IV, S | ections. | A. D. and E. | | |
| that is not functions | ionally integrated. A s | supporting organization op | perated in co | nnection | with its supported | organization(s |) |
| requirement (see in | istructions). You must | anization generally must a complete Part IV, Section | satisty a disti | ibution r | equirement and an | attentiveness | |
| e Check this box if the | e organization received | d a written determination f | from the IRS | that It le | er Type I. Type II. T | Same All | |
| iunctionally integral | ied, or Type III non-run | ctionally integrated suppo | rting organiz | ation. | a Type I, Type II, I | ype III | |
| f Enter the number of sup | pported organizations | | | | | | |
| g Provide the following int | formation about the su | pported organization(s). | 11/1/12/11/19/20/20/20 | 111515151515 | | | |
| (I) Name of supported organization | (II) EIN | (III) Type of organization | (N) is the org | | (v) Amount of mon | etery | (vi) Amount of |
| or Service Control | | (described on lines 1-10 above (see instructions)) | listed in your o | | support (see | | other support (see |
| | | and the unit octorial | Yee | No | matructions) | | instructions) |
| (A) | | | 100 | NO | | | |
| | | | | | | | |
| (B) | | | | - | | | |
| | | | | | | | |
| (C) | | | | - | | | |
| | | | | | | | |
| (D) | | | | | | | |
| | | | | | | | |
| (E) | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |
| For Paperwork Reduction Act Notic | e, see the Instructions | for Form 990 or 990-EZ. | | | | Scha | dule A (Form 990) 2023 |

Schedule A Form 990: 2023 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 II

| | endar year (or fiscal year beginning in) | | | | | | |
|------|--|-------------------------|-----------------------|----------------------|--|---|----------------|
| Ga | endar year (or riscar year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 90,134 | 74,150 | 123 694 | 49.362 | 227, 693 | 565, 43 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 90, 134 | 74,150 | 123 694 | 49.762 | 227 693 | 565,43 |
| 6 | 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) | | i i | | | 221.055 | |
| 6 | Public support. Subtract line 5 from line 4 | | | | 17-11-11-11-11-11-11-11-11-11-11-11-11-1 | | 5 CF 40: |
| | ction B. Total Support | | | | | | 565 43: |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (!) Total |
| 7 | Amounts from line 4 | 90 134 | 74,150 | 123, 694 | 49.762 | 227 693 | 565, 433 |
| 8 | Gross Income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | 15, 162 | 227,053 | 303,43. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 565.433 |
| 12 | Gross receipts from related activities, etc. (| see instructions) | ************* | | | 12 | 4 639 457 |
| 13 | First 5 years. If the Form 990 is for the organization | anization's first, sec | and, third, fourth ir | or fifth tay wear as | a section 501(a)/2 | W. C. L. C. | 1,000,407 |
| 200 | omanization, check this box and atom here | | | | | 4: (45445) | F |
| | The state of the s | THOIL FOICEILL | 16 | | | | |
| 4 | Public support percentage for 2023 (line 6, | column (f) divided by | y line 11, column (| f)) | | 14 | 100.00% |
| 6a | apur arbbott barcatirada tiniti zozz 20180 | Jule A, Part II, line 1 | 4 | | | 4.5 | 100.00% |
| Oa | 33 nam aupport test - 2023, it the organi | zation did not check | the box on line 13 | 3. and line 14 is 33 | 3 1/3% or more, ch | eck this | |
| b | box and stop here. The organization qualified | es as a publicly sup | ported organization | n | | | X |
| | 33 1/3% support test - 2022. If the organi | zation did not check | a box on line 13 o | 12 182 and line 15 | le 95 4/20/ | a abad | |
| 7:2 | this box and stop here. The organization que 10%-facts-and-circumstances test — 202 | laimes as a publicly | supported organiz | ation | | | |
| | 202 | a. II nie oißeilisefiol | I GIG LIOT CURCK & D | iox on line 13. 16a | i. Of 16b. and line 1 | 4 ig | |
| | 10% or more, and if the organization meets Part VI how the organization meets the facts organization | s-and-circumstance: | s test. The organiz | ation qualifies es a | a publicly supporte | d | |
| b | organization 10%-facts-and-circumstances test — 202 | 2 If the amenization | dld oot obsels a b | | 401 47 | 89(00)000000000 | 3/30400404040 |
| | 15 is 10% or more, and if the organization m | seate the forte-and | iou not check a b | obeek this bessel | , 160, or 1/2, and | line | |
| | In Part VI how the organization meets the fa | cts-and-chrometon | coctost The smar | , check this box a | nd stop here. Exp | lain | |
| | organization Private foundation. If the organization did a | or and-onedinistall | oo rear Tue organ | irratiou draimes a | s a publicly suppor | Ted | - |
| | Police - Francisco | | | | | | |
| В | Private roungation. If the omanization did a | INT Chack a have an I | MA 17 184 184 4 | 70 0r 47h | Abia bass. | | 011-0-1914-1-0 |
| 8 | Private foundation. If the organization did instructions | TOT Check a box on I | ine 13, 16a, 16b, 1 | 7a, or 17b, check | this box and see | | MI-0144-10 |

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.)

| Se | ction A. Public Support | | | oton, produce i | ompiete i art i | -1 | |
|------|---|----------------------|----------------------|----------------------|---------------------|---------------|---------------|
| Cale | andar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | ID Total |
| 1 | Gifts, grants, contributions, and memberahip tees received. (Do not include any "unusual grants.") | (1) | | (O) EOE! | (4) 2022 | (8) 2023 | (f) Total |
| 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.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (0) 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 ilnes 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 org organization, check this box and stop here | | | | | | |
| Sect | tion C. Computation of Public Su | port Percent | 2ge | ************ | | | |
| 15 | Public support percentage for 2023 (line 8, | | | a (f)) | | 145 | |
| 16 | Public support percentage from 2022 Schei | dule A Part III line | a 15 | | 7 | 15 | % |
| Sect | ion D. Computation of investmen | t Income Per | centage | | | | % |
| 17 | Investment income percentage for 2023 (IIn | e 10c, column (f). | divided by line 13. | column (fi) | | 17 | 0/ |
| 18 I | nvestment income percentage from 2022 Se | hedule A, Part III, | | | | | <u>%</u> % |
| 19a | 33 1/3% support tests — 2023. If the orga | nization did not ch | eck the box on line | 14. and line 15 is | more than 33 1/39 | %, and line | |
| | 17 is not more than 33 1/3%, check this box | and stop here. T | he organization qu | elifies as a publici | v supported organ | Ization | |
| D | 33 1/3% support tests — 2022. If the orga | nization did not ch | eck a box on line 1 | 4 or line 19a, and | line 16 is more the | n 33 1/3% and | |
| | line 18 is not more than 33 1/3%, check this Private foundation. If the organization did | box and stop he | re. The organization | n qualifies as a pu | o betroggus vialidi | ากลากระทักก | |
| | The organization did | HOY CHOOK IS DOX O | 14, 198, 011 | an, check this dox | and see instruction | ns | 5111501 |

Schedule A Form 990 2023
Part IV Supporti

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

- 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 end how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? if "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," enswer 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 euthorizing 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).
- 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 disquelified 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.
- 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.)

| | | | ١ | ' 6 | Æ | | - | | | N | lo |
|----------------|---|---|--|------------|-----|---|--|---|--------|---|-----|
| 1 | | | | | | | Printers and Print | | | | |
| 2 3a | | 100 | | | 110 | 100 | - | | | | |
| 3b 3c | | | | | | *** | 2000 | | 000000 | | |
| 4a 4b | 1 | 100 | 7,51 | *** | *** | 111111111111111111111111111111111111111 | Barrier Contract Cont | - | | | |
| 4c 5a 6b | 1 | | | TIT. | | | | 990000000000000000000000000000000000000 | | | 177 |
| 6 | | | 100 mm m m m m m m m m m m m m m m m m m | | | | 111111111111111111111111111111111111111 | ###################################### | | | 100 |
| 9a | *************************************** | | | | | | | | | | *** |
| 9c | | A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 100 | | | 11 | 111111111111111111111111111111111111111 | | | |

Schedule A (Form 990) 2023

| | Supporting Organizations (continued) | | | 1000 |
|-------|--|------------|----------------|--------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| 8 | the second of warmany appropriate with the same of tolerand with the same of t | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | The state of the s | 116 | | |
| C | The person seconds on the first first feet to the first firs | | | |
| Coo | provide detail in Part VI. | 11¢ | | |
| 300 | tion B. Type I Supporting Organizations | | | |
| 1 | Did the gavening hade we have full | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Cant | supervised or controlled the supporting organization. | 2 | 0.001700388455 | |
| 3800 | ion 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 | | 1 | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 1 | | |
| Cont | the supported organization(s). | 1 | | |
| Sect | ion D. All Type III Supporting Organizations | | | |
| 1 | Did the appealant and the second seco | | Yes | No |
| 31 | 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 | | | |
| 2 | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| ~ | Were any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI | | | |
| 3 | how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| • | By reason of the relationship described on line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | 1 | | |
| | 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. | | - | |
| Secti | on E. Type III Functionally integrated Supporting Organizations | 3 | | |
| 1 | | | | |
| a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions) The organization satisfied the Activities Test. Complete Ilne 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Instru | 1.0 | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | ctions | . 1 | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | minning in | Yes | No |
| | 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. | | | |
| ь | Did the activities described on line 2a, above, constitute activities that, but for the organization's | 2a | | |
| | 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. | 25 | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | 2b | - | + |
| 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. | 20 | 1 | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3a | manda | |
| | of its supported organizations? If "Yes " describe in Part VI the role pileyed by the organization in this regard. | 3b | | HHHHHH |
| AA | | dule A (| Form 98 | ** |

Schedule A Form 990 2023

Section A - Adjusted Net Income

1 Net short-term capital gain

Add lines 1 through 3,

5 Degreciation and degletion

Recoveries of prior ar distributions

Other gross income see instructions

Other expenses (see instructions)

a Average monthly value of securities

e Discount claimed for blockage or other factors

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

explain in detail in Part VII;

3 Subtract line 2 from line 1d.

Multiply line 5 by 0.035.

Section C ~ Distributable Amount

Enter greater of line 2 or line 3.

income tax imposed in orior year

Enter 0.85 of line 1.

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A. Ilne 8, column A)

Minimum asset amount for prior year (from Section B. line 8 column A

see instructions.

6

Section B - Minimum Asset Amount

6

7

8

1

2

3

4

| 5 | Income tax Imposed in orior year | 5 | |
|---|--|--------------|------------------------|
| 5 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | |
| _ | emergency temporary reduction (see Instructions). | 6 | |
| 7 | Check here if the current year is the organization's first as a non-functionally integrate | d Type III s | upporting organization |

Schedule A (Form 980) 2023

Current Year

| | tule A Form 890 2023 VALIANT AIR CO | MMAND INC | 59-1 | 773 | 787 Pr |
|----|---|--|-------------------|-----|-------------------------------------|
| | The mining and and and and and and and and and and | a)(3) Supporting Organiza | ations (continued | 1) | |
| _ | tion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exemp | t purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt po | urposes of supported | | | |
| | organizations, in excess of income from activity | St. 1 St. Seeding & Appendix 19 | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of | of supported organizations | | 3 | |
| 4 | Amounts cald to acquire exempt-use assets | . His is a second of the secon | | 4 | |
| 5 | Qualified set-aside amounts prior IRS approval required—provi | de details in Part VII | | 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 or | rganization is responsive | | 8 | |
| | (provide details in Part VI). See instructions. | | | " | 2 |
| 8 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (1) | (II) | 10 | (III) |
| | lon E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributio | ns | (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 | 71-11-11-11-1-1-11-1 | | | |
| d | From 2021 | | | -+ | |
| 9 | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | -+ | |
| | Applied to underdistributions of prior years | | | - | |
| | Applied to 2023 distributable amount | | | - | |
| | Carryover from 2018 not applied (see instructions) | | | -+ | |
| | Remainder, Subtract lines 3g 3h and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from | | | - | |
| | Section D line 7: | | | 1 | |
| а | Applied to underdistributions of crior years | | | - | |
| b | Applied to 2023 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| | Remaining underdistributions for years prior to 2023, if | | | - | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | İ | |
| | greater than zero explain in Part VI. See instructions. | | | - 1 | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | - | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See Instructions. | | | - | |
| | Excess distributions carryover to 2024. Add lines 3j | | | - | |
| | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| b | Excess from 2020 | | | - 1 | |
| | Excess from 2021 | | | | |
| d | Evenes from 2020 | | | | |

e Excess from 2023

Schedule A (Form 990) 2023

VALIANT AIR COMMAND INC

59-1773787

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury internal Revenue Service

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

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

OMB No. 1545-0047 2023

Open to Public inspection

| | | | n inspection |
|--|--|--|--|
| WALLAND ALD COL | MAND THE | | Employer Identification number |
| VALIANT AIR COM Part Organizations | MAND INC | | 59-1773787 |
| Complete if the | e organization answered "Yes" | Funds or Other Similar Funds or A on Form 990, Part IV, line 6. | ccounts |
| 1 Total number at end of year | | (m) Donor advised funds | (b) Funds and other accounts |
| 2 Aggregate value of contribut | And an arrangement of the control of | 110 | |
| 3 Addregate value of contribut | tions to (during year) | | |
| A URBIGRATA AND OF BLYING ILL | om (dunna vear) | | |
| A VARIARIES ARIGE OF BUILD OF AS | 981 | | |
| A DIM MIS OF AUTOMINE STORY STORY | all concre and conor advisors in writing | that the appeals hald to do | |
| 6 Did the organization inform a | property, subject to the organization's | exclusive legal control? | Yes |
| | | | myanamasama 🗀 · · · · · · · · · · · · · · · · · · |
| our cualimple briboses t | and not for the benefit of the donor or a | innor adulear, or for any other | |
| Part II Conservation | /ats benefit? | or for any other purpose | Yes |
| Complete if the | organization answered "Yes" of | n Form 990. Part IV line 7 | |
| 1 Purpose(s) of conservation e | assements held by the organization (ch | ack all that apply) | |
| Preservation of land for p | Sublic use (for example, recreation or e | ducation) Preservation of a historically in | anning to a decision |
| Protection of natural habi | itat | Preservation of a certified histo | nponantiano area |
| Preservation of open spa- | ce | | |
| 2 Complete lines 2a through 2d | if the organization held a qualified con | servation contribution in the form of a conserv | |
| the second and and the second of the | ne lax year. | | Provident |
| a Total number of conservation | easements | | Held at the End of the Tax Y |
| | | | |
| c Number of conservation ease | ments on a certified historic structure I | ncluded on line 2a | 2b |
| d Number of conservation ease | ments included on line 2c acquired after | or July 25, 2006, and and | 2c |
| on a historic structure listed in | | | |
| 3 Number of conservation ease | ments modified transferred released | | 2d |
| A LIGHTON OF CONSCIASTION CRASS | | | |
| tax year | Total | extinguished, or terminated by the organizatio | n during the |
| and Jour | | | n during the |
| Number of states where prope Does the organization have as | erfy subject to conservation easement i | s located | |
| Number of states where prope Does the organization have a violations, and enforcement of | erty subject to conservation easement i written policy regarding the periodic m | s located onltoring, inspection, handling of | |
| Number of states where prope Does the organization have a violations, and enforcement of | erty subject to conservation easement i written policy regarding the periodic m | s located onltoring, inspection, handling of | |
| Number of states where prope Does the organization have a violations, and enforcement of | erty subject to conservation easement i written policy regarding the periodic m | s located | |
| Number of states where prope Does the organization have a violations, and enforcement of Staff and volunteer hours devo | erty subject to conservation easement in written policy regarding the periodic mind of the conservation easements it holds? oted to monitoring, inspecting, handling | s located onitoring, inspection, handling of of violations, and enforcing conservation eas | Yes Nements during the year |
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| Sc | hedule D (Form 990) 2023 VALIANT | AIR COMMAN | D INC | | 59-1773 | 787 | Р | aq 8 2 |
|--------|---|---|-----------------------------|---|--|----------------|-----------------------|---------------|
| 100000 | O | ing Collections | of Art, Historical | Treasures, | or Other Sin | ıllar As | sets (continued) | |
| 3 | collection items (check all that apply). | ssion, and other reco | rds, check any of the | following that m | nake significant u | ise of ita | | |
| | a Public exhibition | d 🗌 | Loan or exchange p | rogram | | | | |
| | Scholarly research | e 🗌 | Other | Galvinining | | | | |
| (| Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's XIII. | collections and expla | In how they further th | e organization's | s exempt purpos | e in Part | | |
| 5 | | 6 mm manaism dan attau | | | | | | |
| Ť | During the year, did the organization solicities to be sold to miss funds without the | t or receive donations | or art, historical treas | sures, or other : | símilar | | _ | |
| Ю | assets to be sold to mise funds rather than | to be maintained as | part of the organization | on's collection? | | | Yes | No |
| min | Complete if the organization | on answered "Yes | s" on Form 990, F | Part IV, line 9 | , or reported | an amo | ount on Form | |
| 4- | 990, Part X, line 21. | | | | | | | |
| 16 | ls the organization an agent, trustee, custo | dian or other interme | diary for contributions | or other assets | s not | | _ | |
| | Included on Form 990, Part X? | ******* | | | ******** | | Yes _ | No |
| | o if "Yes," explain the arrangement in Part XI | ill and complete the f | ollowing table. | | | | | |
| _ | Boginning hele-e- | | | | | | Amount | |
| | Beginning balance | | | | TOTO CONTRACTOR CONTRA | 1c | | |
| 0 | menaning dening the leat | anamana manamana na sanah sanah sa sa meneran | | | | 144 | | |
| 6 | Digardana daling the Apal | | | | | l fa l | | |
| f | Friding Palatics | | | | | 4.6 | | |
| 28 | Did the diganization include an amount of | roim 990, Paπ X, line | 21. for escrow or cu | stodial account | lishility? | | Yes | No |
| | ii 169 Exhiam the anangament in Part XI | II. Check here if the | xplanation has been | provided on Par | rt XIII | | — — | |
| HILE | malikiii Endowment Funds | | | | | | | |
| | Complete if the organization | | on Form 990 P | art IV line 1 | 0 | | | |
| 4- | But I do to | (m) Current year | (b) Prior year | (c) Two years | e back (d) Th | ITUB YSAITE DA | ack (e) Four years be | ıck |
| 78 | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| C | Net investment earnings, gains, and | | | | | | | |
| _ | losses | | | | | | | |
| d | Grants or scholarships | | | | | | | _ |
| 8 | Other expenditures for facilities and programs | | | | | | | |
| f | Administrative expenses | | | 1 | | | | |
| 9 | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rrent vear end balance | a (line 1a, column /a)) |) hold go: | | | | |
| a | Board designated or quasi-endowment | % | control ignoration (a) | , noid as. | | | | |
| b | Permanent endowment % | | | | | | | |
| C | Term endowment % | | | | | | | |
| | The percentages on lines 2s, 2b, and 2c sho | ould equal 100%. | | | | | | |
| 3a | Are there endowment funds not in the posses | ession of the organiza | tion that are held and | l administered f | or the | | | |
| | organization by: | | | 201111112101001 | or the | | [ver.] | |
| | (I) Unrelated organizations? (II) Related organizations? | | | | | | Yes I | No |
| | (II) Related organizations? If "Yes" on line 3g(II), are the related organizations. | * | | • | | | 3a(i) | _ |
| b | If "Yes" on line 3s(II), are the related organiz | ations listed as requi | rad on Schedule R2 | ********* | | | 3a(II) | — |
| 4 | Describe in Part XIII the Intended uses of the | e omanization's endo | wment funde | | | | 3b | |
| Pa | TEVE Land, Bulldings, and Equ | Ipment | THE TOTAL D. | | | | | _ |
| | Complete if the organization | n answered "Yes" | on Form 990 Pa | art IV line 11 | a See Form | 000 8 | ort V. Dec 40 | |
| | Description of property | (s) Cost or other b | asis (b) Court or o | other bests | (c) Accumulated | | (d) Book value | _ |
| 1a | Land | | | 38,922 | n-fu econicol. | | 20.0 | 2.2 |
| b | Bulldings | | | 30,322 | | | 38,9 | 12 |
| C | Lessahold improvements | 1 | | | | | | _ |
| d | Equipment | | | | | | | |
| | Other | | | | | | | _ |
| Total. | Add lines 1a through 1e. (Column (d) must | outel Form gon De- | V line 40a astrono | D | | | | and the |
| | and a solution of the second | - Guar Com 990, Fan | , illie 100, column L | 3)) | | | 38,92 | 22 |
| | | | | | | C. | hedule D /Form 000) 2 | - |

| Investments – Other Securities Complete if the organization answered "Yes" on Fo | rm 000 Dest N/ II | | |
|--|-----------------------|------------------------|--|
| | | 14h O F 000 | D 131 H 15 |
| (a) Description of security or category | (b) Book value | | |
| (Including name of security) | (o) Book value | | of valuation: ear market value |
| (2) Closely hold aculty Inforests | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | 4 | |
| \?\ | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Column b) must equal Form 990, Part X, line 12 col. (B)) | | | |
| Part VIII Investments - Program Related | | | |
| | 000 Death V | | _ |
| Complete if the organization answered "Yes" on For | III 990, Part IV, III | | |
| (-) ibani oi ilisanii oik | (b) Book value | (c) Method o | |
| (1) | | Cost or and-of-ye | är market value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| | | 6 | |
| (6) | | | |
| 6) | | | |
| 7) | | | |
| 8) | | | |
| 9) | | | |
| otal. (Column b) must equal Form 990 Part X line 13, col. (B) | | 124 | |
| Fair ia Other Assets | | | |
| | | | |
| Complete if the organization answered "Yes" on Form | n 990 Part IV line | 11d Soc Form 000 D | |
| Complete if the organization answered "Yes" on Form | n 990 Part IV line | e 11d. See Form 990 P | |
| Complete if the organization answered "Yes" on Forr (a) Description 1) | n 990 Part IV line | e 11d. See Form 990, P | art X line 15. |
| (a) Description | n 990 Part IV line | e 11d. See Form 990, P | |
| 1) (a) Description | n 990 Part IV, line | e 11d. See Form 990, P | |
| 1) 2) 3) | n 990 Part IV, line | e 11d. See Form 990 P | |
| 1) 2) 3) | n 990 Part IV, line | e 11d. See Form 990 P | |
| 1) 2) 3) 4) | n 990 Part IV, line | e 11d. See Form 990, P | |
| (a) Description (b) 1) (a) Description (c) Description (d) Description (e) Description | n 990 Part IV, line | e 11d. See Form 990, P | |
| (a) Description (b) 1) (a) Description (c) Description (d) Description (e) Description | n 990 Part IV, line | e 11d. See Form 990, P | |
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| (a) Description (b) 1) (a) Description (c) Description (d) Description (e) Description (f) Description (g) Description (h) Description | n 990 Part IV, line | e 11d. See Form 990, P | |
| (a) Description (b) 1) (c) 1) (d) Description (e) Description (f) 2) (f) 6) (g) Description (h) Desc | n 990 Part IV, line | e 11d. See Form 990, P | |
| (a) Description 1) 2) 3) 4) 5) 6) (a) 1 Description (b) (a) Description (b) (a) Description (b) (b) Description (c) Description (d) Description (e) Description (e) Description (f) Description (g) Description | \$1.47 S. | | (b) Book value |
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| 1) 2) 3) 4) 5) 6) tal. (Column (a) must equal Form 990 Part X, line 15 col. (B)) Cother Liabilities Complete if the organization answered "Yes" on Form line 25. (a) Description of liability Federal Income taxes | \$1.47 S. | | (b) Book value |
| 1) 2) 3) 4) 5) 6) 6) 7) 3 9) tal. (Column (b) must equal Form 990 Part X, line 15 col. (B)) 20 Complete if the organization answered "Yes" on Form line 25. (a) Description of liability | \$1.47 S. | | (b) Book value 990, Part X, (b) Book value |
| 1) 2) 3) 4) 5) (a) Description (b) Must equal Form 990 Part X, line 15 col. (B)) (c) Other Liabilities Complete if the organization answered "Yes" on Form line 25. (a) Description of liability Federal Income taxes (b) SBA LOAN | \$1.47 S. | | (b) Book value 990, Part X, (b) Book value 426, 10 |
| 1) 2) 3) 4) 5) 6) 11 12 13 14 15 16 16 17 18 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11 | \$1.47 S. | | (b) Book value 990, Part X, (b) Book value 426, 10 36, 39 |
| (a) Description (b) Description of liability Federal Income taxes SBA LOAN REGIONS MORTGAGES CREDIT CARDS | \$1.47 S. | | (b) Book value 990, Part X, (b) Book value 426, 10 36, 39 2, 55 |
| 1) 2) 3) 44) 55) 63) 24 1 Column (b) must equal Form 990 Part X, line 15 col. (B)) 21 Complete if the organization answered "Yes" on Form line 25. (a) Description of liability Federal Income taxes SBA LOAN REGIONS MORTGAGES CREDIT CARDS | \$1.47 S. | | (b) Book value 990, Part X, (b) Book value 426, 10 36, 39 2, 55 |
| (a) Description (b) Description (c) Description of liability Federal Income taxes SBA LOAN REGIONS MORTGAGES CREDIT CARDS SALES TAX PAYABLE | \$1.47 S. | | (b) Book value 990, Part X, (b) Book value 426, 10 36, 39 2, 55 |
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| Part XI | Reconciliation of Revenue per Audited Financial State | nente With Day | 59-1773787 /enue per Return | Page |
|--|--|---|---|--|
| 1 Total re | Complete II the organization answered "Yes" on Form 000 | Dod IV Bee 40. | - The Market Control of the Control | |
| 2 Amount | venue, gains, and other support per audited financial statements s Included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| - 70110011 | Ballzed gains (losses) on investments | (III) V | iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | |
| b Donates | services and nos eggestiments | 2a | | |
| c Recove | services and use of facilities | 2b | | |
| - 1100010 | ios of prior year grants | 70 | | |
| (- | COSCING III (BIL AIII.) | 24 | | |
| | s 2a through 2d | | 20 | |
| | | | 3 | |
| a Investme | s included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | |
| b Other (D | ent expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| C Add line | escribe in Part XIII.) s 4a and 4b | 4b | | |
| 5 Total ray | Price Add lines 2 and 45 are 15 and 4 | ***************** | 4c | |
| Day We | enue. Add lines 3 and 4c. (Tris must equal Form 990, Part I, line 12.) | | 6 | |
| III RIMAN AND | reconclination of Expenses per Audited Financial States | mente With Ev | noncee nor Belium | |
| | Complete ii the organization answered "Yes" on Form 990 | Part IV line 12a | • | |
| 2 Amounts | enses and losses per audited financial statements | | 1 | |
| a Donated | included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | services and use of facilities | 2a | | |
| | r adjustments | 2b | | |
| c Other los | | 2c | | |
| d Other (D | escribe in Part XIII.) | 24 | | |
| - 1144 111144 | aa tiioogii zu | | 29 | |
| | | | 3 | |
| 1 11110001100 | molecoo on Folili 830, Fait IX. IIIB 25, bijt not on line 1. | | 5 | - |
| a Investme | nt expenses not included on Form 990, Part VIII, line 7h | 4a | | |
| Other (De | scribe in Part XIII) | 100 | | |
| D Other (De | The state of the s | 4b | | |
| Frank Intido | scribe in Part XIII.) 4a and 4b | | | |
| 5 Total DXD | enses. Add lines 3 and 4c. This must equal Form 990. Part I. line 18 | | 4c | |
| 5 Total gxp. | enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | ***************** | 5 | |
| 5 Total tyxp Pärt ※則 Provide the des | Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III | / lines to and the | 2011 / In 4 B 4 Y | |
| 5 Total tyxp Part ※即 Provide the des | Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III | / lines to and the | 2011 / In 4 B 4 Y | |
| 5 Total tyxp Part ※即 Provide the des | Supplemental Information Criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F | Part V, line 4; Part X, line mation. | |
| 5 Total tyxp Part ※即 Provide the des | Supplemental Information Criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F | Part V, line 4; Part X, line mation. | ***** |
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| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | ***** |
| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | Supplemental Information Criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | ANTANA. |
| 5 Total txp. Part XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 53 5 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | *** * * ****************************** |
| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 55 5 8 8 8 F |
| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 53 5 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | ****************** |
| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | ************************************** |
| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 585 542 59 59 7 |
| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 585 542 50 5847 |
| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 500012 000012 |
| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 500012 |
| 5 Total txp. P.ärt XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 53.551.2 |
| 5 Total DXD Part XIII Provide the des 2; Part XI, lines | Supplemental Information Criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 53.53.7 |
| 5 Total (IXP) Part XIII Provide the des 2; Part XI, lines | Supplemental Information Criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 53.55.1 |
| 5 Total (IXP) Part XIII Provide the des 2; Part XI, lines | enses. Add lines 3 and 4c. (Trils must equal Form 990, Part I, line 18.) Supplemental Information criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 58.55.12 |
| 5 Total (IXP) Part XIII Provide the des 2; Part XI, lines | Supplemental Information Criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | /, lines 1b and 2b; F any additional infor | Part V, line 4; Part X, line mation. | 53.55.1 |
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SCHEDULE O (Form 990)

Department of the Traesury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Attach to Form 990 or Form 990-EZ.

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

VALIANT AIR COMMAND INC

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

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
BOOK / TAX DEPRECIATION DIFFERENCE \$

Form 4562

Department of the Tressury Internal Revenue Service

Name(s) shown on return

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

nce No. 17

Identifying number VALIANT AIR COMMAND INC 59-1773787 Business or activity to which this form relates INDIRECT DEPRECIATION Part Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,160,000 Total cost of section 179 property placed in service (see instructions) 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-3 2,890,000 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less enter -0-, if married filling separately see instructions 5 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), ilnes 6 and 7 Я 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 8 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10 less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See Instructions 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 82,150 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 17 Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basia for depreciation (a) Classification of property (d) Recovery /business/Investment use (a) Convention (f) Method (g) Depreciation deduction service only-see Instructions) 19a 3-year property b 5-year property 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 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L property MM S/I Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 urs. S/L c 30-year 30 yrs. MM S/L d 40-year 40 .19. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from Ilne 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and fine 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 82,150 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions.

684

30401 Valiant Air Command Inc 59-1773787

FYE: 12/31/2023

Federal Asset Report Form 990, Page 1

| 1 | Asset | Description | Date In Service | Cost | Bus 9 | | Basis for Depr | PerConv Meth | Prior | Current |
|---|--|--|---|--|-------|---|---|-------------------------------|---|---------------------------------------|
| 1 | Prior MACRS: 118 1952 Beech 119 Cabinet | 18 | 6/01/21 4/20/22 | 106,000 10,000 | | x | 0 | 5 HY 200DB | 106,000 | Current |
| 1 | | | | 116.000 | | ^ | 0 | 7 HY 200DB | 10,000 | 0 |
| | Other Danrasiasiasia | 41 | | | | = | | 9 | 110,000 | - 0 |
| | 21 Tables 22 Chairs 23 Knoica Copie 24 Barr Display | es sector es s sine ipment echcraft ment ipment ding stem iture & Fixtures r Ramp Improvments Museum em ene Showcases re er t er t ers cr | 4/13/92 5/28/92 8/15/92 9/15/92 9/15/92 1/12/94 6/24/94 6/30/94 8/11/94 8/16/94 8/22/94 10/29/94 11/11/94 11/30/94 11/11/95 1/11/95 1/11/95 1/11/95 1/18/95 2/01/95 2/01/95 2/01/95 5/01/95 5/01/95 5/01/95 5/16/95 5/23/95 10/31/95 1/03/96 5/17/96 5/20/96 10/04/96 2/10/97 4/11/97 2/16/98 3/04/98 8/05/98 9/09/98 | 757 200 451 27,908 4,000 85,000 20,986 31,131 48,000 5554 434 1,065 1,400 3,580 268 1,087 1,073,193 7,114 1,481 513 148 680 258 5,979 2,096 212 1,433 125,000 3,185 9,208 77,000 676 1,450 890 300 150 150 196 700 45 500 150 196 700 45 500 130 572 1,303 2,800 1,500 540 1,500 550 1,500 1,500 550 1,500 1,5 | | | 554 434 1,065 1,400 3,580 268 1,087 1,073,193 7,114 1,481 513 148 680 258 5,979 2,096 3125,000 I 3,185 3,208 377,000 3 676 1,450 890 300 150 150 150 150 150 150 150 1 | MO S/L MO200DB MO200DB | 757 200 451 27,908 4,000 8,000 85,000 20,986 31,131 48,000 554 434 1,065 1,400 3,580 268 1,087 956,378 7,114 1,481 513 148 680 258 4,372 1,528 212 1,046 125,000 2,307 6,639 55,526 676 1,450 890 300 150 150 150 196 700 45 500 150 150 196 700 45 500 150 150 196 700 45 500 150 150 150 150 150 150 150 150 15 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | 62 27" Phillips Tv/ 63 Compaq 2266 C | Vcr | 10/27/98 10/27/98 12/02/98 | 1,138 300 809 | | | 300 7 | MO200DB MO200DB MO200DB | 1,138 300 809 | 0 0 0 |

30401 Valiant Air Command Inc 59-1773787

FYE: 12/31/2023

Federal Asset Report Form 990, Page 1

| ١. | | | | | | | | | |
|----|----------------|-----------------------------------|----------------------|--|-----|-------------------|--------------------------|------------------|--------------|
| ı | | | Date | | D | | | | |
| , | Asse | Description | in Servi | ce Cost | Bus | | | | |
| 1 | 64 | Golf Cart | | | _%_ | 179Bonus for Depr | PerConv Meth | Prior | Current |
| Ę | 65 | 17" Monitor | 12/16/98 | | | 1,20 | | 1,200 | 0 |
| ı | 66 | Hand Held UHF Radios | 12/16/98 4/05/99 | | | 26 | | 269 | Ö |
| | 67 | Konica 4155 copier | 4/05/99 | | | 1,06 | | 1.066 | 0 |
| | 68 | Ramps & Taxi Ways | 4/30/99 | | | 4,00 | 0 5 MO200DE | | 0 |
| | 69 | Display Case Museum | 1/25/01 | | | 17,10 | | 10,394 | 439 |
| ı | 70 | Building Improvements | 2/01/01 | 436,131 | | 27. 436,13 | | | 0 |
| | 71 | Shop Equipment | 2/20/01 | 4,000 | | 4,00 | | 244,627 | 11,183 |
| | 72 | Printer | 3/01/01 | 350 | | 35 | | 3 4,000 3 350 | 0 |
| | 73 74 | Panther Jet | 3/07/01 | 16,340 | | 16.34 | 20 MO S/L | 16,340 | 0 |
| ŀ | 75 | Golf Cart DC3/C47 Aircraft | 7/19/01 | 1,200 | | 1,200 | 7 MO200DE | 1,200 | ŏ |
| | 76 | Driveway repairs | 4/04/02 | 20,000 | | 20,000 | 20 MO S/L | 20,000 | ŏ |
| | 77 | Carpet in Giftshop | 5/10/02 5/15/02 | 11,400 | | 11,400 | 39 MO S/L | 6,026 | 292 |
| | 78 | A/C | 6/02/02 | 1,742 2,600 | | 1,742 | 7 MO200DB | | 0 |
| | 80 | PA Equipment | 10/04/04 | 8,793 | | 2,600 | 7 MO200DB | | 0 |
| | 81 | PA System Cables | 12/16/04 | 808 | | 8,793 808 | 7 MO200DB | | 0 |
| | 82 | 2 Misc Mix for PA System | 12/16/04 | 442 | | 442 | | | 0 |
| | 83 | Equipment | 2/01/05 | 335 | | 335 | | 442 335 | 0 |
| П | 84 85 | Flag | 7/21/05 | 1,612 | | 1,612 | | 1,612 | 0 |
| L | 86 | Display PX Counter | 7/21/05 | 551 | | 551 | 7 MO200DB | | ŏ |
| | 87 | 24" TV/DVD | 7/28/05 | 1,000 | | 1,000 | 7 MO200DB | 1,000 | ŏ |
| | 88 | Library Equipment/Furniture | 2/15/07 5/24/07 | 230 | | 230 | 7 MO200DB | 230 | 0 |
| | 89 | Equipment N. Hanger | 7/24/07 | 646 75 | | 646 | | | 0 |
| | 90 | S 51 Mustang | 11/08/07 | 1,500 | | 75 | | 75 | 0 |
| | 91 | Siegal Display | 2/07/08 | 92 | | 1,500 92 | 7 MO200DB 7 MO200DB | 1,500 | 0 |
| | 92 | Shelving | 7/23/09 | 259 | | 259 | | 92 259 | 0 0 |
| | 93 94 | Display Case | 9/30/10 | 560 | | 560 | | 560 | 0 |
| L | | Computer Tables for Hanger | 9/30/10 | 910 | | 910 | 7 MO200DB | 910 | ŏ |
| | 96 | Display Case | 3/02/11 4/07/11 | 1,700 | | 1,700 | 7 MO200DB | 1,700 | ŏ |
| | 97 | Software | 5/13/11 | 600 550 | | 600 | 7 MO200DB | 600 | 0 |
| | 98 | Hanger | 7/01/11 | 731,918 | | 550 | 3 MO S/L | 550 | 0 |
| Ł | 99 | Concrete Improvements | 5/22/13 | 25,220 | | 731,918 | 39 MO S/L 15 MO150DB | 215,059 | 18,767 |
| | 100 | Fire Sprinkler Monitoring Serv | 10/03/13 | 5,000 | | 5,000 | 15 MO S/L | 21,151 5,000 | 751 |
| | 101 102 | Interactive Display Monitors | 11/14/13 | 4,000 | | 4,000 | 7 MO200DB | 4,000 | 0 |
| | 103 | Aircraft Restorations | 8/10/13 | 1,000 | | 1,000 | 7 MO200DB | 1,000 | ŏ |
| | 104 | Website | 12/31/14 11/26/14 | 68,964 | | 68,964 | 15 MO S/L | 39,079 | 4,598 |
| | | Storage Trailer | 8/19/14 | 5,413 6,000 | | 5,413 | 15 MO150DB | 3,211 | 319 |
| | 106 | Sprinkler System | 3/13/14 | 7,700 | | 6,000 | 5 MO200DB | 6,000 | 0 |
| | 107 | Concrete Improvements | 8/07/14 | 7,200 | | 7,700 7,700 | 15 MO S/L 15 MO 150DB | 4,363 | 514 |
| , | 108 | Building Improvements | 10/28/14 | 1,860 | | 1,860 | 15 MO S/L | 4,425 1,054 | 422 |
| | 109 110 | Aircraft Restorations F-100 | 12/31/15 | 72,948 | | 72,948 | 15 MO S/L | 36,474 | 124 4,864 |
| | | B-52 Cockpit | 7/16/15 | 21,251 | | 21,251 | 5 MO200DB | 21,251 | 0 |
| | 112 | Storage Trailer | 10/01/15 3/19/15 | 14,900 | | 14,900 | 5 MO200DB | 14,900 | ŏ |
| | 113 | Fire Sprinkler Monitoring Sys | 1/29/15 | 2,800 1,000 | | 2,800 | 5 MO200DB | 2,800 | 0 |
| | 114 | New Front Sign | 8/20/15 | 4,280 | | 1,000 | 15 MO S/L | 984 | 16 |
| | 115 | PX Counter | 4/21/15 | 1,975 | | 4,280 1,975 | 7 MO200DB 7 MO200DB | 4,280 | 0 |
| | 116 | AED Defib | 1/27/16 | 1,990 | | 1,990 | 7 MO S/L | 1,975 1,966 | 0 24 |
| | 117 1 120 1 | Hanger Extention Engineer Drawing | 5/30/19 | 39,757 | | 39,757 | 39 MO S/L | 3,653 | 1,019 |
| | 120 | Pad for Hanger PH 2 | 3/13/21 | 38,922 | | 38,922 | 39 - Land | 0 | 7,010 |
| | | Total Other Depreciation | | 3,229,002 | | 3,229,002 | | 2,187,315 | |
| | | | | | | - Inavious | | 2,107,313 | 82,150 |
| | | Total ACDO JOHL - | 1.45 | 2 222 222 | | | | | |
| | | Total ACRS and Other Depre | ation | 3,229,002 | | 3,229,002 | te | 2,187,315 | 82.150 |
| | | | | | | | | | |
| | | Grand Totals | | 2 2 / 5 000 | | | | | 1 |
| | | Less: Dispositions and Transfe | ra | 3,345,002 | | 3,229,002 | | 2,303,315 | 82,150 |
| | | Less: Start-up/Org Expense | a d | 0 | | 0 | | 0 | 0 |
| | | Net Grand Totals | | M115 C 10 Section 10 Control 10 Section 10 S | | 0 | 08 | 0 | 0 |
| | | voc Grand Thing | 3 | 3 345,002 | | 3 229,002 | | 2,303,315 | 82,150 |
| | | | | | | | | R. | |
| | | | | | | | | | - 1 |

32. Number of employees

33. Number of volunteers

Two Year Comparison Report Form **990** For calendar year 2023 or tax year beginning Taxpayer Identification Number VALIANT AIR COMMAND INC 59-1773787 2023 Differences 1. Contributions, gifts, grants 5,334 1. 859 -4,4752. Membership dues and assessments 2. 44,428 31,772 -12,656 3. Government contributions and grants 3. 195,062 195,062 4. Program service revenue 4. 119,283 93,467 -25.8165. Investment income 55 262 8. Proceeds from tax exempt bonds 207 7. Net gain or (loss) from sale of assets other than inventory 7. Net income or (loss) from fundralsing events 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 20,698 4,980 -15,71811. Other revenue 11. 630,578 785,201 154,623 12. Total revenue. Add lines 1 through 11 12, 820,376 1,111,603 291,227 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 15. 6. Salaries, other compensation, and employee benefits 40,952 16. 41,170 218 17. Professional fundralsing fees 17. 18. Other professional fees 18. 9,284 21,463 12,179 19. Occupancy, rent, utilities, and maintenance 76,855 19. 199,255 122,400 20. Depreciation and Depletion 20. 93,191 82,149 -11,04221. Other expenses 624,509 522,787 21. -101,722 22. Total expenses. Add lines 13 through 21 22. 844,791 866,824 22,033 23. Excess or (Deficit). Subtract line 22 from line 12 23. -24,415244,779 269,194 24. Total exempt revenue 24. 820,376 1,111,603 291,227 25. Total unrelated revenue 25. 26. Total excludable revenue 770,614 26, 883,910 113,296 27. Total assets 663,244 2,881,824 218,580 28. Total liabilities 499,720 473,520 -26,20029. Retained earnings 2,163,524 29. 2,408,304 244,780 30. Number of voting members of governing body 30. 8 1. Number of Independent voting members of governing body 31. 8

32.

33.

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| Form WCC | | Tax | Tax Return History | | | 2023 |
|-----------------------------------|-------------------------|-------------|--------------------|----------|------------------|---|
| Name VALIANT A | VALIANT AIR COMMAND INC | | | | Employer 59-17 | Employer Identification Number 59-1773787 |
| 1 | 2019 | 2020 | 2021 | 2022 | 2003 | *************************************** |
| Contributions, gffts, grants | 70,814 | 58, 670 | | 5.334 | 00 | 4707 |
| Membership dues | 19,320 | 15, 480 | 4 4 | 42 | 77 | |
| Program service revenue | 391, 736 | 30, 686 | 65,260 | 9.28 | 93 467 | |
| Capital gain or loss | | | 4 | | 7 | |
| Investment income | | | 1 . | 500 | 262 | |
| Fundraising revenue (Income/loss) | | | | | 70.7 | |
| Gaming revenue (Income/loss) | | | | | | |
| Other revenue | 420, 261 | 1 % | 491.757 | 11. 3 | 0 | |
| Total revenue | 902, 131 | 1,078,287 | 0 | 820 376 | 1 111 603 | |
| Grants and similar amounts paid | | \$1 | | 5 | , דדד, | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | | | | |
| Other compensation | 38, 696 | 41,935 | 12, 739 | 40.952 | 021 170 | |
| Professional faes | 5, 297 | 4, 198 | 7. | 9 284 | 21 463 | |
| Occupancy costs | 75, 427 | - | 46.682 | 76.855 | 190 255 | |
| Depreciation and depletion | 90,033 | 88, 251 | | J. | 82 14 | |
| Other expenses | 737, 376 | 378, 688 | 586, 475 | 624, 509 | 22 78 | |
| Total expenses | 946, 829 | 562, 428 | , 75 | 3 | 66.82 | |
| Excess or (Deficit) | -44, 698 | 200 | 55, 245 | 3 46 | | |
| Total exampt revanue | 902, 131 | 1,078,287 | 898,999 | 820, 376 | 1, 111, 603 | |
| Total unrelated revenue | | | | | - Constant | |
| Total excludable revenue | 811,997 | 04, | 1 4 | 770,614 | 10.14 | |
| Total Assets | 1,888,172 | 4 | 2,774,756 | 1 . | 2.881.824 | |
| Total Liabilities | 271, 337 | 313, | 1.2 | 499, 720 | 473 | |
| Net Fund Balances | 1,616,835 | 2, 132, 694 | 100 | dir s | 4 | |

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 740489

Entity Name: VALIANT AIR COMMAND, INC.

Current Principal Place of Business:

6600 TICO RD

TITUSVILLE, FL 32780

Current Mailing Address:

6600 TICO RD

TITUSVILLE, FL 32780

FEI Number: 59-1773787

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROSS TRACHTMAN HENDERSON & CHILDRESS PA 1990 WEST NEW HAVEN AVE

SUITE 201

MELBOURNE, FL 32904 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

Name

Title

Address

FINANCE OFFICER

SCHOENEWOLF-BOHRMANN, TRACY

EXECUTIVE OFFICER

Address 6600 TICO ROAD

City-State-Zip: TITUSVILLE FL 32780

Name JUHL MARVIN

6600 TICO RD

City-State-Zip: TITUSVILLE FL 32780

Title COMMANDER

Name BOSWELL, IRVING WARD

Address

6600 TICO RD

City-State-Zip: TITUSVILLE FL 32780

Title

FACILITIES OFFICER

Name

MOORE, CHRISTOPHER

Address

6600 TICO RD

City-State-Zip: TITUSVILLE FL 32780

FILED

Aug 17, 2024

Secretary of State

4865615836CC

Title PERSONNEL OFFICER Name JONES, RICHARD

Address 6600 TICO ROAD

City-State-Zip: TITUSVILLE FL 32780

Title **OPERATIONS OFFICER**

Name LEWIS, LEIGH

Address 6600 TICO RD

City-State-Zip: TITUSVILLE FL 32780

Title MAINTENANCE OFFICER

Name ROMINE, STEVE Address 6600 TICO RD.

City-State-Zip: TITUSVILLE FL 32780

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter \$17, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACY SCHOENEWOLF-BOHRMANN

FINANCE OFFICER

08/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

For TDO use: PROJECT #- C19-E



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | Beach 'n Boards Fest, LLC | |
|------------------------------|---------------------------|--|
| Applicant Event Name: | Beach 'n Boards Fest | |

| | Yes | No | Comment |
|------------------------------------|-----|----|----------|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | | Х | N/A - dw |
| Copy of IRS Articles of | Х | | |
| Incorporation – (if applicable) | ^ | | |
| Copy of IRS Determination letter – | | | A1/A |
| (if applicable) | | X | N/A - dw |
| Copy of SunBiz.org (if applicable) | Х | | |
| Copy of this MSP checklist | Х | | |

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

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

Peter Cranis, Executive Director

FY 2024-2025 Warketing Support Program application

Response ID:59 Data

| 2. (| 'uı | nti | itl | e | ď |
|------|-----|-----|-----|---|---|
| | | | | | |

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

M. Varies

Signature of: Mitchell Varnes

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Beach 'n Boards Fest, LLC

Organization address

660 Cinnamon Court

State

Florida

City

Satellite Beach

Zip

32937

Primary contact name

Mitch Varnes

Primary contact phone number

3217597200

Primary contact email

mitchvarnes@gmail.com

Secondary contact name

Heather Lewis

Secondary contact phone number

321-799-8880

Secondary contact email

heatherl@rjss.com

Organization website address

https://www.beachnboardsfest.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

46-1360823

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Beach 'n Boards FEst

Event website address (if different from organization website)

https://www.beachnboardsfest.com

Event location

Shepard Park, Cocoa Beach

9. (untitled)

8. What is the first date of your event?

03/12/2025

10. (untitled)

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

5

11. (untitled)

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

Digital advertising (banner ads, etc.)

Radio

Social hashtags

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

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook: #beachnboardsfest, beachnboards Instagram: #beachnboards, #beachnboardsfest

YouTube: n/a

14. (untitled)

12. What hashtags do you use?

#beachnboards

15. (untitled)

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

16. (untitled)

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

Billboards

Event banners/signage

Event brochures/program (Playbill, etc.)

Radio

Social media post

TV/Video

Website/blog

Other - Please be specific: TDC is already included in these items

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

Beach_n_Boards_Fest_Articles_of_Incorporation.pdf

20. (untitled)

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

Beach_n_Boards_Fest_Sunbiz.pdf

21. (untitled)

16. Upload your completed Checklist.

Beach_n_Boards_Fest_TDC_checklist_2025.pdf

22. (untitled)

17.

ATTESTATION

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

M Voves

Signature of: Mitchell Varnes

23. Thank You!

New Send Email

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

Electronic Articles of Organization For Florida Limited Liability Company

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

Article I

The name of the Limited Liability Company is: BEACH 'N BOARDS FEST, LLC

Article II

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

516 DELANNOY AVENUE COCOA, FL. US 32922

The mailing address of the Limited Liability Company is:

516 DELANNOY AVENUE COCOA, FL. US 32922

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

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

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

Registered Agent Signature: JOHN R. KANCILIA

Article V

The name and address of managing members/managers are:

Title: MGR MALCOLM KIRSCHENBAUM 516 DELANNOY AVENUE COCOA, FL. 32922 US L12000025176 FILED 8:00 AM February 21, 2012 Sec. Of State bbostick

Signature of member or an authorized representative of a member

Electronic Signature: JOHN R. KANCILIA

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



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company BEACH 'N BOARDS FEST, LLC

Filing Information

Document Number

L12000025176

FEI/EIN Number

46-1360823

Date Filed

02/21/2012

State

FL

Status

ACTIVE

Principal Address

516 DELANNOY AVENUE

COCOA, FL 32922

Mailing Address

3850 S. Banana River Blvd Cocoa Beach, FL 32931

Changed: 04/28/2016

Registered Agent Name & Address

Specht, Lisa

301 E. Pine Street

Suite 1400

Orlando, FL 32801

Name Changed: 04/12/2021

Address Changed: 04/12/2021

<u>Authorized Person(s) Detail</u>

Name & Address

Title President, Manager

Goodwin, Michele

3850 S Banana River Bvld Cocoa Beach, FL 32931

Title Manager, Treasurer

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

Title Secretary

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

Annual Reports

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

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Pinnian Department of State, Division of Coronia lins

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000025176

Entity Name: BEACH 'N BOARDS FEST, LLC

Current Principal Place of Business:

516 DELANNOY AVENUE COCOA, FL 32922

Current Mailing Address:

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

FEI Number: 46-1360823

Certificate of Status Desired: Yes

FILED Apr 24, 2024

Secretary of State

0307641821CC

Name and Address of Current Registered Agent:

SPECHT, LISA 301 E. PINE STREET **SUITE 1400** ORLANDO, FL 32801 US

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

SIGNATURE: LISA SPECHT

04/24/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title

PRESIDENT, MANAGER

Title

MANAGER, TREASURER

Name

GOODWIN, MICHELE

Name

VARNES, G. MITCHELL

Address

3850 S BANANA RIVER BVLD

Address

516 DELANNOY AVENUE

City-State-Zip:

COCOA BEACH FL 32931

City-State-Zip:

COCOA FL 32922

Title

SECRETARY

Name

YOUNGS, JACQUELINE G

Address

3850 S BANANA RIVER BLVD

City-State-Zip:

COCOA BEACH FL 32931

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE GOODWIN

PRESIDENT

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: _ | United States Law Enforcement Foundation | _ |
|--------------------------------|--|---|
| Applicant Event Name: | Year-round programming | _ |

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

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

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

Peter Cranis, Executive Director

FY 2024-2025 Warketing Support Program application

Response ID:46 Data

| O . | / | | :41 | 12 | _11 |
|-----|---|----|-----|----|-----|
| 2. | u | nτ | ш | е | a) |

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



Signature of: Kim Connolly

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

United States Law Enforcement Foundation

Organization address

6350 Horizon Drive

State

Florida

City

Titusville

Zip

32780

Primary contact name

Kim Connolly

Primary contact phone number

3212640911

Primary contact email kimc@aphf.org Secondary contact name Barry Shepherd Secondary contact phone number 3212640911 Secondary contact email barrys@aphf.org Organization website address uslef.org or aphf.org 5. (untitled) 4. Which best describes your organization? 501(C)(3) 6. (untitled) 5. What is your Federal Employee ID number? 591164090 7. (untitled) 6. Are you completing this questionnaire for an event or year-round programming? Year-round programming - theater, symphony, concerts, museum, etc. 8. (untitled) 1 E7 ENT INFORMATION Name of event Event website address Vf different from organization website(**Event location**

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Social hashtags

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

13. (untitled)

9. What are your social media handles?

Facebook: https://www.facebook.com/USLEF Instagram: instagram.com/unitedstateslef

YouTube: https://www.youtube.com/@americanpolicehalloffame4210

14. (untitled)

,. What hashtags do you use?

#USLEF, #Lawenforcement, #police, #foundation, #unitedstateslawenforcementfoundation

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Billboards

Email blast (e-newsletter, promotional, etc.)

Social media post

Website/blog

17. (untitled)

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

USLEF_IRS_Determination_Letter_2023.pdf

18. (untitled)

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

USLEF_990-compact_pdf_FY_2022-2023.pdf

19. (untitled)

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

20. (untitled)

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

USLEF_Sunbiz_Detail.pdf

21. (untitled)

15. Upload your completed Checklist.

TDO_2024-2025_Applicant_Checklist.pdf

22. (untitled)

16.

ATTESTATION

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

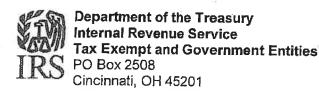


Signature of: Kim Connolly

23. Thank You!

New Send Email

Oct 07, 2024 14:36:08 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com



GREG LAM
UNITED STATES LAW ENFORCEMENT
FOUNDATION INC
310 W 20TH ST STE 300
KANSAS CITY, MO 64108

Date:
January 23, 2023
Employer ID number:
59-1164090
Form 990 required:
990, Yes
Person to contact:
Name: Ms. Chung

ID number: 0777227

Dear Sir or Madam:

We're responding to your request dated December 02, 2022, about your tax-exempt status.

We issued you a determination letter in April 1971, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin

Director, Exempt Organizations

Rulings and Agreements

Letter 4168 (Rev. 9-2020) Catalog Number 66666G

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2022 Open to Public !

| Inte | | venue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | - 8 | Inspection |
|--------------------------------|---------------|------------------|---|---------------|-----------------|----------------------------|
| A | For | the 2022 cal | alendar year, or tax year beginning 10/01/22, and ending 09/30/23 | | | поросси |
| В | | if applicable: | C Name of Organization United States Law Enforcement | D En | nolover Ident | tification number |
| \Box | | s change | Foundation, Inc. | | - , , | |
| | | , and | Doing business as | | | 1000 |
| | Name | nange | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | F To | 9-1164 | 1090 |
| | Initial re | eturn | 6350 Horizon Drive | | | 4-0911 |
| | Final re | | City or town, state or province, country, and ZIP or foreign postal code | | | . 0311 |
| H | termina | 200 | Titusville FL 32780 | 1 | | 2 500 200 |
| \sqcup | Amendo | ed return | Name and address of principal officer: | G Gro | oss receipts\$ | 2,500,398 |
| | Applica | tion pending | Brent Shepherd H(a) is this | a group retur | m for subordina | ates? Yes X No |
| | | | 6350 Hominan Daire | | | Yes No |
| | | | | | es included? | |
| - | ************* | 555502/04621001 | | INO, attach | a list. See ins | Aructions |
| <u>.</u> | | empt status | 327 (a)(1) (d) (327 | | | |
| <u></u> | Websi | | www.nacoponline.org H(e) Group | exemption r | number | |
| _ | | * 1904 | X Corporation Trust Association Other L Year of formation: | 1967 | M St | tate of legal domicile: FI |
| P | art i | | nmary | | | |
| | 1 | Briefly desc | cribe the organization's mission or most significant activities: | | | |
| æ | | See So | chedule O | 200000000000 | ********* | ***************** |
| E | | W02740129899110 | | ******** | ********* | *************** |
| Ë | | - | | | | ********* |
| 8 | 2 | Check this b | box if the organization discontinued its operations or disposed of more than 25% of its net as | 11-12(00)000 | ******* | *************** |
| Activities & Governance | 3 | Number of v | Voting members of the governing body (Part VI, line 1a) | 1 | - 1 0 | |
| S | 4 | Number of it | independent voting members of the governing body (Part VI, line 1b) | ⊨ | 3 8 | |
| ŧ | 5 | Total number | ver of individuals complexed in colonder year 2000 (Part VI, IIIIe 10) | - | 4 5 | |
| 妄 | - | Total number | per of individuals employed in calendar year 2022 (Part V, line 2a) per of volunteers (estimate if necessary) | | 5 26 | |
| × | 7- | Total wasslet | ei oi voiunteers (estimate ii necessary) | 📙 | 6 50 | |
| | /a | i otal unrela | ated business revenue from Part VIII, column (C), line 12 | | 7a | 260,698 |
| - | | Net unrelate | ed business taxable income from Form 990-T, Part I, line 11 | | 7b | 0 |
| | • | Castellautian | Prior | | | Current Year |
| 9 | 8 | Contribution | | 91,76 | | 1,943,161 |
| Revenue | 9 | Program ser | ervice revenue (Part VIII, line 2g) | 44,36 | | 291,309 |
| اچ | 10 | investment i | income (Part VIII, column (A), lines 3, 4, and 7d) | 25,346 | | -19,849 |
| _ | 11 | Other revenu | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 64,53 | 32 | 221,439 |
| _ | 12 | Total revenu | ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 26,01 | 10 | 2,436,060 |
| ı | 13 | Grants and s | similar amounts paid (Part IX, column (A), lines 1–3) | 84,99 | 94 | 555,592 |
| Į | 14 | Benefits paid | id to or for members (Part IX, column (A), line 4) | | | 0 |
| 2 | 15 | Salaries, oth | | 31,01 | 15 | 780,298 |
| Expenses | 16a | Professional | if fundraising fees (Part IX, column (A), line 11e) | 61,95 | | 1,350,715 |
| 8 | b. | Total fundrai | of fundraising fees (Part IX, column (A), line 11e) 7 ising expenses (Part IX, column (D), line 25) 1,710,947 | 01/20 | PRV GARRE | 1,000,710 |
| <u> </u> | 17 | Other expens | nses (Part IX, column (A), lines 11a–11d, 11f–24e) 1, 1 | 92,14 | 4.0 | 1,159,996 |
| - 1 | 18 | Total eynens | | | | |
| - 1 | 10 | Pevenue lee | | 70,10 | | 3,846,601 |
| 58 | 19 1 | Kevenue les | | 44,09 | | <u>-1,410,541</u> |
| Net Assets or Fund Balances | 20 | Total assets | Beginning of (| 43,22 | | End of Year |
| Age Base | 21 | Fotal liabilitie | s (Part X, line 16) 4, 6 | | | 4,434,425 |
| # B | 22 1 | Vet seeste o | | 06,00 | | 1,807,752 |
| | rt II | | ature Block | 37,21 | L4 | 2,626,673 |
| | | | | | | |
| true | er per | raities of perju | iury, I declare that I have examined this return, including accompanying echedules and statements, and to the plete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle | best of m | y knowledg | e and belief, it is |
| ., ., | , 00110 | | | dge. | | |
| | | BJA | | | Ton, 2,2 | 024 |
| Sigr | | Signature of of | _0 8 . | | Date | |
| ler | 9 | | Shepherd Exec.Secr./Treasu | ırer | | |
| | | Type or print na | | | | |
| | | Print/Type prep | pparer's name Preparer's signature Dete | Ch | nack if | PTIN |
| aid | | Michael J | J. Robbins 12/1 | 9/23 sei | | P01210648 |
| гера | arer | Firm's name | ROBBINS & MORONEY, PA | | | |
| lse (| Only | | 222 SE 10th St | Firm's EIN | 0.3 | 5-0356804 |
| | | Firm's address | | 200 | 0.54 | 1 167 2100 |
| lav i | he IR | | his return with the preparer shown above? See instructions | Phone no. | 954 | 1-467-3100 X Yes No |
| -7 | | | | | | IXI You No |

| Form 990 (20 | 22) United States Law Enforceme | nt 59-1164090 | Page |
|---|--|--|-----------------------|
| Part III | Statement of Program Service Accomplishin | nents | |
| 1 Briefly | Check if Schedule O contains a response or no describe the organization's mission: | te to any line in this Part III | <u>X</u> |
| | chodulo 0 | | |
| 29.99 | <u> </u> | | |
| 21 1600003 | *************************************** | ********************************** | |
| (*) (********************************** | *************************************** | | |
| 2 Did the | organization undertake any significant program services duri | and the control of th | |
| prior Fo | | | |
| | describe these new services on Schedule O. | | Yes X No |
| | organization cease conducting, or make significant changes i | n how it conducts and access | |
| services | | | |
| | describe these changes on Schedule O. | | Yes X No |
| 4 Describe | e the organization's program service accomplishments for ea | ch of its three largest program continue as well as | |
| expense | es. Section 501(c)(3) and 501(c)(4) organizations are required | to report the amount of greats and all and are a | yy . |
| the total | expenses, and revenue, if any, for each program service rep | orted | S , |
| | | onea. | |
| la (Code: |) (Expenses \$ 1,786,579 including | grants of \$ 555 592 \ (Persons & | 201 200 |
| See So | chedule O | (Revenue \$ | 291,309 |
| | | *************************************** | |
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| 110115111111 | *************************************** | | ******************* |
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| (Code: |) (Expenses \$ Including | | |
| /A | including | grants of \$ (Revenue \$ | |
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| | | PROPERTY CONTROL OF STREET | |
| 2011/07 1741 ID-115 VS | | N. 100 CO. 100 | +++ |
| Other prog | ram services (Describe on Schedule O.) | | |
| (Expenses | · · · · · · · · · · · · · · · · · · · |) (Revenue \$ | , |
| Total progr | am service expenses 1.786.579 | / Indigning & | |

| | | | Ye | s 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 | | | - 500 |
| 2 | | 1 | X | |
| 3 | 5 de listructions | 2 | | X |
| _ | candidates for public office? If "Yes," complete Schedule C, Part I | | | 10000 |
| 4 | ************************************** | 3 | - | X |
| | election in effect during the tax year? If "Yes " complete Schodule C. Bort II | ١. | 1 | .,, |
| 5 | | 4 | - | X |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 1 - | | v |
| 6 | | 5 | \vdash | X |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | 1 | |
| | "Yes " complete Schedule D. Part I | | 1 | V |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 6 | \vdash | X |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | 1 | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." | - | \vdash | 1 |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | - | _ | 1 |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | 1 | 1 | ĺ |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | f | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | +^- |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. | 139 | 100 | 1 |
| | VII, VIII, IX, or X, as applicable. | 150 | | 34. |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | 0.95510 |
| | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | 1 | | 1 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 116 | | X |
| C | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | bid the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| 40 | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | and a serial and a | 14a | | X |
| U | bid 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 | | | |
| 15 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | _X_ |
| 13 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| 16 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>X</u> |
| 10 | bid the diganization report on Fart IA, Column (A), line 3, more than \$5,000 of addressed grants or other | | | - |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | _X_ |
| •• | 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 | | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | X | |
| | Do-AVIII form to and 0-0 times to the contract of the contract | 1 | | 202 |
| 19 | Part VIII, lines 1c and 8a? if "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 18 | $-\downarrow$ | <u>X</u> |
| | 16 MA | | - 1 | |
| 20a | If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 | | X |
| | ff "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | X |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | - | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | | , | |
| | Vy 155, Complete Guildure I, Faits I and II | 21 | X | |

Form 990 (2022) United States Law Enforcement 59-1164090 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 X 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 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Χ 25b 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 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 28 Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV b 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | ********** | | | | |
|----|--|------|------------|-----|---|----|----|
| | | · 19 | | | Y | es | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 9 | 100 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | 20 | | 1 | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | - | 172 | 8 | | |
| | reportable gaming (gambling) winnings to prize winners? | | ******* | | | | |
| | | | | | | | _ |

is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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

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

Form 990 (2022)

17

16

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 No 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. Enter the number of voting members included on line 1a, above, who are independent h 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 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.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY 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. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Brent Shepherd 6350 Horizon Drive Titusville FL 32780 321-264-0911

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (B) (D) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours officer and a director/trustee) compensation compensation of other per week from the from related compensation Individual trustee or director (list any organization (W-2/ organizations (W-2/ from the stitutional trustee hours for 1099-MISC/ 1099-MISC/ organization and emplayee related 1099-NEC) 1099-NEC) related organizations organizations balow dotted line) (1) Barry Shepherd 12.25 22.75 Executive Director 109,868 0 (2) Kim Connolly 20.00 VP/Controller 20.00 X 62,502 0 0 (3) Jamie Maynard 14.00 K-9 Coord./IT Dir. 21.00 76,677 0 (4) Jack Rinchich 2.00 Pres./Natl Chaplain 0.00 X 0 0 0 (5) John Kucan 2.00 0.00 Outreach Chairman X 0 0 0 (6) Brian Smith 2.00 VP/Sgt. at Arms 0.00 X 0 0 0 (7) Steve Newton 2.00 3rd VP 0.00 X 0 0 0 (8) James Khoury 2.00 5th VP X 0.00 0 0 0 (9) Brent Shepherd 24.50 Exec.Secr./Treasurer 10.50 X 112,926 0 0 (10)(11)

| Part VII Section A. Officers (A) Name and title | (C) Position (do not check more than Average box, unleas person is be nours officer and a director/fru | | | than la bot | oth an Reportable | | (E) Reportable compensation | (F) Estimated amount of other | | |
|--|--|-----------------------------------|-----------------------|----------------------------|-------------------------------|---------------------------------|-----------------------------|--|--|---|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional Irustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | from related organizations (W-2/ 1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| | *********** | | | | | | | | | |
| | | | | | | | | | | |
| | **************** | | | | | | | | | |
| | | | | | | | | | | = |
| | | | | | | | | | | |
| *************************************** | | | | | | | | | | - |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | to to D-43/// 0 | - 1 | | | | | *15 | 361,973 | | * * |
| c Total from continuation shee d Total (add lines 1b and 1c) | is to Part VII, Si | ectic | n A | **** | **** | | 5(9) | 361,973 | | |
| 2 Total number of individuals (increportable compensation from t | luding but not lin | nited | to t | hose | liste | ed al | DOVE |) who received more than | \$100,000 of | |
| ם ו Did any person listed on line ו | complete Schedu 1a, is the sum o zations greater the receive or accru | ile J f rep han : | for sortal | such ble c 1,000 | indi comp on if tion | vidus ens: "Yes from | ation s," co | and other compensation for such the such that are also and the such that are also an are also an are also are a | rom the h | Yes No 3 X |
| for services rendered to the org ection B. Independent Contractors | anization? If "Ye | s," c | omp | lete | Sch | edule | Jf | or such person | *************** | 5 X |
| Complete this table for your five compensation from the organization | highest comper | isate | ed in | depe | ende | nt co | ontra | actors that received more the | nan \$100,000 of | · · · · · · · · · · · · · · · · · · · |
| Name and b | A) usiness address | ipel | ,oath | JH 10 | er uit | الهناء | CIIU | | n the organization's tax yea (B) on of services | (C) Compensation |
| Innovative Teleservic | ces | 10138 | | | O E | ЗОХ | | 52747 | | Compensation |
| W. Bloomfield Midwest Publishing | MI | 48 | 332 | | 021 | | E | <u>ducation/Fund:</u> 25th Ave., Ste | raising | 903,761 |
| Phoenix | AZ | 85 | 02 | | v Z 1 | . 0 | | <pre>25th Ave., Ste ducation/Fund:</pre> | | 403,601 |
| American Police Acade Titusville | my, Inc. | ==== | | 6. | 350 | H | ori | zon Drive | | 403,001 |
| TICUSATILE | FL | 32 | 278 | U | | 1 | M | anagement | | 156,025 |
| 2 Total number of independent co | ntractore (in al. 1) | | 4 :: | -4 " | -74 | | | | | |
| received more than \$100,000 of | compensation fi | om | the c | organ | nizat | i to ti | iose | s iisted adove) who | 3 | 7. |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) Revenue excluded (B) Related or exempt from tax under sections 512-514 business revenue , Gifts, Grants Allar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) Contributions, and Other Sim 1e f All other contributions, gifts, grants. and similar amounts not included above 1f 1,943,161 g Noncash contributions included in lines 1a-1f 1a \$ h Total. Add lines 1a-1f.... 1,943,161 Business Code 713990 228,600 228,600 Program Service b Net Museum Revenue 511120 31,790 31,790 NACOP Publications and Other 611710 30,919 30,919 f All other program service revenue g Total. Add lines 2a-2f.... 291,309 3 Investment income (including dividends, interest, and other similar amounts) 151 151 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 99,500 6a Gross rents b Less: rental expenses 6b 99,500 C Rental inc. or (loss) 6c Net rental income or (loss) 99,500 99,500 Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory b Less: cost or other Revenue 7b basis and sales exps. 20,000 c Gain or (loss) 7c -20,000Other d Net gain or (loss) -20,000-20,000 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8Ь 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 76,436 10a b Less: cost of goods sold 44,338 10b c Net income or (loss) from sales of inventory 32,098 32,098 Business Code 999999 11a Fed Employee Retention Credit 89,841 89,841 d All other revenue e Total. Add lines 11a-11d 89,841 12 Total revenue. See instructions ... 2,436,060 152,550 260,698 79,651

715

| | of include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (b) Fundraising |
|-------|---|-----------------------|------------------------|-----------------------|---|
| | Grants and other assistance to domestic organizations | | exbeusea | general expenses | expanses |
| - | and domestic governments, See Part IV, line 21 | 508,228 | 508,228 | | |
| | Grants and other assistance to domestic | 300,220 | 300,220 | | |
| | individuals. See Part IV, line 22 | 47,364 | 47,364 | | |
| | Grants and other assistance to foreign | 47,304 | 47,304 | | |
| | organizations, foreign governments, and | ě | 14 | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | | | | |
| | rustees, and key employees | 335,632 | 155 606 | 100 000 | E1 0.00 |
| | Compensation not included above to disqualified | 222,032 | 155,686 | 128,885 | 51,06 |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | | 1 | | ľ | |
| | persons described in section 4958(c)(3)(B) | 266 506 | 055 610 | | |
| | Other salaries and wages | 266,586 | 255,612 | 6,884 | 4,090 |
| | Pension plan accruals and contributions (include | 20 700 | 11 000 | | |
| | rection 401(k) and 403(b) employer contributions) | 20,789 | 11,888 | 6,333 | 2,568 |
| 9 (| Other employee benefits | 87,039 | 49,795 | 26,486 | 10,758 |
| | Payroll taxes | 70,252 | 40,191 | 21,378 | 8,683 |
| | ees for services (nonemployees): | 4 | | | |
| a N | Management | 7 171 | | | |
| b L | egal | 7,171 | | 7,171 | |
| CA | ccounting | 12,150 | | 12,150 | |
| | obbying | 1 250 515 | | | |
| | rofessional fundraising services. See Part IV, line 17 | 1,350,715 | | | 1,350,715 |
| | nvestment management fees | | | | |
| | ther. (If line 11g amount exceeds 10% of line 25, column | | | | |
| (A) | amount, fist line 11g expenses on Schedule O.) | | | | |
| 2 A | dvertising and promotion | 7,639 | | 7,639 | |
| 3 0 | ffice expenses | 21,628 | 13,295 | 7,639 | 694 |
| 4 In | formation technology | | | | |
| 5 R | oyalties | | | | |
| 6 0 | ccupancy | | | | |
| | ravel | | | | |
| | ayments of travel or entertainment expenses | | | | |
| | r any federal, state, or local public officials | | | | |
| | onferences, conventions, and meetings | | | | |
| 0 Int | terest | 130,012 | 130,012 | | |
| 1 Pa | ayments to affiliates | | | | |
| | epreciation, depletion, and amortization | 187,292 | 159,367 | 17,493 | 10,432 |
| | surance | 82,058 | 70,452 | 7,270 | 4,336 |
| | her expenses. Itemize expenses not covered | | | | |
| | ove (List miscellaneous expenses on line 24e. If | | | | |
| | e 24e amount exceeds 10% of line 25, column | | | | |
| | amount, list line 24e expenses on Schedule O.) | | | | |
| | Le Flame | 208,218 | | | 208,218 |
| | Repairs and Maintenance | 142,344 | 127,123 | 9,535 | 5,686 |
| | Utilities | 109,963 | 93,568 | 10,270 | 6,125 |
| | Miscellaneous | 93,294 | 19,875 | 62,808 | 10,611 |
| | other expenses | 158,227 | 104,123 | 17,134 | 36,970 |
| | al functional expenses. Add lines 1 through 24e | 3,846,601 | 1,786,579 | 349,075 | 1,710,947 |
| org | int costs. Complete this line only if the anization reported in column (B) joint costs ma combined educational campaign and | | | | |
| fund | draising solicitation. Check here X if | + | | | |
| follo | owing SOP 98-2 (ASC 958-720) | 96,205 | 24,051 | 1,924 | 70,230 Form 990 (20: 7 |

| Pai | Balance Sheet Check if Schedule O contains a response or n | ote to any lin | e in this Part X | | | F |
|----------------------|--|---|---|--------------------------|--------------------|---|
| | | | 2 3 | (A) Beginning of year | | (B) End of year |
| | 1 Cash—non-interest-bearing | **************** | | 69,547 | 1 | 87,213 |
| | 2 Savings and temporary cash investments | | | 43,161 | 2 | 5,785 |
| - 1 | 3 Pleages and grants receivable, net | | | | 3 | |
| | Accounts receivable, net | | | 13,809 | 4 | |
| - 1 | 5 Loans and other receivables from any current or form | ner officer, di | rector, | | | |
| - 1 | trustee, key employee, creator or founder, substantia | I contributor, | or 35% | | 4.00 | |
| - 1 | controlled entity or family member of any of these pe | rsons | 00 | | 5 | |
| - 1 | Loans and other receivables from other disqualified p | ersons (as d | efined | CHIER . | | THE DAY OF |
| st . | under section 4958(f)(1)), and persons described in s | ection 4958(| c)(3)(B) | | 8 | |
| 2 | Notes and loans receivable, net | | ********* | | 7 | |
| 1 | inventories for sale of use | | ********** | 21,724 | | 18,753 |
| | Prepaid expenses and deferred charges | | ****** | 23,314 | 9 | 18,753 26,393 |
| 11 | Da Land, buildings, and equipment: cost or other | | 20 20 20 20 20 20 20 20 20 20 20 20 20 2 | | 1 - 1 | THE REPORT OF THE PARTY OF THE |
| | basis. Complete Part VI of Schedule D | | 8,216,398 | | | |
| 910 | b Less: accumulated depreciation | 10b | 3,920,117 | 4,471,668 | 10c | 4,296,281 |
| 11 | | | | | 11 | |
| 12 | Investments—other securities. See Part IV, line 11 | | 12 | | | |
| 13 | Investments—program-related. See Part IV, line 11 | ******** | *************************************** | | 13 | |
| 14 | | | | 14 | | |
| 15 | \$25,000,000,000,000,000,000,000,000,000,0 | | ***************** | | 15 | |
| 16 | The state of the s | 33) | | 4,643,223 | 16 | 4,434,425 |
| 17 | 30.00 *** Extra | | | 207,147 | 17 | 179,923 |
| 18 | *************************************** | | 18 | | | |
| 19 | | 68,475 | 19 | 26,350 | | |
| 20 | The state of the s | | | 20 | | |
| 21 | Escrow or custodial account liability. Complete Part IV | of Schedule | D [| | 21 | |
| g 22 | , | | | | | |
| | trustee, key employee, creator or founder, substantial | | or 35% | | | PARTY PLANE TO |
| Liabilities | controlled entity or family member of any of these per | | 200 254 | 22 | | |
| 23 24 | 0-8 | | 320,354 | 23 | 1,578,548 | |
| 25 | resident and the second payments and a second a second and | | | 24 | |
| 23 | parties, and other liabilities not included on lines 17-24 | | | | | |
| | -£ O-lo -de to D | | Y I | 10 000 | | 20 221 |
| 26 | · · · · · · · · · · · · · · · · · · · | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 10,033 | | 22,931 |
| 1 | Organizations that follow FASB ASC 958, check he | re X | | 606,009 | 26 | 1,807,752 |
| g | and complete lines 27, 28, 32, and 33. | ne A | 1 | | 100 | |
| 27 28 28 29 | Not consta without donor restrictions | | 1 | 4 027 214 | 5,000,000 | 0 606 670 |
| 28 | Net assets with donor restrictions | 4,037,214 | 27 | 2,626,673 | | |
| 2 ~ | Organizations that do not follow FASB ASC 958, c | hock boro | - - | | 28 | |
| 3 | and complete lines 29 through 33. | | | | | |
| 29 | O | | | | THE REAL PROPERTY. | |
| 30 | Paid-in or capital surplus, or land, building, or equipme | | | 29 | | |
| 31 | Retained earnings, endowment, accumulated income, | or other fire | | | 30 | |
| 30 31 32 | | | | 4 027 014 | 31 | 0 606 673 |
| 33 | Total liabilities and net assets/fund balances | | | 4,037,214 | 32 | 2,626,673 |
| 33 | Total habilities and her assets/fully dataffices | | A PARAMETER STATE OF THE STATE | 4,643,223 | 33 | 4,434,425 |

Form 990 (2022)

| For | m 990 (2022) United States Law Enforcement 59-1164090 | | | Pa | age 12 |
|-----|---|---------------------|--------|---------|--------|
| P | art XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | ****** | ******* | |
| 1 | l otal revenue (must equal Part VIII, column (A), line 12) | 1 1 | 2,4 | 36, | 060 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,8 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 1 | -1,4 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4,0 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Filor period adjustification | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 2,6 | 26. | 673 |
| Pa | irt XII Financial Statements and Reporting | | | | 0.0 |
| | Check if Schedule O contains a response or note to any line in this Part XII | NAMES AND COLOR | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | 100 | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | - 100 | | 181 |
| | Schedule O. | | 154 | | B. |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | 1208 | (m | |
| | reviewed on a separate basis, consolidated basis, or both: | | | 1.0 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 1111 | | Œ. |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | · · | PERM | NET. |
| | separate basis, consolidated basis, or both: | | | 544 | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | 100 | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | - | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | 0.000 | A780 | | THE VI |
| | Schedule O. | | | | 100 |
| 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 | 1 | Х |
| 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 | | зь | | |
| | | - Selekala (al-dele | For | n 990 | (2022) |

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

United States Law Enforcement Equipment, Inc.

Employer identification number 59-1164090

| | art | Pas | sean for Dublic Charit | Ctatura /All armanimation | | - various account with the co | | | | |
|----------|----------|---|--|---|----------------|---|--------------------------------|--------------------|--|--|
| _ | | | et a private foundation because | y Status. (All organization | ons must | complete | this part.) See instruc | tions. | | |
| | orga | anization is n | ot a private foundation becar | use it is: (For lines 1 through 1 | 2, check o | nly one box. | .) | | | |
| 1 | - | A church, | convention of churches, or as | ssociation of churches describ | ed in secti | on 170(b)(1 |)(A)(i). | | | |
| 2 | \vdash | A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990).) | | | | | | | | |
| 3 | Н | A nospital | or a cooperative hospital sen | vice organization described in | section 17 | 70(b)(1)(A)(i | ii). | | | |
| 4 | | A medical | research organization operat | ed in conjunction with a hospit | tal describe | ed in section | n 170(b)(1)(A)(ill). Enter the | hospital's name, | | |
| | | city, and st | ate: | | | | | | | |
| 5 | | An organiza | ation operated for the benefit | of a college or university own | ed or oper | ated by a go | vernmental unit described i | П | | |
| | _ | section 17 | 0(b)(1)(A)(iv). (Complete Pa | rt ().) | | | | | | |
| 6 | Ц | A federal, s | state, or local government or | governmental unit described i | n section | 170(b)(1)(A) |)(v). | | | |
| 7 | | An organization described in | ation that normally receives a n section 170(b)(1)(A)(vi). (d | substantial part of its suppor Complete Part II.) | t from a go | vernmental | unit or from the general pub | olic | | |
| 8 | | | | 170(b)(1)(A)(vi). (Complete F | Part II \ | | | | | |
| 9 | П | An agricultu | ıral research organization de | scribed in section 170(b)(1)(A | Mirl open | alad in anni | molion will a land | 1 -2 | | |
| | _ | or university: | y or a non-land-grant college | of agriculture (see instruction | s). Enter th | ie name, cit | y, and state of the college o | r | | |
| 10 | X | An organiza | ition that normally receives (| 1) more than 33 1/3% of its su | pport from | contribution | is membership fees and o | | | |
| | 25-13 | receipts tro | m activities related to its exer | mpt functions, subject to certa | in exception | ons: and (2) | no more than 331/3% of ite | 1033 | | |
| | | support from | n gross investment income a | nd unrelated business taxable | income (I | ess section | 511 tax) from businesses | | | |
| | <u></u> | acquired by | the organization after June 3 | 30, 1975. See section 509(a) | (2). (Comp | ete Part III. | | | | |
| 11 | Н | An organiza | ition organized and operated | exclusively to test for public s | afety. See | section 50 | 9(a)(4). | | | |
| 12 | | An organiza | tion organized and operated | exclusively for the benefit of, | to perform | the function | s of, or to carry out the purp | oses of | | |
| | | one or more | publicly supported organiza | tions described in section 50! | 9(a)(1) or s | ection 5098 | al(2). See section 500(al(3) | I) Check | | |
| | | the box on ii | nes 12a through 12d that de | scribes the type of supporting | organizati | on and com | plete lines 12e, 12f, and 12g |] , | | |
| | а | Type I | A supporting organization op | erated, supervised, or control | led by its s | upported on | ganization(s), typically by gi | ving | | |
| | | the support | ported organization(s) the po | wer to regularly appoint or ele complete Part IV, Sections A | ct a majori | ty of the dire | ectors or trustees of the | | | |
| | b | | | | | | | | | |
| | U | Type II. | A supporting organization st | pervised or controlled in conf | nection with | its support | ed organization(s), by havin | g | | |
| | | organiza | ation(s) You must complete | rting organization vested in the Part IV, Sections A and C. | e same pe | rsons that c | ontrol or manage the suppo | rted | | |
| | c | | | supporting organization operat | | and the second | | nativ | | |
| | | its suppo | orted organization(s) (see ins | structions). You must comple | to Part IV | Section with, | and functionally integrated | with, | | |
| | d | Type III | non-functionally integrated | d. A supporting organization o | nerated in | connection | with its supported organizati | ian(a) | | |
| | | that is no | ot functionally integrated. The | e organization generally must | satisfy a d | istribution re | ouirement and an attentive | naec | | |
| | _ | requiren | nent (see instructions). You i | nust complete Part IV, Secti | ions A and | D, and Pa | rt V. | 11633 | | |
| | e | Check th | is box if the organization rec | eived a written determination | from the IF | RS that it is | a Type I. Type II. Type III | | | |
| | | TUNCTION | ally integrated, or Type III no | n-functionally integrated suppo | orting orga | nization. | | | | |
| | | | mber of supported organizati | | | | | XXXXXXXXX | | |
| | 9 | Provide the f | ollowing information about the | e supported organization(s). | | | | | | |
| (i) | | of supported | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of | | |
| | orga | nization | | (described on lines 1–10 | | our governing | Bupport (see | other support (see | | |
| | | | | above (see instructions)) | | iment? | instructions) | instructions) | | |
| (A) | _ | | | | Yes | No | | | | |
| M | | | | | | | | | | |
| (B) | _ | | | | - | | | | | |
| D) | | | | | | | | | | |
| - | | | | | | | | | | |
| C) | | | | | | | | 477 | | |
| | _ | | | | | | | | | |
| D) | | Ì | | | | | | | | |
| | | | | | | | | | | |
| E) | | | | | | | | | | |
| W.C. | | - | | | | | | | | |
| lete | | | | | SAME OF STREET | 100000000000000000000000000000000000000 | | | | |

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

Schedule A (Form 990) 2022

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.)

| Se | ction A. Public Support | | | | | | |
|------|---|-------------------------|----------------------|--|--|-----------------|------------|
| Cal | endar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | (|
| 6 | Public support. Subtract line 5 from line 4 | | | 7 TO 1 TO 1 | | | |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | AU A TIME IF | | A LOSE LE LA | | |
| 12 | Gross receipts from related activities, etc. | (see instructions) | ***************** | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the org | ganization's first, se | econd, third, fourth | n, or fifth tax year a | is a section 501(c) | (3) | |
| Saci | organization, check this box and stop here tion C. Computation of Public Su | annet Deve | | | A PARTICIPATION OF THE PARTIES OF TH | | |
| 14 | Bublic curred persentage for 2000 (line of | pport rercent | age | | | | |
| 15 | Public support percentage for 2022 (line 6, Public support percentage from 2021 Sche | column (1) alvidea | | | | | % |
| | 33 1/3% support test—2022. If the organi | ration did not show | t the her on the | | 0.4100/ | 15 | % |
| | box and stop here. The organization quali | fies as a publicly s | unnorted organiza | LT | | | i e |
| b | 33 1/3% support test—2021. If the organi | zation did not chec | k a hov on line 13 | or 16a, and line 1 | F in 32 1/20/ as | | L |
| _ | this box and stop here. The organization of | malifies as a nublic | ly supported orga | nization | 3 15 33 1/3% OF MO | іге, слеск | _ |
| 17a | 10%-facts-and-circumstances test—202 | 2. If the organization | on did not check a | hoy on line 13, 16 | e or 16h and line | 14 in | ****** |
| | 10% or more, and if the organization meets | s the facts-and-circ | umstances test. c | heck this box and | eton here Evalain | 14 IS | |
| | Part VI how the organization meets the fac | ts-and-circumstand | es test. The proa | nization qualifies a | s a publick suppor | tod tod | |
| | organization | 1011 | idda i iio oigu | median decimes a | a a baplicit aubhoi | ted | |
| b | 10%-facts-and-circumstances test—202 | 1. If the organization | n did not check a | bax on line 13, 16 | a 16b or 17a and | lina | 1000000000 |
| | 15 is 10% or more, and if the organization | meets the facts-an | d-circumstances t | est, check this box | and stop here. Ex | rille Vilain | |
| | in Part VI how the organization meets the f | acts-and-circumsta | inces test. The or | anization qualifies | as a publicly supr | norted | |
| | organization | | | | | | |
| 18 | Private foundation. If the organization did | not check a box or | n line 13, 16a, 16b | , 17a, or 17b, che | ck this box and see | | esessos la |
| | nstructions | | | AND THE PROPERTY OF THE PARTY O | | | |
| | | 20.02012.02.000.000.000 | ************** | | | ****** | |

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.)

| Se | ection A. Public Support | quality arraor or | o tooto notog bi | siow, picase co | implete rart II. | | |
|------|---|--|---|----------------------|---------------------|---|-----------------|
| | endar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | (i) rotai |
| | 1878.884 | 2,335,622 | 2,435,469 | 2,172,677 | 1,791,766 | 1,943,161 | 10,578,695 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 402,978 | 70,970 | 75,861 | 63,848 | 152,550 | 766,207 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 2,738,600 | 2,506,439 | 2,248,538 | 1,855,614 | 2,095,711 | 11,444,902 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 11/11/1/502 |
| 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 | | | | | | 3 |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 11,444,902 |
| | tion B. Total Support | | | | | | 11,444,502 |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 2,738,600 | 2,506,439 | 2,248,538 | 1,855,614 | 2,095,711 | 11,444,902 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 132,538 | 115,805 | 118,999 | 114,712 | 99,651 | 581,705 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | 337031 | 301,703 |
| c | Add lines 10a and 10b | 132,538 | 115,805 | 118,999 | 114,712 | 99,651 | 581,705 |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | 165,733 | 178,639 | 167,908 | 101,243 | 613,523 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | and 12.) | 2,871,138 | 2,787,977 | 2,546,176 | 2,138,234 | 2,296,605 | 12,640,130 |
| 14 | First 5 years. If the Form 990 is for the orga | anization's first, sec | ond, third, fourth, | or fifth tax year as | a section 501(c)(3) |) | |
| - | organization, check this box and stop here | | | | | ************* | |
| | tion C. Computation of Public Sup | port Percenta | ge | | | | |
| 15 | Public support percentage for 2022 (line 8, | column (f), divided t | by line 13, column | (f)) | | 15 | 90.54% |
| 16 | Public support percentage from 2021 Sched | dule A, Part III, line | 15 | | | 16 | 91.87% |
| | tion D. Computation of Investmen | t Income Perce | entage | | | | |
| 17 | Investment income percentage for 2022 (lin | e 10c, column (f), d | ivided by line 13, o | column (f)) | ************* | 17 | 5 % |
| | nvestment income percentage from 2021 Sc | chedule A, Part III, li | ine 17 | | | 18 | 4 % |
| 19a | 33 1/3% support tests—2022. If the organi | zation did not check | the box on line 14 | 4, and line 15 is m | ore than 33 1/3%, | and line | |
| L | 17 is not more than 33 1/3%, check this box | and stop here. Th | e organization qua | lifies as a publicly | supported organiz | ation | X |
| Ь | 33 1/3% support tests—2021. If the organi | zation did not check | (a box on line 14 (| or line 19a, and lin | e 16 is more than 3 | 33 1/3%, and | |
| 20 | line 18 is not more than 33 1/3%, check this Private foundation. If the organization did it | i pox a nd stop here not check a box on l | . The organization line 14, 19a, or 10 | qualities as a pub | licly supported org | anization | |
| | | TO THE STATE OF STATE | (-1, 13 a , 01 131 | -, OHOUR THIS DUX 8 | ma see mstructions | 2 CO 1 CO 1 CO 1 CO 1 CO 1 CO 1 CO 1 CO | (Farm 900) 2070 |

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

- 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.
- 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.
- 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?
- 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.
- 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.
- 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.)

| | Yes | No |
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Schedule A (Form 990) 2022

| - | Supporting Organizations (continued) | | | |
|-------|---|----------|-----------|---|
| 11 | Has the organization accompand a gift as completely then from your of the first | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | 198 | | |
| • | 11c below, the governing body of a supported organization? | - | DOM: | Sec. |
| ŀ | A family member of a person described on line 11a above? | 11a | | ├ |
| | | 11b | | - |
| | provide detail in Part VI. | | | -3 |
| Sec | tion B. Type I Supporting Organizations | 11c | | |
| | | | Yes | N- |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | Tes | No |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | 129 | | 150 |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | 11 400 | | CIT |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | 2.00 | | file. |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | 3-33 | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | 100000000000000000000000000000000000000 |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | 100 | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | Tar- |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 150 | | |
| | supervised, or controlled the supporting organization. | | | 1 |
| Sect | ion C. Type II Supporting Organizations | 2 | _ | |
| | | | V | ••• |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | ana a | Yes | No |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | 44 | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | , and | |
| Sect | ion D. All Type III Supporting Organizations | | - | - |
| | | T | Vac | Ma |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | No |
| | 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 | 1535 | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | i no n |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | 100 | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | T.E.S. | |
| | 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 | 2 | | |
| | 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 | 1.5374 | 100 | |
| | supported organizations played in this regard. | 2000 | March Co. | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. |). | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr | unblana) | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | ucuons). | Van I | N- |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | Yes | No |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | 134 | 63.7 | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | 100 | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0.55 | | |
| | that these activities constituted substantially all of its activities. | 0 | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | 2a | - 10 | |
| - | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | 4,31 | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | 4.00 | | |
| | have engaged in these activities but for the organization's involvement. | - | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | 2b | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | 346 | |
| a | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | | | |
| ь | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3a | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| AA | or the supporting singularities in rest, describe in rait vi the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organizat | 59-116- ions | |
|---|---------------------|--------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization. | rust on Nov. 20. 1 | 970 (explain in Part VI) | See = |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | (optional) |
| 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 | J 1 | | |
| 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 | | |
| | 10 | | (D) 6 (1) |
| ection B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | AV | | |
| instructions for short tax year or assets held for part of year): | 2 | | |
| 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 | Py-II Vo | ENGINE DA | TO SECTION AND ADDRESS OF THE PARTY OF THE P |
| (explain in detail in Part VI): | | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| Multiply line 5 by 0.035. | 6 | *** | |
| Recoveries of prior-year distributions | 7 | | • |
| Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| ction C – Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, column A) | 1 | We the A | |
| Enter 0.85 of line 1. | 2 | | |
| Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| Enter greater of line 2 or line 3. | 4 | | |
| Income tax imposed in prior year | 5 | | |
| Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | | | |
| Check here if the current year is the organization's first as a non-functionally int | a marked Trans (II) | | |

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

| Part VI | Supplemental In III, line 12; Part IV B, lines 1 and 2; F | formation. Prov /, Section A, line Part IV, Section (/, line 1; Part V, | s 1, 2, 3b, 3c, 4 C, line 1; Part I\ Section B, line | ations required lb, 4c, 5a, 6, 9 V, Section D, li 1e: Part V. Se | f by Part II, line a, 9b, 9c, 11a, ines 2 and 3; Pa ection D, lines 5 | 59-1164090 10; Part II, line 17a o 11b, and 11c; Part IV art IV, Section E, line 6, and 8; and Part V | Section |
|---|---|---|--|---|--|---|--|
| | mics 2, 0, and 0. / | Also complete tr | is part for any a | additional intol | mation. (See in | structions.) | *** |
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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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public

| | | r instructions and the latest informati | on. Inspection |
|------|---|---|--|
| | e of the organization | | Employer identification number |
| | Inited States Law Enforcement | | |
| - | Foundation, Inc. art I Organizations Maintaining Donor Advised Fu | ada as Oslas Olivella E. d | 59-1164090 |
| , ,_ | art I Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" on F | Form 990. Part IV: line 6 | Accounts. |
| | 3 | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (c) saint deliber julius | (b) Funds and outer accounts |
| 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 excit | usive legal control? | ☐ Yes ☐ No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | writing that grant funds can be used | |
| | only for charitable purposes and not for the benefit of the donor or dono | r advisor, or for any other purpose | |
| | conferring impermissible private benefit? | | Yes No |
| P | art II Conservation Easements. | | |
| | Complete if the organization answered "Yes" on F | | |
| 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) | ation) Preservation of a historically | important land area |
| | Protection of natural habitat | Preservation of a certified his | |
| | Preservation of open space | _ | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conser- | vation contribution in the form of a conse | ervation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| C | Number of conservation easements on a certified historic structure inclu | ded in (a) | 2c |
| ď | Number of conservation easements included in (c) acquired after July 2 | 5, 2006, and not on a | |
| | historic structure listed in the National Register | *************************************** | 2d |
| 3 | Number of conservation easements modified, transferred, released, exti | nguished, or terminated by the organiza | tion during the |
| | tax year | | |
| 4 | Number of states where property subject to conservation easement is to | | |
| 5 | Does the organization have a written policy regarding the periodic monit | oring, inspection, handling of | |
| _ | violations, and enforcement of the conservation easements it holds? | ************************************** | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of | violations, and enforcing conservation e | asements during the year |
| _ | competitions: | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of viola | tions, and enforcing conservation easen | nents during the year |
| ٥ | Dan ook aanse Germanister de de Produit de de de | | |
| Q | Does each conservation easement reported on line 2(d) above satisfy the | | |
| ۵ | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easemer | (| Yes No |
| • | balance sheet, and include, if applicable, the text of the footnote to the o | reanization's financial statements that d | nt and |
| | organization's accounting for conservation easements, | gamzation s inidicial statements that di | escribes the |
| Pa | Organizations Maintaining Collections of Art, F | listorical Treasures, or Other S | Similar Accete |
| | Complete if the organization answered "Yes" on Fo | orm 990, Part IV, line 8. | Jilliai Addeta. |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to re | | e sheet works |
| | of art, historical treasures, or other similar assets held for public exhibition | n, education, or research in furtherance | of public |
| | service, provide in Part XIII the text of the footnote to its financial statem | ents that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 958, to report | | neet works of |
| | art, historical treasures, or other similar assets held for public exhibition, | | |
| | 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 | 100 | \$ 5500000000000000000000000000000000000 |
| _ | if the organization received of held works of art, historical treasures, or o | ther similar assets for financial gain, pro | vide the |
| | following amounts required to be reported under FASB ASC 958 relating | to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| b | Assets included in Form 990, Part X | 2 | \$ 1000000000000000000000000000000000000 |

| Schedule D (Form 990) 202 | 2 United S | tates Law E | Inforcemen | <u>t</u> | 59-1164090 | Page |
|--|--|--|---|--------------------------------------|-----------------------------|--------------------------|
| Part III Organiza | tions Maintainir | ng Collections of | Art, Historical | Treasures, | or Other Similar A | ssets (continued) |
| Using the organization collection items (check | is acquisition, access call that apply): | sion, and other records | s, check any of the f | following that r | nake significant use of its | S |
| a Public exhibition | | а∏т | | | | |
| b Scholarly research | , | | Loan or exchange p Other | _ | | |
| c Preservation for fu | | ٠ ۾ , | Julei | | ******** | |
| | | collections and evoluin | how they further the | a organization | s exempt purpose in Par | |
| XIII, | | soliconorio and oxplain | now they fulther the | e organization | s exempt purpose in Par | τ |
| 5 During the year, did the | a organization solicit | or receive donations of | f art historical trees | sures or other | elmilar | |
| assets to be sold to rai | se funds rather than | to be maintained as pa | art of the organization | on's collection |) | Yes N |
| Part IV Escrow a | nd Custodial Ar | rangements. | The organical | on o objection | ******************** | Yes N |
| Complete | if the organizatio | n answered "Yes" | on Form 990, P | art IV. line | 9, or reported an am | ount on Form |
| 990, Part 2 | X, line 21. | | | | | 0111 0111 |
| 1a Is the organization an a | igent, trustee, custoo | lian or other intermedia | ary for contributions | or other asse | ts not | · |
| included on Form 990, | Part X? | | DI RIDIRA WARAN | | | Yes N |
| b If "Yes," explain the arm | angement in Part XIII | I and complete the following | owing table: | | | Institute |
| | | | | | | Amount |
| c Beginning balance | | SERVE CONCERNO DE CONTRA DE LOS | **** | ana ang ang ang ang ang | 1c | |
| u Additions during the year | 41 | | | | 1d | |
| e Distubutions annual tue | year | ************** | *********** | ***** | 1e | |
| T Ending balance | | | | | (45 | |
| 4a Did the organization inc | lude an amount on F | orm 990, Part X, line 2 | 21, for escrow or cu: | stodial accoun | t liability? | Yes N |
| b if Yes, explain the arra | angement in Part XIII | . Check here if the exp | lanation has been p | provided on Pa | art XIII | |
| Part V Endowme | | | 200000000000000000000000000000000000000 | 12.000103-107 | | |
| Complete | the organization | answered "Yes" | on Form 990, Pa | art IV, line 1 | 0. | |
| 4 | - | (a) Current year | (b) Prior year | (c) Two yea | rs back (di) Three years | back (e) Four years back |
| la Beginning of year balan | ¢e | | | | | |
| b Contributions | | | | 4 | | |
| c Net investment earnings | | 1 | | | | |
| d Grants or scholambine | | - | | J | | |
| d Grants or scholarships e Other expenditures for fr | | | | | | |
| • | 1 | Ť. | | 1 | | İ |
| f Administrative expenses | | - | | | | |
| g End of year balance | · · · · · · · · · · · · · · · · · · · | | | | | |
| Provide the estimated po | propriese of the over | polycos and below- | m- 4 | 1 | | |
| Board designated or qua | sicentage of the curr | ent Aest eud paisuce (| (line 1g, column (a)) |) held as: | | |
| b Permanent endowment | % | | | | | |
| c Term endowment | % | | | | | |
| The percentages on line | | uld equal 100% | | | | |
| a Are there endowment ful | | | on that are held and | | for the | |
| organization by: | The state of the s | solon of the organization | on trial are freit and | administered | for the | lu lu |
| (i) Unrelated organization | ons | | | | | Yes No |
| (ii) Related organization | 8 | 0 | | | | 3a(l) |
| b If "Yes" on line 3a(ii), are | the related organiza | itions listed as required | f on Schedule R2 | | | 3a(ii) |
| Describe in Part XIII the | intended uses of the | organization's endowr | ment funds | | | <u>3b</u> |
| | lings, and Equi | | Home fortus. | | | |
| MARKET LEHIU, DUNC | | | n Form 990 Pa | rt IV line 1 | 1a. See Form 990, F | art V line 10 |
| | the organization | | | 1117, 1110 | (c) Accumulated | (d) Book value |
| | trie organization perty | (a) Cost or other basi | a (b) Cost or c | other basis | | |
| Complete if | the organization perty | (a) Cost or other basi (investment) | (b) Cost or o | | | (4) DOOK VAILED |
| Complete if Description of pro | perty | (a) Cost or other basi | a (b) Cost or o | er) | depreciation | |
| Complete if Description of pro | perty | (a) Cost or other basi (investment) | (b) Cost or c (other | er) 18,242 | depreciation | 1,118,242 |
| Complete if Description of pro Land Buildings | perty | (a) Cost or other basi (investment) | (b) Cost or c (other | er) | | 1,118,242 |
| Complete if Description of pro Land Buildings Leasehold improvements | perty | (a) Cost or other basi (investment) | (b) Cost or c (oth 1, 1 6, 3 | 18,242 21,513 | 3,313,943 | 1,118,242 3,007,570 |
| Complete if | perty | (a) Cost or other basi (investment) | (b) Cost or c (other 1, 1 6, 3 | 18,242 21,513 90,948 85,695 | 3,313,943 184,187 | 1,118,242 |

| | (a) Description of security or category | (b) Book value | e 11b. See Form 990, Part X, line 12. |
|--|--|--|---------------------------------------|
| 445 - 144 | (including name of security) | | Cost or end-of-year market value |
| (1) Financial dei | rivatives | | |
| (2) Closely neid | equity interests | | |
| (A) | | | |
| | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | erresses | |
| (G) | | | |
| (H) | 3 - 200 0 17 1000 | | |
| | p) must equal Form 990, Part X, col. (B) line 12.) nvestments - Program Related. | | |
| (| Complete if the organization answered "You | es" on Form 990 Part IV line | 110 See Form 000 Best V line 40 |
| | (a) Description of Investment | (b) Book value | (c) Method of valuation: |
| (1) | | | Cost or end-of-year market value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
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| (7) | | | |
| (8) | —————————————————————————————————————— | | |
| (9) | I must a sual Early 2000 Flord V and 100 flord V | | |
| Part IX O |) must equal Form 990, Part X, col. (B) line 13.) | erren. | |
| | complete if the organization answered "Ye | es" on Form 990 Part IV line | 11d Son Form 000 Bort V Bon 45 |
| | (a) Descrip | tion | (b) Book value |
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| 3) | | | |
| 3) 4) | | | |
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| 3) 4) 5) 6) | | | |
| 3) 4) 5) 6) 7) | | | |
| 3) 4) 5) 6) 7) | must equal Form 990, Part X, col. (B) line 15.) | | |
| 3) 4) 5) 6) 7) 8) 9) btal. (Column (b) Part X O | must equal Form 990, Part X, col. (B) line 15.) ther Liabilities. omplete if the organization answered "Ye | s" on Form 990. Part IV. line | 11e or 11f. See Form 990 Part X |
| 3) 4) 5) 6) 7) 8) 9) btal. (Column (b) Part X O | ther Liabilities. omplete if the organization answered "Ye ee 25. | - | |
| 3) 4) 5) 6) 7) 8) 9) btal. (Column (b) Part X O | ther Liabilities. omplete if the organization answered "Ye ie 25. (a) Description or | - | 11e or 11f. See Form 990, Part X, |
| 3) 4) 5) 6) 7) 8) 9) stal. (Column (b) Part X O Ci | ther Liabilities. omplete if the organization answered "Ye ie 25. (a) Description or | - | (b) Book value |
| 3) 4) 5) 6) 7) 8) 9) stal. (Column (b) Part X O Ci | ther Liabilities. omplete if the organization answered "Ye le 25. (a) Description of the taxes | - | |
| 3) 4) 5) 6) 7) 8) 9) btal. (Column (b) Part X O Collin () Federal incore 2) Due to 2 () | ther Liabilities. omplete if the organization answered "Ye le 25. (a) Description of the taxes | - | (b) Book value |
| 3) 4) 5) 6) 7) 8) 9) Part X O [in () Federal incore) 2) Due to 2 () | ther Liabilities. omplete if the organization answered "Ye le 25. (a) Description of the taxes | - | (b) Book value |
| 3) 4) 5) 6) 7) 8) 9) Part X O Co lin () Federal inco 2) Due to 2 3) () 6) | ther Liabilities. omplete if the organization answered "Ye le 25. (a) Description of the taxes | - | (b) Book value |
| 3) 4) 5) 6) 7) 8) 9) Part X O C lin () Federal incor 2) Due to 2 () () () | ther Liabilities. omplete if the organization answered "Ye le 25. (a) Description of the taxes | - | (b) Book value |
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| 3) 4) 5) 6) 7) 8) 9) Part X O Ci lin 1) Federal inco 2) Due to 2 3) 5) 6) 7) | ther Liabilities. omplete if the organization answered "Ye le 25. (a) Description of the taxes | - | (b) Book value |

| Sch | edule D (Form 990) 2022 United States Law Enforcement | 59-11640 | 90 | Page 4 |
|--------------------|--|--|------------|---|
| Pa | Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Pa | nts With Revenue per Re | aturn. | |
| 1 | Total revenue, gains, and other support per audited financial statements | artiv, line iza. | 11 | 2,436,060 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | 15.00 | 2,430,000 |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | | | |
| C | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | Down . | |
| 9 | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | ************* | 3 | 2,436,060 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | 188 | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1980 | |
| b | Other (Describe in Part XIII.) | | | |
| 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 4c | 0 100 000 |
| | rt XII * Reconciliation of Expenses per Audited Financial Stateme | mta Wildle European nach | 5 | 2,436,060 |
| га | Complete if the organization answered "Yes" on Form 990, Pa | ents with Expenses per | Return | • |
| 1 | Total evenues and leaves are cudited forestel statements | | 11 | 3,846,601 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 3,040,001 |
| а | Donated services and use of facilities | 2a | | |
| b | | 2b | 100 | |
| C | Other losses | 2c | 100 | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3 | 3,846,601 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | -24 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| þ | Other (Describe in Part XIII.) | 4b | 16 | |
| | Add lines 4a and 4b | ************************** | 4c | |
| Da | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information. | | 5 | 3,846,601 |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, t XI, lines 2d and 4b; Also complete this part to provide ar | | art X, lin | e |
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| Schedule D | (Form 990) 2022 | United S | tates Law | Enforcemen | t 59 | -1164090 | Page 5 |
|---|-----------------|------------------------------|---|--|-----------------------------|---|--|
| Part XIII | Suppleme | ental Information | n (continued) | 11: | | | |
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| ~~#################################### | | | 00.14531855518855888888 | | | | |
| With the state of | | | ****************** | | | ****************************** | ***** |
| | | | | 93.150.00 ********************************** | | STATE AT LAST STATE AT LAST AND A STATE AT LAST | E 2000 000 000 000 000 000 000 000 000 0 |
| | | | | | | TTASTORTTANDANA AND AND AND AND AND AND AND AND A | |

SCHEDULE G (Form 990)

161

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.

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

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

| Name of the organization United States Law Foundation, Inc. | Enforceme | ent | | | Employer Identificat | |
|--|---|-----------------|--|--|--|---|
| Part Fundraising Activities. Complete if | the organization | on ar | swe | red "Yes" on Form | 990, Part IV, line | 17. |
| Form 990-EZ filers are not required to Indicate whether the organization raised funds through | | | | Check all that apply | | |
| ₩. | | | | | | |
| | | | - | ernment grants | | |
| • | f Solicitation | - | | - | | |
| c X Phone solicitations | g 🔲 Special fun | drais | ing ev | ents | | |
| d In-person solicitations | | | | | | |
| 2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity | ith any individual (i in connection with | includ profe | ing of ssiona | ficers, directors, truster al fundraising services? | 98, | X Yes No |
| b If "Yes," list the 10 highest paid individuals or entities (for compensated at least \$5,000 by the organization. | ındraisers) pursual | | | ments under which the | fundraiser is to be | |
| (i) Name and address of individual or entity (fundraiser) | (II) Activity | raise cust | id fund- r have ody or rol of sutlons? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser fisted in col. (i) | (vi) Amount paid to (or retained by) organization |
| Innovative Teleservices, Inc. 1 PO Box 252747 | | Yes | No | | | |
| W. Bloomfield MI 48325 | Phone | 1 | $ \mathbf{x} $ | 1,020,828 | 903,761 | 117,067 |
| 2 Midwest Publishing | | | | | | |
| 10210 N. 25th Ave., Ste 150 | | ŀ | | | | |
| Phoenix AZ 85021 | Phone | Х | | 449,515 | 403,601 | 45,914 |
| 3 Odell, Simms & Associates 7704 Leesburg Pike | | | | | | |
| Falls Church VA 22043 | DirectMail | | Х | 296,528 | 28,893 | 267,635 |
| 4 Press Box 3600 Clipper Mill Rd. #155 | | | | | | |
| Baltimore MD 21211 | Phone | | х | 420 | 14,100 | -13,680 |
| 6 | | | | | | |
| | | | | | | |
| 7 | | | | | | - |
| 8 | | | | | | |
| 9 | | | | | | |
| 0 | | | | | - | · |
| ω· | | | | | | |
| otal | | | | 1,767,291 | 1,350,355 | 416,936 |
| 3 List all states in which the organization is registered or I registration or licensing. Alabama, Alaska, Arizona, Ark Florida, Georgia, Hawaii, Ill | ansas, Ca inois, Ka | lii | orı | or has been notified it nia, Colorac Kentucky, N | is exempt from do, Connect Maine, Mary | icut, |
| Massachusetts, Michigan, Miss Jersey, New York, North Carol | issippi, | Mis | SOI | uri, Nevada, | New Hampsl | hire, New |
| Oregon, Pennsylvania, Rhode I Virginia, Washington, West Vi | sland, So | uth | ı Ca | arolina, Ter | nnessee, Te | xas, Utah, |

| | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|---|---|--|---------------------------|---|
| 1 Gross receipts | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| | | | (con ratios) | |
| 1 Gross receipts | | | | |
| 2 Leany Contributions | | | | |
| Less: Contributions Gross Income (line 1 minus) | | | | |
| line 2) | | | | |
| 4 Cash prizes | | | | |
| | 7 | | 1 | |
| 5 Noncash prizes | | | | ļ |
| 6 Rent/facility costs | | | | ĺ |
| | | | | |
| 7 Food and beverages | | | | |
| 8 Entertainment | | | | |
| | | | | |
| 9 Other direct expenses | | | | |
| 10 Direct expense summary | . Add lines 4 through 9 in column (| (d) | | |
| 11 Net income summary. Su | btract line 10 from line 3, column plete if the organization ans | (d) | <u> </u> | |
| Gaming. Com \$15,000 on Fo | piete if the organization ans | wered "Yes" on Form 990, | Part IV, line 19, or repo | rted more than |
| | III 99(I-F) line na | | | |
| 7.0,000 011.0 | | (b) Pull taba/instant | 7 | |
| <u> </u> | (a) Bingo | (b) Pull tebs/instent bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add |
| | | 1 '' | (c) Other gaming | (d) Total gaming (add |
| 1 Gross revenue | | 1 '' | (c) Other gaming | (d) Total gaming (add |
| | | 1 '' | (c) Other gaming | (d) Total gaming (add |
| 1 Gross revenue 2 Cash prizes | | 1 '' | (c) Other gaming | (d) Total gaming (add |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes | | 1 '' | (c) Other gaming | (d) Total gaming (add |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes | | 1 '' | (c) Other gaming | (d) Total gaming (add |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs | | 1 '' | (c) Other gaming | |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses | (a) Bingo | 1 '' | (c) Other gaming | (d) Total gaming (add |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses | (a) Bingo | bingo/progressive bingo | | (d) Total gaming (add |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor | Yes % | Yes % | Yes % | (d) Total gaming (add |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. | Yes % No Add lines 2 through 5 in column (| Yes % No | Yes % | (d) Total gaming (add |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. | Yes % | Yes % No | Yes % | (d) Total gaming (add |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ | Yes % No Add lines 2 through 5 in column (anary. Subtract line 7 from line 1, co | Yes % No | Yes % | (d) Total gaming (add col. (a) through col. (c)) |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summenter the state(s) in which the state organization licensed to | Yes % No Add lines 2 through 5 in column (anary. Subtract line 7 from line 1, column conducts gaming acconduct gaming acconduct gaming activities in each | Yes % No d) tivities: of these states? | Yes % | (d) Total gaming (add col. (a) through col. (c)) |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summenter the state(s) in which the state organization licensed to | Yes % No Add lines 2 through 5 in column (anary. Subtract line 7 from line 1, column conducts gaming acconduct gaming acconduct gaming activities in each | Yes % No d) tivities: of these states? | Yes % | (d) Total gaming (add col. (a) through col. (c)) |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ Enter the state(s) in which the s the organization licensed to f "No," explain: | Yes % No Add lines 2 through 5 in column (or arry. Subtract line 7 from line 1, coorganization conducts gaming acconduct gaming activities in each | Yes % No d) clumn (d) tivities: | Yes % No | (d) Total gaming (add col. (a) through col. (c)) Yes |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ Enter the state(s) in which the sthe organization licensed to f "No," explain: | Yes % No Add lines 2 through 5 in column (or arry. Subtract line 7 from line 1, co organization conducts gaming acconduct gaming activities in each | yes % No d) bingo/progressive bingo | Yes % No | (d) Total gaming (add col. (a) through col. (c)) |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ Enter the state(s) in which the sthe organization licensed to f "No," explain: | Yes % No Add lines 2 through 5 in column (or arry. Subtract line 7 from line 1, coorganization conducts gaming acconduct gaming activities in each | yes % No d) bingo/progressive bingo | Yes % No | (d) Total gaming (add col. (a) through col. (c)) |
| 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. 8 Net gaming income summ Enter the state(s) in which the sthe organization licensed to f "No," explain: | Yes % No Add lines 2 through 5 in column (anary. Subtract line 7 from line 1, coorganization conducts gaming acconduct gaming activities in each gaming licenses revoked, suspense | yes % No d) bingo/progressive bingo | Yes % No | (d) Total gaming (add col. (a) through col. (c)) Yes |

| Sche | edule G (Form 990) 2022 | United Sta | tes Law | Enforcement | 59-1164090 | Page 3 |
|-----------|-------------------------------------|----------------------------|------------------|----------------------------|----------------------------------|--|
| 11 | Does the organization cond | duct gaming activities w | ith nonmembe | rs? | | Yes No |
| 12 | Is the organization a granto | or, beneficiary or trustee | of a trust, or a | ı member of a partnership | or other entity | |
| | formed to administer charit | able gaming? | | g | | Yes No |
| 13 | Indicate the percentage of | | | | | (S) 6 |
| a | The organization's facility | | | | | 13a % |
| ь | An outside facility | 10 . 10 . 10 | | | | 13b % |
| 14 | Enter the name and addres records: | s of the person who pr | epares the orga | anization's gaming/specia | ll events books and | |
| | Name | | | ******************* | | |
| | Address | 944 | | | | CONTRACTOR STATE |
| | Does the organization have revenue? | | | On All | | ☐ Yes ☐ No |
| þ | If "Yes," enter the amount o | of gaming revenue rece | ived by the org | anization \$ | and the | SERVED SECTION |
| | amount of gaming revenue | retained by the third pa | arty \$ | | | |
| C | If "Yes," enter name and ad | dress of the third party | : | | | |
| | Name | | | | | |
| | Address | | x8 -0 - 8393 | | | |
| 16 | Gaming manager information | on: | | | | |
| | Name ,,,, | | ······ | | | (44-64-64) |
| | Gaming manager compensa | ation \$ | | | | |
| | Description of services provi | ided | | | | 222.00 |
| | Director/officer | Employee | Inde | pendent contractor | | |
| 17 | Mandatory distributions: | | | | | |
| | ls the organization required | under state law to mak | e charitable dis | stributions from the gamin | in proceeds to | |
| | retain the state gaming licen | | | _ | g production to | Yes No |
| | Enter the amount of distribut | | ate law to be di | stributed to other exempt | organizations or | |
| | spent in the organization's o | | | | | |
| | t IV Supplemental | Information. Pro | vide the exp | lanations required by | y Part I, line 2b, columns (iii) | and (v); and |
| | | | , 16, and 17 | b, as applicable. Als | o provide any additional info | rmation. |
| | See instruction | | | | | |
| Sch | G, Part I, Li | lne 2b, Col | (111) - | Custody or | Control Arrangeme | nt |
| Mid | west Publishir | ig | | | of Arizona accou | |
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Schedule G (Form 990) 2022

Open to Public Inspection 2022 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Program Services (h) Purpose of grant or assistance Employer Identification number X Yes 59-1164090 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. noncash assistance (e) Amount of Attach to Form 990. 508,228 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 52-1127259 501c3 United States Law Enforcement General Information on Grants and Assistance (b) EIN For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? Fed Police&Concerned Citizens 32780 (a) Name and address of organization Foundation FI or government 6350 Horizon Drive Department of the Treasury Internal Revenue Service Name of the organization Titusville SCHEDULE (Form 990) (1) Amer Part ල € 9 € 3 **E** 9

Schedule I (Form 990) (2022)

| Schedule I (Form 990) (2022) United States Law Enforcement 59-1164090 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. | es Law Enforce o Domestic Individua onal space is needed | ment 5 IIs. Complete if the o | 59-1164090 organization answered | 1 "Yes" on Form 990, Part I | N, line 22. |
|--|--|----------------------------------|-------------------------------------|--|---|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal other) | (e) Method of valuation (book, (f) Description of noncash assistance FMV anotaisal other) |
| 1 Educational Scholarships | 32 | 19,200 | | (Sing Issuedda) | |
| 2 Summer Camp | 9 | 2,295 | | | |
| 3 Christmas Cards | 476 | 7,140 | | | |
| 4 Christmas Gifts | 100 | 4,500 | | | |
| s Birthday Gifts | 91 | 4,095 | | | |
| 6 Mothers/Fathers Day Gifts | 597 | 8,955 | | | |
| 7 Medical Reimbursement | 33 | 1,179 | | | |
| The state of the s | ride the information re | quired in Part I, line 2 | ;; Part III, column (b); | and any other additional ir | Iformation. |

Part I. Line 2 - Procedures for Monitoring the Use of Grant Funds

Records are maintained for recipients of grants and assistance.

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

United States Law Enforcement

Employer Identification number

| | Foundation, Inc. | | 59-1164090 | | |
|-----------|--|--|---|--------|----------|
| Part I | Excess Benefit Transacti Complete if the organization answ | ons (section 501(c)(3), section 501(c)(4), and section wered "Yes" on Form 990, Part IV, line 25a or 25b, or | n 501(c)(29) organizations only). | | |
| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and | (c) Description of transaction | (d) Co | rrected? |
| 741 | | organization | · — — — — — — — — — — — — — — — — — — — | Yes | No |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| | he amount of tax incurred by the orga | nization managers or disqualified persons during the | year \$ | | |
| 3 Enter t | he amount of tax, if any, on line 2, ab | ove, reimbursed by the organization | \$ | | |

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the

| organization reported an amo | (b) Relationship with organization | (c) Purpose of loan | (d) I to or the o | from rg.? | (e) Original principal amount | (f) Balance due | (g) in | default? | by bo | proved ard or niffee? | agree (I) W | ritten ment? |
|------------------------------|---------------------------------------|---------------------|-------------------------|--------------|-------------------------------|-----------------|--------|----------|-------|-----------------------------|----------------|-----------------|
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| _(1) | | | Ш | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| _(5) | | | 1 | | | | | | | | | |
| (6) | | - | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | 1.55 | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | , | | | | | | | |
| Total | | | relier | | \$ | | | 15 716 | Olo I | F.7. | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27,

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | 7 7 17 11 |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| 10) | | | | |

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2022

Department of the Treesury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

United States Law Enforcement Employer identification number Foundation, Inc. 59-1164090 Form 990 - Organization's Mission or Most Significant Activities During the fiscal year, the National Association of Chiefs of Police, Inc. formally changed the name of the organization to the United States Law Enforcement Foundation. Since the inception of the Paralyzed and Disabled Police Officers Fund, the United States Law Enforcement Foundation has provided over \$660,000 in financial assistance and \$250,000 in gifts to police officers who were disabled in the line of duty and to their families. Since 2001 USLEF has also helped 122 law enforcement agencies from 36 states raise over \$1,137,000 for K-9 units. Form 990 - Organization's Mission The United States Law Enforcement Foundation (USLEF) is a charitable and educational not-for-profit organization set up to provide services to, 1) officers who hold supervisory positions in federal, state, county, university and local law enforcement agencies within the borders of the United States and its territories, including individuals who are involved in the security industry and work hand in hand in the protection of life and property of this nation, and 2) officers who have been paralyzed or disabled because of a line of duty incident, and to these disabled officers' families. USLEF has a multi-faceted program service effort including, but not limited to, the following: a. To maintain and perpetuate the American Police Hall of Fame and Museum for the purpose of honoring officers who have died in the line of duty in

the United States of America and its territories and possessions and to

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

Schedule O (Form 990) 2022

education.

| United States Law Enforcement | Employer identification number |
|--|---|
| i. To operate a gun range at which police departments | 59-1164090 |
| | |
| public can safely participate in firearm education, t | |
| development, recreation and competition and at which | |
| a better understanding of the firearm competencies re | |
| officers, and federal, state and local requirements a | and regulations. |
| Form 990, Part VI, Line 1a (and Part I, Line 3) - Exp | planation of Governing |
| Body | |
| USLEF has an active, 11 member Board of Directors tha | t meets regularly |
| throughout the year to discuss, brainstorm and evalua | te the mission |
| accomplishments of the organization. The organizatio | n also has an active |
| Advisory Board comprised of professionals from outsid | e of the organization |
| that provides input to the Board of Directors. There | is an annual board |
| meeting that summarizes the accomplishments and conce | rns of the |
| organization from the previous year. | · · · · · · · · · · · · · · · · · · · |
| | *************************************** |
| Form 990, Part III, Line 4a - First Accomplishment | |
| EDUCATION, RECOGNITION, SUPPORT AND PUBLIC AWARENESS: | |
| *************************************** | |
| EDUCATION: Among the many educational benefits, we end | courage every |
| law-abiding individual to support their local police. | |
| with many publications and programs that are education | nal in nature. In |
| most cases, these are provided without charge to the p | police agencies or at |
| minimal cost. We produce other educational materials s | such as posters and |
| printed guidelines to promote Police Week and to encou | urage citizen support |
| of police in their own community. | |
| | |
| Chief of Police Magazine: USLEF publishes a magazine, | the Chief of Police, |
| | Page 2 of 10 |

| Name of the organization | Employer identification number |
|---|---|
| United States Law Enforcement | 59-1164090 |
| for its members. It provides information on changes in t | he law as well as |
| successful anti-crime programs, administrative concerns | and training of |
| staff and officers to chiefs of police, county sheriffs, | state and |
| federal agencies and universities, who employ hundreds o | f thousands of |
| sworn law enforcement officers in the United States. | |
| | |
| Survey: On an annual basis, we conduct a survey of comma | md officers |
| regarding issues and questions of ethics that they in tu | rn can use as a |
| guideline for training and actions. The survey also pro- | vides the media, |
| the legislature and the community with the views of the | police departments |
| on subjects such as firearms, funding, training, use of | force, sharing |
| crime facts, and problems dealing with the use of narcot | ics, school |
| violence, and issues of policing in the years ahead. We | can respond to |
| major issues, via the results of the Survey, which is now | w in its 35th year |
| of publication. | ATTETETETETETETETETETETETETETETETETETET |
| | |
| Police Ethics: Part of the educational program of the Uni | ited States Law |
| Enforcement Foundation is to reach out to citizens in the | community to help |
| set standards for police leadership and police ethics. W | Ve encourage |
| citizens to understand that a real professional must have | e ethics |
| and standards to keep the community alert to trends in cr | ime and in the |
| selection of men and women who uphold the law. | |
| | |
| Police Museum: The 30,000 square foot Police Museum house | es many exciting |
| exhibits and displays that provide visitors with an abund | lance of hands-on |
| educational opportunities. Visitors learn about police e | equipment from |
| yesterday, today and tomorrow, and about such topics as t | errorism, street |
| | Page 3 of 10 |

Name of the organization

Employer Identification number 59-1164090

and prison weapons, and capital punishment through a close-up view of thousands of artifacts assembled from all over the world over the past 63 years. A simulated crime scene together with police investigations and forensics tools provide an opportunity for visitors to gain a better understanding of crime scene investigation work. An interactive counterfeit money display allows visitors to check the authenticity of their currency using several techniques available to law enforcement agencies. In addition to the general public, thousands of police officers and survivors of police officers killed in the line of duty visit the Museum every year to see the Memorial where more than 11,430 names of slain police officers from the past 63 years are engraved.

Training Facility: Our training rooms have been used by many governmental agencies, local municipalities and educational institutions for training and educational sessions. These groups include the U.S. Department of Commerce, 18th Judicial Circuit Court, Florida Department of Law Enforcement, Florida Department of Transportation, Brevard County Sheriff's Office, Titusville Police Department, Kennedy Space Center Security, Brevard County Correctional Institute, Eastern Florida State College Police Academy, Florida Institute of Technology, Brevard County, the City of Titusville, Police Benevolent Association, and the Space Coast League of Cities. Numerous schools make field trips that start in the training room and then continue to the Museum and Memorial. Thousands of school children have been part of USLEF's programs. Every year during the week of May 15th, we hold services where the families of slain officers are invited, as are members of the Board of Directors, to commemorate and remember officers killed in the line of duty during prior years.

United States Law Enforcement

Employer identification number

59-1164090

Shooting Center: Our 24-lane indoor gun range known as the Shooting Center is open to law enforcement, corrections, security, military personnel and the general public. The range is used for teaching firearms safety, self-defense, training, competitions and practice. More than 20,000 people annually shoot in the range. Many of these are first time firearms users who come away with a keen appreciation for the skills and competencies required of law enforcement officers in the performance of their duties and with a real life, first-hand education on firearms safety. The Shooting Center has hosted training conducted by Kennedy Space Center Security, the Bureau of Alcohol, Tobacco, Firearms and Explosives, the State Attorney's Office, Department of Homeland Security, the US Department of Labor, the National Park Service, Brevard County Sheriff's Office, Melbourne Police Department, the Titusville Police Department, and has hosted events in conjunction with the Civilian Marksmanship Program, NJROTC, Keiser University, Boy Scouts of America and Florida Sport Shooting Association. Many private security firms and training organizations use the Shooting Center for firearms and self-defense training and for armed security officer qualifying.

RECOGNITION: National Awards Program: This program is in its 63rd year.

Various citations, medals and uniform bars are available to all U.S. law enforcement agencies for the purpose of recognizing acts of service and valor. This simple but effective method of recognition is very important for officer morale. The medals and uniform bars are similar to those worn by members of the armed forces and can be worn on a police uniform. The second highest award a law enforcement officer can receive is the Silver

Page 5 of 10

volunteer chairman, who is a permanently disabled officer, who can assist

| United States Law Enforcement | Employer identification number 59-1164090 |
|--|---|
| other injured officers and advise them on options for re | ehabilitation. We |
| provide grants to disabled officers to help with needs | such as medical |
| reimbursements or educational scholarships. The children | en of disabled |
| officers are also provided educational scholarships, Ch | ristmas and Birthday |
| gifts and Summer Camp grants. Every officer who become | s permanently |
| disabled as a result of a line of duty injury is eligib. | le to enroll at no |
| cost to the officer in our Disabled Police Officers Fund | i. They are |
| provided a free lifetime membership as well as a citation | on and medal for |
| Line of Duty Injury. We also encourage disabled officer annual meetings. | rs to attend our |
| | ************************************* |
| K-9 Matching Grant Program: The United States Law Enforce | cement Foundation |
| has worked with 122 police departments in 36 states thro | oughout the U.S. to |
| help raise funds for their canine programs. Over \$1,137, | 000 has been |
| awarded to underfunded police departments since the proc | gram began in 2001. |
| | |
| PUBLIC AWARENESS: USLEF strives to make the public aware | of the nature and |
| importance of law enforcement, the law enforcement profe | ession and the |
| dangers that accompany it. | |
| Press Releases: When a recipient of our National Awards | Program is |
| presented their award, local newspapers often publish th | e facts surrounding |
| the actions which led to the recipient's recognition. I | nformation on |
| departments who have received assistance from the K9 Mat | ching Grant |
| program is also provided to local media. | |
| | |
| Direct mail: Information on current relevant law enforce | |
| | Page 7 of 10 |

| United States Law Enforcement | Employer Identification number 59-1164090 |
|---|---|
| sent to individuals who have expressed interest in t | |
| purpose. Throughout the year, personal safety and i | dentity theft |
| information is provided to citizens throughout the U | nited States. |
| Public Service Announcements: From time to time USLE | F produces public |
| service announcements on law enforcement topics rele | vant to the public. |
| Form 990, Part VI - Additional Information | |
| Board Members and Officers | |
| Barry Shepherd (Executive Director) and Brent Shephe | rd (Executive |
| Secretary/Treasurer) are brothers. | · |
| Barry Shepherd (Executive Director), Kim Connolly (V | P/Controller) |
| and Brent Shepherd (Executive Secretary/Treasurer) a | re Board Members and/or |
| Officers for American Police Academy, Inc., Florida | Crime Prevention |
| Commission, Inc., Venerable Order of Knights of Mich. | ael the Archangel, |
| Inc., The American Police Hall of Fame & Museum, Inc | . (APHF) & American |
| Federation of Police & Concerned Citizens, Inc. (AFP) | &CC). These |
| organizations are listed on Schedule R, Part II. NACO | OP also received |
| \$580,000 from AFP&CC (\$99,500 was for rent, \$427,500 | was for management |
| services and \$53,000 was a donation). USLEF also paid | d compensation of |
| \$156,025 to American Police Academy, Inc. for manager | ment services. |
| USLEF also made a contribution to AFP&CC in the amoun | nt of \$508,228. These |
| amounts are included on Schedule R, Part V. | |
| | |
| Form 990, Part VI, Line 11b - Organization's Process | to Review Form 990 |
| After an independent CPA firm has prepared a draft co | opy of the |
| organization's Internal Revenue Service Form 990, the | Audit Committee, |

Page 9 of 10

| Pac | re. | 10 | of | 10 |
|-----|-----|----|----|----|
| | | | | |

| SCHEDULE R (Form 990) | Related Org | Related Organizations and Unrelated Partnerships | d Unrelated | Partnerships | 48 | | OMB No. 1545-0047 |
|--|---|---|---|----------------------------|--|-------------------------------------|--------------------------------|
| , | Complete If the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. | on answered "Yes" o | on Form 990, Part I | V, Ilne 33, 34, 35b, | 36, or 37. | | 2022 |
| Department of the Treesury Internal Revenue Service | Go to www.irs.g | Auacn to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | Attach to Form 990. 90 for instructions and the Ia | itest information. | | | Open to Public |
| Name of the organization | United States Law Enforcement | | | | | Employer Ide | Employer Identification number |
| Dart 1 Identifi | soften of Discount Line. | | | | | 59-1164090 | 4090 |
| 1 | idefitting attorn of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | organization ans | wered "Yes" on I | Form 990, Part I | V, line 33. | | |
| Nam | (a) Name, addross, and EIN (if applicable) of disregarded entity | (b) Primery activity | (c) Legal domicile (state | | (d) Total Income | (e) End-of-year assets | (f) Direct controlling |
| 9 | | | | (Anima) | | | entity |
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| (9) | | | | | | | |
| | | | | _ | | | |
| Part II one or n | Identification of Related Tax-Exempt Organizations. Complete one or more related tax-exempt organizations during the tax year | tions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had ng the tax year. | ganization answ | rered "Yes" on F | orm 990, Part IV | /, line 34, becaus | se it had |
| | (s) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicie (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 301(c)(3)) | (0) Direct controlling entity | (g) 2n 612(b) colled ent |
| (1) American Pol | Police Academy, Inc. | Crime | | | | - | NO |
| 6350 Horizon Titusville | 6350 Horizon Drive Titusville FL 32780 | Prevention & Safety | Υ. Τ. | 50103 | 100 | M/N | - |
| (2) FL Crime Pre | 1.5 | | | | 17.0 | N/A | × |
| 6350 Horizor Titusville | 6350 Horizon Drive 59-1764219 Titusville FL 32780 | Prevention | ă | , , , | | | _ |
| (3) Venerable Or | Order of Knights of | Crime | 7 | SOTOS | | N/A | × |
| 6350 Horizon Drive Titusville | 3 Drive 59-2598998 | Prevention & Safety | Ę | | , | ; | |
| (4) American Fec | ٦ | | 1 | COTAC | 10 | N/A | × |
| 6350 Titu | | Public Education | FL | 501c3 | 01 | 4/N | |
| (5) The American | n Police Hall of Fame & | Pub Safety | | | 2 | G/N | \ |
| 6350 Horizon Titusville | Horizon Drive 85-1403697 sville FL 32780 | & Educ/Law Enforcement Recog&Svcs | FL | 501c3 | 7 | 4/2 | > |
| For Paperwork Reduction | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | | Schedule R (Form 990) 2022 |

Page 2 (k) Percentage ownership Schedule R (Form 990) 2022 Section 512(b)(13) controlled entity? Yes No General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (h) Percentage ownership (I)
Cade V—UBI
emount in bax 20
of Schedule K-1 (Form 1085) Share of end-of-year assets (h)
Disproportionate
alloc.? Yes No 9 (g) Share of end-of-year assets (f) Share of total income (f) Share of total income Type of entity (C corp, S corp, or trust) Predominant income (related, unreleted, excluded from tax under sectlons 512-514) (d)
Direct controlling
entity 59-1164090 (d) Direct controlling entity (c) Legal domicite foreign country) (state or (c) Legal domicile (state or foreign country) Schedule R (Form 990) 2022 United States Law Enforcement Primary activity (b) Primary activity Name, address, and EIN of related organization (a)
Name, address, and EIN of
related organization Part III Part IV lΞ 2 13 € Ê 2 |ଚ <u>4</u>

59-1164090

Page-3

Schedule R (Form 990) 2022 United States Law Enforcement

Part V

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Yes × × × Method of determining amount involved 10 ā ę 9 ŧ Ę 12 9 무 # 9 3,1 ¥ 0 (N) ÷ d Loans or loan guarantees to or for related organization(s) Exchange of assets with related organization(s)
Lease of facilities, equipment, or other assets to related organization(s) Purchase of assets from related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses € 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from related organization(s) Other transfer of cash or property from related organization(s). Gift, grant, or capital contribution from related organization(s) Name of related organization Giff, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) Sharing of paid employees with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Ε

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(4) American Federation of Police & Concerned Citizens, Inc.

(3) American Federation of Police & Concerned Citizens, Inc.

(4) American Federation of Police & Concerned Citizens,

American Police Academy, Inc.

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(2) American Federation of Police & Concerned Citizens, Inc.

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Inc.

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Schedule R (Form 990) 2022 United States Law Enforcement

Part VI) Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

59-1164090

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| Name, address, and Elv of entity | <u>a</u> | <u>e</u> | € | • | £ | (B) | 3 | | 4 | |
|----------------------------------|-----------------|----------------------|---------------------------------------|-----------------------------|-----------------------|-------------------------|-------------------------------|------|------------|------------|
| | Allowed America | domicile | Predominant Income (related, | Are all partners section | Share of total income | Share of end-of-year | Disproportionate allocations? | Code | Cenaral or | Percentage |
| | | (State or foreign | Innelated, excluded from tax under | 501(c)(3) organizations? | | S)085E | | | | dilicaling |
| (1) | | (Internal land | (A) C-71C SIMPOS | Yes | | | Yes No | | Yes No | |
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Schedule R (Form 990) 2022

| Schedule R (F | om 990) 2022 | United | States I | aw | Enforcen | nent | 59-1164 | 090 | Page 5 |
|-----------------|---|-------------------|---|-------------|-----------------------|--|---|---|---------------------------------|
| Part VII | Suppleme Provide ac | ental Informati | on. | | | | ile R. See instruct | | r age e |
| | - | | | 01100 | o to question | on ochedu | ile IV. See matract | ions. | |
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Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Not For Profit Corporation
UNITED STATES LAW ENFORCEMENT FOUNDATION, INC.

Filing Information

Document Number 712789

FEI/EIN Number 59-1164090

Date Filed 05/23/1967

State FL

Status ACTIVE

Last Event NAME CHANGE AMENDMENT

Event Date Filed 07/28/2022

Event Effective Date NONE

Principal Address
6350 HORIZON DR
TITUSVILLE, FL 32780

Changed: 04/15/2004

Mailing Address

6350 HORIZON DR TITUSVILLE, FL 32780

Changed: 04/15/2004

Registered Agent Name & Address

SHEPHERD, BRENT A 6350 HORIZON DR TITUSVILLE, FL 32780

Name Changed: 01/14/2014

Address Changed: 04/15/2004

Officer/Director Detail
Name & Address

Title ED

SHEPHERD, Barry E. 6350 HORIZON DR TITUSVILLE, FL 32780

Title VP

Connolly, Kim A. 6350 HORIZON DR TITUSVILLE, FL 32780

Title P

RINCHICH, JACK 6350 HORIZON DRIVE TITUSVILLE, FL 32780

Title EST

SHEPHERD, BRENT A 6350 HORIZON DR TITUSVILLE, FL 32780

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2020 | 06/09/2020 |
| 2021 | 03/04/2021 |
| 2022 | 02/25/2022 |

Document Images

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Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | The Wizard of Oz Museum | |
|------------------------------|-------------------------|--|
| Applicant Event Name: | Year-round programming | |

| | Yes | No | Comment | |
|--|-----|----|----------|--|
| Completed questionnaire | Х | | | |
| Copy of 990 form (if applicable) | | Х | N/A - dw | |
| Copy of IRS Articles of | x | | | |
| Incorporation – (if applicable) | | 1 | | |
| Copy of IRS Determination letter – (if applicable) | | х | N/A - dw | |
| Copy of SunBiz.org (if applicable) | X | | | |
| Copy of this MSP checklist | Х | | | |

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

| Cranis, Peter Date: 2024.10.17 11:02:10 - 04'00' | Cranis, Peter | Digitally signed by Cranis, Peter Date: 2024.10.17 11:02:10 -04'00' | |
|--|---------------|---|--|
|--|---------------|---|--|

Peter Cranis, Executive Director

FY 2024-2025 Iviarketing Support Program application

Response ID:29 Data

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



Signature of: Frederick Trust

- 3. (untitled)
- 2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

The Wizard of OZ Museum

Organization address

7099 N.Atlantic Ave

State

FL

City

Cape Canaveral

Zip

32920-2683

Primary contact name

Frederick Trust

Primary contact phone number

4105303265

Primary contact email

wizardofozmuseum@gmail.com

Secondary contact name

Palina Trust

Secondary contact phone number

305-354-6787

Secondary contact email

palinatrust@gmail.com

Organization website address

https://wizardofozflorida.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

85-0822863

7. (untitled)

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

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

8. (untitled)

1. E7 ENT INFORMATION

Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Digital advertising (banner ads, etc.)

Radio

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

Social hashtags

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

13. (untitled)

9. What are your social media handles?

Facebook: /wizardofozmuseum Instagram: /wizardofozmuseum YouTube: /@wizardofozmuseum

14. (untitled)

,. What hashtags do you use?

#wizardofozmuseum

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Apparel/promotion items (event t-shirts, giveaways, etc.)

Event banners/signage

Event brochures/program (Playbill, etc.)

Radio

Social media post

TV/Video Website/blog

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

corporation.pdf

20. (untitled)

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

SUNBIZ.pdf

21. (untitled)

14. Upload your completed Checklist.

MSP_applicant_checklist_9-27-2024.pdf

22. (untitled)

15.

ATTESTATION

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



23. Thank You!

New Send Email

Oct 03, 2024 19:35:31 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Electronic Articles of Organization For Florida Limited Liability Company

L20000064047 FILED 8:00 AM February 26, 2020 Sec. Of State cmwood

Article I

The name of the Limited Liability Company is: OZ STORE LLC

Article II

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

4333 N.ATLANTIC AVE COCOA BEACH, FL. 32931

The mailing address of the Limited Liability Company is:

100 BAYVIEW DRIVE UNIT 305 SUNNY ISLES, FL. US 33160

Article III

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

PALINA TRUST 100 BAYVIEW DRIVE UNIT 305 SUNNY ISLES, FL. 33160

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

Registered Agent Signature: PALINA TRUST

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.

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000064047

Entity Name: OZ STORE LLC

FILED
Jan 26, 2024
Secretary of State
2755487374CC

Current Principal Place of Business:

7099 ATLANTIC AVE

CAPE CANAVERAL, FL 32920

Current Mailing Address:

1691 WEKIVA DRIVE MELBOURNE, FL 32940 US

FEI Number: 85-0822863 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRUST, FREDERICK 1691 WEKIVA DRIVE MELBOURNE, FL 32940 US

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

SIGNATURE: FREDERICK TRUST

01/26/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title

AR

Name

TRUST, PALINA

Address

1691 WEKIVA DRIVE

City-State-Zip: MELBOURNE FL 32940

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRUST, PALINA

MANAGER

01/26/2024

For TDO use: PROJECT #- C16-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | Historic Cocoa Village Main Street | |
|------------------------------|------------------------------------|--|
| Applicant Event Name: | Year-round programming | |

| | Yes | No | Comment |
|------------------------------------|-----|----|------------|
| Completed questionnaire | Х | | |
| Copy of 990 form (if applicable) | Х | | |
| Copy of IRS Articles of | | X | N/A - dw |
| Incorporation – (if applicable) | | ^ | 11,711 311 |
| Copy of IRS Determination letter – | | | |
| (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | Х | | |

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

| Cranis, Peter | Digitally signed by Cranis, Peter Date: 2024.10.17 11:02:46 -04'00' | |
|---------------|--|--|
| | | |

Peter Cranis, Executive Director

Response ID:47 Data

2. (untitled)

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



Signature of: Amanda Muzaurieta

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Historic Cocoa Village Main Street

Organization address

434 Delannoy Ave

State

FL

City

Cocoa

Zip

32952

Primary contact name

ΕD

Primary contact phone number

321-631-9075

Primary contact email

executivedirector@visitcocoavillage.com

Secondary contact name

Amy Bilder

Secondary contact phone number

321-631-9075

Secondary contact email

bookkeeper@visitcocoavillage.com

Organization website address

www.visitcocoavillage.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

593392795

7. (untitled)

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

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

8. (untitled)

1. E7 ENT INFORMATION

Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Social hashtags

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

Other - Please be specific: Influencers

13. (untitled)

9. What are your social media handles?

Facebook : HistoricCocoaVillage Instagram : HistoricCocoaVillage

14. (untitled)

,. What hashtags do you use?

#cocoavillage

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Social media post

Website/blog

17. (untitled)

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

Consumers Certificate of Exemption.pdf

18. (untitled)

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

2023_990_Tax_Return.pdf

19. (untitled)

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

20. (untitled)

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

Detail_by_Entity_Name.pdf

21. (untitled)

15. Upload your completed Checklist.

MSP_applicant_checklist_9-27-2024_(edited).pdf

22. (untitled)

16.

ATTESTATION

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



Signature of: Amanda Muzaurieta

23. Thank You!

New Send Email

Oct 07, 2024 16:27:29 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com



Consumer's Certificate of Exemption

DR-14 R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

| FLORIDA | | | | |
|--------------------|----------------|-----------------|------------------------|--|
| 85-8012538132C-0 | 04/30/2021 | 04/30/2026 | 501(C)(3) ORGANIZATION | |
| 85-80125361320-0 | | Expiration Date | Exemption Category | |
| Certificate Number | Effective Date | Expiration Date | | |

This certifies that

GREATER COCOA COMMUNITY PARTNERSHIP INC HISTORIC COCOA VILLAGE MAIN STREET 434 DELANNOY AVE STE 100 COCOA FL 32922-7995

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14 R. 01/18

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases.
 See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Form 990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

| | | the Treasury | Go to www.irs.gov/Form990 for instructions and the latest information | on. | Inspection |
|-------------------------|---------------|----------------|---|-----------------------------|---------------------------------------|
| A | | | lendar year, or tax year beginning , and ending | | |
| B | | applicable: | C Name of organization GREATER COCOA COMMUNITY PARTNERSHIP, INC D | Employer identif | ication number |
| | Address | change | Doing business as | | |
| $\overline{\Box}$ | Name ch | ange | l : | 9-3392795 | |
| | | _ | 404 DEDANIOTAVE | Telephone numbe | r |
| Ш | Initial ret | um | City or town State ZIP code COCOA FL 32922 | 321) 633-0806 | |
| | Final return | n/terminated | | - | |
| \Box | Amendet | d roturn | _ · · · · · · · · · · · · · · · · · · · | Grosecoceips \$ | 326,897 |
| | | 7 | | | inates? Yes X No |
| Ш | Application | on pending | | a group featurn for sub-hid | |
| _ | | | | subs unates includ | |
| 1 | Tax-exe | npt status: | X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 | attach a list. See i | nstructions |
| J | Website | : N/A | H(c) Grou | exemption number | |
| K | | organization | : Corporation Trust Association Other L Year of formation | 1995 M S | tate of legal domicile: FL |
| - | _ | | | 1990 | , , , , , , , , , , , , , , , , , , , |
| | art | | mmary | AND EXECUTE | GROUP ACTIVITIES T |
| 0 | 1 1 | Briefly d | escribe the organization's mission or most significant activities: FORMULATE FORMULATE FORMULATE FORMULATE FORMULATE FORMULATE FORMULATE FORMULATE FORMULATE FORMULATE FORMULATE FORMULATE FORMULATE FORMULATE | | |
| ActivIties & Governance | | | 11. 11.00 | ALIO VICE MICIAII | SERO OF THE |
| Ĕ | | ASSOCI | | | |
| 9,0 | 2 | Check th | | | |
| Ğ | 3 | | of voting members of the governing body (Part VI, line 1a) | 3 | 5 |
| හ | 4 | | of independent voting members of the governing body (Nort Voline 1b) | 4 | 5 |
| 흪 | 5 | Total nur | mber of individuals employed in calendar year 2023 (Part V. Ne 2a) | 5 | 6 |
| À | 6 | | mber of volunteers (estimate if necessary) | . 6 | |
| Ac | 7a | Total unr | related business revenue from Part VIII, column (c), the 12 | 7a | 0 |
| | b | Net unre | elated business taxable income from Form 990-T, Part I, line 11 | , 7b | |
| | | | | rior Year | Current Year |
| Ф | 8 | Contribu | itions and grants (Part VIII, line 1h) | 12,275 | 28,298 |
| Ž | 9 | Program | service revenue (Part VIII, line 2g) | 0 | 0 |
| Revenue | 10 | | ent income (Part VIII, column (A), lines 3, and d) | 0 | 5 |
| œ | 11 | Other rev | venue (Part VIII, column (A), lines 5, 10c, and 11e) | 199,025 | 222,667 |
| | 12 | Total reve | enue—add lines 8 through 11 (must ea al Part VIII, column (A), line 12) | 211,300 | 250,970 |
| | 13 | Grants a | nd similar amounts paid (Part IX relune (A), lines 1–3) | 0 | 0 |
| | 14 | | paid to or for members (Part IX column (A), line 4) | 0 | 0 |
| 00 | 15 | Salaries. | other compensation, employed be efits (Part IX, column (A), lines 5-10) | 117,007 | 133,915 |
| Expenses | 16a | | onal fundraising fees (Rart R. column (A), line 11e) | 0 | 0 |
| je d | Ь | | draising expenses (Parist colonn (D), line 25) | | |
| 찣 | 17 | Other ex | penses (Part IX, column (A), lates 11a-11d, 11f-24e) | 48,332 | 68,959 |
| | 18 | Total exp | penses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 165,339 | 202,874 |
| | 19 | | e less expenses Contractine 18 from line 12 | 45,961 | 48,096 |
| b # | | 110101111 | | g of Current Year | End of Year |
| ats or | 20 | Total ass | sets (Part X, ge S) | 160,081 | 216,405 |
| A S | 21 | | pilities / art X, In 26) | 3,612 | 8,043 |
| Net Asset Fund Balar | 22 | | ets or runc balances. Subtract line 21 from line 20 | 156,469 | 208,362 |
| | rt II | | nature Block | | |
| Unde | er penalti | es of perjury, | , I declare the have examined this return, including accompanying schedules and statements, and to the b | est of my knowledge | |
| and l | pelief, it is | s true, correc | ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer ha | as any knowledge. | |
| 0:- | | Í | | | |
| Sig | | Signa | ture of officer | Date | |
| Hei | re | PAM | SHAIA PRESIDENT | | |
| | | _ | or print name and title | | |
| | | | Type preparer's name Preparer's signature Date | г | PTIN |
| Pai | d | | Ci. V. J. Pon | Check L | if D04304354 |
| | parer | C. E | DWIN ROWLEY L. Zh Now y F11 4/24/ | 2024 self-empl | S SANSON TO |
| | Only | | s name ROWLEY & ROWLEY, CPAs Fit | rm's EIN 59-37 | 96368 |
| J31 | y | | s address 1199 S. U.S. HWY 1, STE 1, ROCKLEDGE, FL 32955 Pt | hone no. (321) | 632-6068 |
| Mai | the ID | | s this return with the preparer shown above? See instructions | 6 8 8 W 8 5 | Yes X No |
| ITTU | - LII | | and termination and braken and any many and and any and any and any and any and any and any and any and any and any and any and any any and any any and any any and any any and any any and any any and any and any and any any and any any and any and any and any any and any any and any any and any any and any any and any any and any any any any any any any any any any | | |

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990** (2023)

| Form | 990 (2023) | GREATER COCO | A COMMUNITY PARTN | IERSHIP, INC | | 59-3392 | 795 Pagi | e 2 |
|------|-----------------------------------|--|---|---|-----------------------|---------------------------------|-------------------|------------|
| | rt III | Statement of Proc | ram Service Accor O contains a respon | nplishments | ne in this Part III. | ALBERT BUTTERS | | |
| 1 | FORMUL | escribe the organization ATE AND EXECUTE O MERCHANTS WHO A | ROUP ACTIVITIES TO | | INESS CLIMATE O | F THE LOCAL COCC | A | |
| 2 | the prior If "Yes," o | rganization undertake a Form 990 or 990-EZ? . describe these new sen | rices on Schedule O | | · • • • • • • • • • • | e cross E | Yes X | N 0 |
| 3 | services' | rganization cease cond describe these changes | | ant changes in how it | conducts, any progr | am _ | Yes X | VО |
| 4 | Describe expenses the total | the organization's prog s. Section 501(c)(3) and expenses, and revenue | ram service accomplish 501(c)(4) organization: if any, for each program | s are required to repo n service reported. | rt the amount of | nts and allocations to | red by others, | |
| 4a | FORMUL |) (Exper ATE AND EXECUTE G NTS WHO ARE MEME | ROUP ACTIVITIES TO | IMPROVE THE BUS | INESS CLIMA OF |) (Revenue \$ THE LOCAL COCO | A VILLAGE | |
| 4b | (Code: |) (Expen | ses \$ | including grants of S | |) (Revenue \$ |) | |
| 4c | (Code: | | sed \$ | including grants of \$ | |) (Revenue \$ |) | |
| | | | | | | | | |
| 4d | | gram services (Describ | e on Schedule O _i) 0 including grants of | \$ | 0)(Revenue \$ | 0) | | |
| 4e | (Expense Total prod | ram service expenses | 194,9 | | - y (1.570) MO W | | | _ |

| Part | Checklist of Required Schedules | | Yes | No |
|------|--|------|-------|----------------|
| 4 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| 1 | complete Schedule A | 1 | Χ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | Х |
| 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | , | | V |
| | election in effect during the tax year? If "Yes." complete Schedule C, Part II | 4 | _ | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 5 | | х |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. | 3 | | _ |
| 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? | 6 | | X |
| | "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve pen stace, | Ť | | |
| 7 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D | 7 | | Х |
| | Did the organization maintain collections of works of art, historical treasures, or other signilar ass. is? If "Yes," | | | |
| 8 | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X. line 21, for escrow or custodial account lia. | | | |
| 9 | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt | | | |
| | negotiation services? If "Yes." complete Schedule D, Part IV. | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in dorn ares in ed endowments | | | v |
| - | or in quasi-endowments? If "Yes." complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then a molete Schedule D, Parts VI, | | | 100 |
| | VII VIII IX or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment Part X, line 10? If "Yes," complete | 11a | Х | |
| | Schedule D, Part VI | | | |
| þ | 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 S, nedule D, Part VII. | 11b | | X |
| | around in Part X. line 13, that is 5% or more | | | |
| C | of its total assets reported in Part X, line 16? If "Yes," commette Schedule D, Part VIII. | 11c | | Х |
| | 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 Y. line 162 If "Yes" complete Schedule 2 Tar (X. | 11d | | X |
| 6 | Did the erganization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | | X |
| f | Did the experimetion's constate or consolidated financial statements for the tax year include a toutible that additioned | | | ١,, |
| | the organization's liability for uncertain tay position and the IN 48 (ASC 740)? If Yes, complete schedule D, Fall A. | 11f | | X |
| 12a | Did the organization obtain separate, independent and the infancial statements for the tax years. | 120 | | X |
| | Schodule D. Parts XI and XII | 12a | - | ┼^ |
| þ | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," | 12b | | X |
| | and if the organization answered "No to line 12a, then completing Schedule D, Parts XI and XII is optional. | 13 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 14a | | X |
| 14a | Did the organization maintain an orice, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| b | fundraising, business, in estruent, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | _ | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | - | X |
| 16 | Bid the arganization record on Part IX. column (A) line 3, more than \$5,000 of aggregate grants or other | 40 | | \ _v |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | _ | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | 17 | x | |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | \ \ \ | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 18 | Х | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 00- | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| ∠ua | If "Voe" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the examplication report more than \$5,000 of grants or other assistance to any domestic organization or | | | 1000 |
| 41 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | _ | X |
| _ | | Farm | 990 | 4 /202 |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|--------|----------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | _X_ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | _X_ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | - | <u> </u> |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year. | 24d | _ | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an access penefit | . | | v |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Par | 25a | _ | _X_ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disquaried person in a | | | |
| | prior year, and that the transaction has not been reported on any of the organization's poor Form 990 or | OC. | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | - |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 26 | | Х |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II. | 20 | - | |
| 27 | Did the organization provide a grant or other assistance to any current or for len ficer director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a sant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereon or rapidy sember of any of these | 27 | | Х |
| | persons? If "Yes," complete Schedule L, Part III | 21 | The same | A LO |
| 28 | Was the organization a party to a business transaction with one of the to wing parties? (See the Schedule | 231 | 17.3 | 2000 |
| | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | _ |
| a | A current or former officer, director, trustee, key employee, creats or founder, or substantial contributor? If | 28a | | Х |
| | "Yes," complete Schedule L, Part IV | 28b | | X |
| Ь | A family member of any individual described in line 20a? These complete scribed in line 28a or 28b? If | 100 | - | |
| C | A 35% controlled entity of one or more individuals add/or rganillations described in line 28a or 28b? If | 28c | | Х |
| | "Yes," complete Schedule L, Part IV | 29 | | X |
| 29 | Did the organization receive more than \$25,000 in No. 2st contributions : If Yes, complete consistent in Tes, comp | | | |
| 30 | conservation contributions? If "Yes," complete sea & M. | 30 | | Х |
| 24 | Did the organization liquidate, terminate, or c ssolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 31 | Did the organization sell, exchange, dispose on a transfer more than 25% of its net assets? If "Yes," | | | , |
| 32 | complete Schedule N, Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an error disregarded as separate from the organization under Regulations | | | |
| 33 | sections 301.7701-2 and 301.7701 (3? If Yes, "complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any example or taxable entity? If "Yes," complete Schedule R, Part II, | | | |
| ~~ | III, or IV, and Part V, line 1. | 34 | | Χ_ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| b | If "Yes" to line 35a, and the organization receive any payment from or engage in any transaction with a controlled | | | |
| - | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) or unizations. Did the organization make any transfers to an exempt non-charitable related | | | |
| | organization? If "Yes." complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 197 Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | 9 | |
| | Check if Schedule O contains a response or note to any line in this Part V | •1 (4) | * | ᆜ |
| | N N | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 17/2 | 3 | 25 |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 357 | B | 12 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | 0.00 | Corp. In | 1000 |
| | reportable gaming (gambling) winnings to prize winners? | 1c | 990 | (00000) |
| | | ⊢orm | 33U | (2023) |

| Form 9 | 90 (2023) GREATER COCOA COMMUNITY PARTNERSHIP, INC 59-339 | 2795 | Pa | age 5 |
|----------|---|--------|------|--------|
| Par | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1118 | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2 2 2 6 | 19.3 | | 55 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| 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). | 1100 | | V |
| 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 | - | Х |
| 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 | 6a | | Х |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | oa | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such extractions or | 6b | | |
| | gifts were not tax deductible? | OD | | i i |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 120 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and for goods | 7a | | Х |
| | and services provided to the payor? | 7b | | |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal pri perty o which it was | | | |
| С | required to file Form 8282? | 7c | | X |
| -4 | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| d e | Did the organization receive any funds, directly or indirectly, to pay premises on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or incirect, on a personal benefit contract? | 7f | | Χ |
| g | If the organization received a contribution of qualified intellectual projecty, on the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes or of er vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds vid a donor advised fund maintained by the | 1000 | | I IS |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | _ |
| 9 | Sponsoring organizations maintaining donor advised ands. | 10.501 | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to do donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter. | 95 | | 53 |
| а | Initiation fees and capital contributions included Part III, line 12 | 500 | | |
| b | Gross receipts, included on Form 990, Part VIII for public use of club facilities | - | 100 | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 300 | | |
| а | Gross income from members or shareholder | 83 | | 171 |
| b | Gross income from other sources (Do soc et amounts due or paid to other sources | 300 | | |
| | against amounts due or received from am. | 12a | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 120 | No. | |
| b | If tes, effect the amount of tax-examples received of accorded daming the year. | - 35 | 25 | |
| 13 | Section 501(c)(29) qualified no prout health insurance issuers. Is the organization licer sed to suc qualified health plans in more than one state? | 13a | | Х |
| а | Note: See the instructions of acciding information the organization must report on Schedule O. | 11 (2) | 10-1 | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| b | the organization is lice used to issue qualified health plans | | 30 | 100 |
| С | Enter the amount of recept es on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| 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 | | Х |
| | 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 | | Х |
| 16 | - | | Bull | |
| 17 | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities | | | |
| 17 | that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | Х |
| | If "Yes," complete Form 6069. | | | |
| | II 165, complete Form coos. | Form | 990 | (2023) |

| _ | 990 (2023) GREATER COCOA COMMUNITY PARTNERSHIP, INC. I reason to lines 2 through 7h halow and for | a "No" | | |
|----------|---|----------|-------------|-------|
| Pai | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI. | see iris | uucu | ions. |
| 0 | | | | |
| Sec | tion A. Governing Body and Management | 37.1 | Yes | No |
| 40 | Enter the number of voting members of the governing body at the end of the tax year . 1a | | 100 | SE. |
| ıa | 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 | 133 | | |
| | committee, explain on Schedule O. | | | |
| b | 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 | 1 24 | 5 18 | |
| _ | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under in direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other parsons | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was 100? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | Х | _ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | _ | | |
| | one or more members of the governing body? | 7a | Х | - |
| þ | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | v |
| | stockholders, or persons other than the governing body? | 7b | COLUMN TO A | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions to dertaken during | | | |
| | the year by the following: | 8a | Х | |
| а | The governing body? | 8b | X | _ |
| b | Each committee with authority to act on behalf of the governing body | 0.5 | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII. Sctlo. A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | 9 | | Х |
| 04 | ion B. Policies (This Section B requests information about colicies not required by the Internal Revenue | _ |) | |
| Seci | ION B. Policies (This Section & requests information about policies fiet required by the | | Yes | No |
| 100 | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| 10a b | If "Yes," did the organization have written policies and produces governing the activities of such chapters, | | | |
| D | 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 For. 95 all members of its governing body before filing the form? | 11a | Χ_ | |
| b | Describe on Schedule O the process, if any, used the aganization to review this Form 990. | 188 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| b | Were officers, directors, or trustees, and key employees equired to disclose annually interests that could give rise to conflicts? | 12b | | X |
| С | Did the organization regularly and consister y monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe on Schedule O how this was doe. | 12c | | X |
| 13 | Did the organization have a written whistra lower policy? | 13 | - | X |
| 14 | Did the organization have a written doc ment etention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | 133 |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 15a | Х | |
| а | The organization's CEO, Executive Director, or top management official. | 15b | | X |
| b | Other officers or key employ e of he organization | | | mon |
| 4.5 | If "Yes" to line 15a or 15b, "escree the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 200 | | |
| 16a | with a taxable entitle during the year? | 16a | | Х |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | Do | - | 1950 |
| b | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard | | | 8 40 |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| Soct | ion 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 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 po | olicy, | | |
| | 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 | | | |
| | | | | |

| Form 990 (2023) | GREATER COCOA COMMUNITY PARTNERSHIP, INC 55 | 9-3392795 | Page |
|-----------------|--|--------------------|------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate | d | |
| (9) | Employees, and Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | 92 (187) (a. 8) IF | |
| | | | |

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 was 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 relations.

See the instructions for the order in which to list the persons above.

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

| A Check this box it fletther the organization for an | , related organiz | | | | ., - | 100 | | |
|--|------------------------|---|----------|----------------------------|--------|----------------------------------|-----------------------------------|------------------------------|
| | | | (C |) | | | | |
| | | | Posit | | b., | 1042 | | |
| (A) | (B) | (do not c | heck n | nore than a son is both | ne | (D) Reportable | (E) Reportable | (F) Estimated amount |
| Name and title | Average hours | | | ector/troste | | compensation | compensation | of other |
| | per week | | | XOI | | from the | from related | compensation |
| | (list any hours for | Institution individual or direct | Office | emplos Key m | Pormer | organization (W-2/ 1099-MISC/ | organizations (W-2/ 1099-MISC/ | from the organization and |
| | related | Institutional Individual or director | | E S | 4 | 1099-NEC) | 1099-NEC) | related organizations |
| | organizations | * P = | ale. | M M | | | | |
| | below dotted line) | Institutional mistral individual mustee or director | - | 9 9 | | | | |
| | 4 | g g | - | thest compensated mploy e | | | | |
| (1) PAM SHAIA | 10.00 | | П | | | | | |
| PRESIDENT | 10.00 | | X | | | | | |
| (2) EMMA FITZPATRICK | 5.00 | 0. | | | | | | |
| VICE PRESIDENT | 00 | <i>]</i> | X | | | | | |
| (3) LAURIE BARTUCCIO | 6.00 | | | | | | | |
| TREASURER | 5.00 | | X | | | | | |
| (4) NANCY ELLIOTT | 5.00 | | | | | | | |
| SECRETARY | 5.00 | | Х | | | | | |
| (5) CONNIE HARVEY | 5.00 | | | | | | | |
| DIRECTOR | 5.00 | | Х | | | | | |
| (6) SAMANTHA SAMGER | 5.00 | | | | | | | |
| DIRECTOR | 5.00 | | X | | | | | |
| (7) BRAD WHITMORE | 5.00 | | | | | | | |
| DIRECTOR | 5.00 | | Х | | | | | |
| (8) | | | | | | | | |
| (0) | | | \vdash | | | | | |
| (9) | ****** | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | H | | | | | |
| | | | | | | | | |
| (12) | | | | | | | | |
| (13) | ************* | | | | | | | |
| (14) | | | \vdash | | | | | |
| | | | | 1 1 | | | | |

Form **990** (2023)

| P | art VII Section A. Officers, Directors, Tr | ustees, Key Em | ploye | es, | and | jH t | ghes | t C | ompensated Em | ployees (contin | ued) |
|------|---|---|--------------------------------|-----------------------|---------|-------------|------------------------------|------------|---------------------------------------|-------------------------------------|------------------------------|
| | | | | | | C) | | | | | |
| | (A) | (B) (do not check more the Average box, unless person is be | | | | | | | (0) | (E) | (F) |
| | Name and title | Average hours | | | | irecto | or/trus | tee) | Reportable compensation | Reportable compensation | Estimated amount of other |
| | | per week | $\overline{}$ | | _ | 8 | 욕률 | D. | from the organization (W-2/ | from related organizations (W-2/ | compensation from the |
| | 2 | (list any hours for | Individual trustee or director | Institutional trustee | Officer | уеп | ploy | Former | 1099-MISC/ | 1099-MISC/ | organization and |
| | | related organizations | to tr | 8 | | Bloy | 8 8 | | 1099-NEC) | 1099-NEC) | related organizations |
| | | below dotted line) | uste | ET.S | | 8 | Pen | | | | |
| | | dotted line) | " | e | | | Highest compensated employee | | | | |
| (45) | | | | | | | | H | | | |
| (15) | | | | | | | | | - | | |
| (16) | | | | | | | | | 0 | | |
| (17) | | *************************************** | | | | | | | | | |
| (18) | | | | | | | | | | | |
| (19) | 1949, 1989 | | | | | | - | | | | |
| (20) | | | | | | _ | P | J | | | |
| (21) | | *********** | | 4 | 4 | | - | 4 | | | |
| | | | - | | 9 | - | | | | | |
| | | A | | | | | | _ | | | |
| | | | X | 6. | | | | | | | |
| (24) | 550,275 | | | 10" | | | | | | | |
| (25) | | 16 | | | | | | | | | |
| 1b | Subtotal . | | | ē . | - 8 | 3 | 0.8 | | 0 | 0 | 0 |
| C | Total from continuation sheets to Part VII, S | ect n A | 200 | 6 | | r v | 1977 - P | | 0 | 0 | 0 |
| d | Total (add lines 1b and 1c) Total number of individuals (including but no line) | nite to those lies | tod at | 2016 | 2) 14 | /bo | rocei | ved | | | u |
| 2 | reportable compensation from the organication | illed to tribse tis | teu at | JUVE | =) W | 110 | CCCI | veu | more triair \$100 | ,000 01 | . 0 |
| | repolitable competibation from the organic | 3 | | | | | | | | | Yes No |
| 3 | Did the organization list any former officer oire | | | | | | | | | | 101-111-116 |
| | employee on line 1a? If "Yes," complete Sched | | | | | | | | | GER SERVER | 3 X |
| 4 | For any individual listed on line as is the sum of | of reportable com | pens | atio. | n ai | nd c | ther | con | npensation from | , | |
| | the organization and related rgr fix itions greated individual | | OZ IF | | | com | piete | 30 | neouie J ioi suci | I US ON TOOL AT IN | 4 X |
| _ | Did any person lister on line in receive or accr | | | | | nrel: | oted hete | ora: | anization or indiv | idual | |
| 5 | for services rendered to the organization? If "Ye | es, " complete Sc | hedul | le J | for . | suci | h per | son | anization of mark | | 5 X |
| Sect | ion B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest compecompensation from the organization. Report co | nsated independ mpensation for ti | lent c he ca | ontr lend | acto | ors vear | that i end | ece ina | eived more than \$ with or within the | organization's t | ax year. |
| _ | (A) | | | | | - | | | (B) Description of serv | | (C) |
| | Name and business add | ress | | | | | | | Description of serv | lices C | 0 |
| | | | | | | | | | | | 0 |
| | | | | | | | | | | | 0 |
| | | | | | | | | | | | 0 |
| | | | | | | | | | | | 0 |
| 2 | Total number of independent contractors (including more than \$100,000 of compensation from the | | ed to t | thos | se li: | stec | abo 0 | ve) | wno received | | |

| | 990 (20 | | Y PART | NERSHIP, INC | | | 59-3392 | 795 Page ! |
|--|---------|---|-----------|---------------------|-----------------------|---|--------------------------------------|--|
| Pa | rt VIII | Statement of Revenue | | note to any line !- | thic Dod VIII | | | |
| | | Check if Schedule O contains a res | ponse or | note to any line in | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclude from tax under sections 512–514 |
| 60 | 1a | Federated campaigns | 1a | 0 | | E HE WILL | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ь | Membership dues | | 8,235 | | and Siller | | with the |
| 5 5 | С | Fundraising events | | 0 | | THE RESERVE | | |
| 2 4 | d | Related organizations | 1d | 0 | | | | |
| _ ਹੁ ੂ | е | Government grants (contributions) | . 1e | 0 | | | 21 21 8 | |
| Sing | f | All other contributions, gifts, grants, and | | | | | | als als and |
| E CE | | similar amounts not included above | 1f | 20,063 | | 30, 40 | | |
| 불충 | g | Noncash contributions included in | | | | | | |
| S E | | lines 1a–1f | _ | | De North | | 6 Min 51 | 100 |
| | h | Total. Add lines 1a-1f | | | 28,298 | | | |
| | | | | Business Code | 0 | | | |
| Š | 2a | | | | | | | |
| e e | D | | | | 0 | | | |
| F 19 | C | | | | • 0 | | | |
| Program Service Revenue | d | | | | | | | |
| | | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a–2f | | 0 10 10 10 10 E | 7 | | | |
| | 3 | Investment income (including dividends | | | 4 | | | |
| | _ | other similar amounts). | | | 5 | | | |
| | 4 | Income from investment of tax-exempt | | | 0 | | | |
| | 5 | Royalties | | | 0 | | | |
| | - | | Real | (li) Fasonal | | | | |
| | 6a | Gross rents 6a | | | - | 1 2 2 4 | | |
| | Ь | Less: rental expenses 6b | | | | | | S. Marian |
| | С | Rental income or (loss) 6c | 0 | 0 | | | | |
| | d | Net rental income or (loss) | | | 0 | | | |
| | 7a | Gross amount from (i) Se | ecurities | au affer | ALL DECEMBER | STATE AND STATE | | NAME OF THE OWNER, OWNER, OWNE |
| | | sales of assets | - | 1 | AND THE RESERVE | | | |
| | | other than inventory 7a | 0 | 0 | H - Delet Mark | 0.51 - 575 | | |
| 97 | b | Less: cost or other basis | | | | | | |
| 19/ | | and sales expenses 7b | 0 | 0 | 11 11 11 11 | 1 5 00 00 0 | | |
| Re | C | Gain or (loss) | 0 | 0 | STATE OF THE PARTY OF | | | |
| her Revenue | d | Net gain or (loss) | 7 7 1 | 72 7 8 3 7 | 0 | | | |
| 동 | 8a | Gross income from fundraising | 9 | | | DE NO. | | |
| • | | events (not including \$ | 0. | | | 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | | of contributions reported on the 1c See Part IV, line 18 | 8a | 298,594 | | KIND SHOT | | |
| | L . | Less: direct expenses | . 8b | 75,927 | To the second | TO SERVICE | | |
| | b | Net income or (loss) from a draising ev | _ | 10,321 | 222,667 | | | |
| | C | Gross income nom garn g activities. | verito | | 222,001 | | STORES OF THE | 150 |
| | 9a | See Part IV tine 10. | . 9a | ol | | | | |
| | ь | Less: direct expenses | 9b | 0 | | STATIONS | | |
| | C | Net income or (loss) from gaming activity | | | 0 | | | |
| | 10a | 18041.658 | | | STATE OF THE | | | |
| | iva | returns and allowances . | 10a | 0 | 100 | | | |
| | ь | Less: cost of goods sold . | 10b | 0 | 200 11 12 1 | | | 10 mg |
| | | Net income or (loss) from sales of inver | | | 0 | | | |
| 60 | | THE MODIFIE OF ADDOLPTION SOLICE OF THE | 1. | Business Code | No. 11 Control | | | |
| scellaneous Revenue | 11a | | | | 0 | | | |
| cellaneo Revenue | b | | COLORES : | | 0 | | | |
| 緩 | С | | 200000 | | 0 | | | |
| <u>0</u> | d | All other revenue | 3. 12 | | 0 | | | |

e Total. Add lines 11a-11d .

Total revenue. See instructions.

250,970

| Pa | rt IX Statement of Functional Expenses | | | | |
|------|--|------------------------|------------------------------------|--|--------------------------------|
| Sect | tion 501(c)(3) and 501(c)(4) organizations must complete all o | | | | |
| | Check if Schedule O contains a response or note | to any line in this Pa | art IX a kala a a a a | | |
| | not include amounts reported on lines 6b, 7b, 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 | | A CONTRACTOR OF THE PARTY OF TH | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, | | 1 | 10 | |
| | trustees, and key employees | 0 | 4 | 0 | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | () | | |
| | persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 124,182 | 124/182 | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions). | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 9,73 | 9,733 | | |
| 11 | Fees for services (nonemployees): | 4 4 | | | |
| а | Management | 0 | h | | |
| b | Legal, | 782 | | 784 | |
| С | Accounting | 325 | | 325 | |
| d | Lobbying | 0 | | | |
| е | 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 | by | | | |
| - | (A) amount, list fine 11g expenses on Schedule O.) | 0 | | 0 | |
| 12 | Advertising and promotion | 45,955 | 45,955 | | |
| 13 | Office expenses | 5,585 | | 5,585 | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties . | 0 | | | |
| 16 | Occupancy | 3,667 | 3,667 | | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment exp ses | | | | |
| | for any federal, state, or local public scials | 0 | | | |
| 19 | Conferences, conventions, and messings | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and imprigation. | 1,243 | 0 | 1,243 | 0 |
| 23 | Insurance. | 1,165 | 1,165 | | |
| 24 | Other expenses. Itemize expenses not covered | | | FAX HEAT AND | |
| | above. (List miscellaneous expenses on line 24e. If | | 3 1 2 1 2 2 | 18.00 | |
| | line 24e amount exceeds 10% of line 25, column | | | 10 - 64 5 R | |
| | (A), amount, list line 244 expenses on Schedule O.) | | | | |
| а | DUES & SUBSCRIPTIONS | 910 | 910 | | |
| b | EDUCATION & TRAINING | 4,238 | 4,238 | | |
| С | EQUIPMENT RENTAL-COPIER | 5,087 | 5,087 | | |
| d | | 0 | | | |
| e | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 202,874 | 194,937 | 7,937 | 0 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if | | | | |
| | following COR 08 2 (ASC 059 720) | 1 | | | |

| Form 990 (2023 | |
|----------------|---------------|
| Part X | Balance Sheet |

| 111.0 | ait A | Check if Schedule O contains a response of | or note to a | ny line in this Part X | | 0.00 | 2 (K × X X X X X |
|-----------------------------|----------|---|----------------------|------------------------|--------------------------|------|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 5 - VS - V - (| 160,081 | 1 | 216,148 |
| | 2 | Savings and temporary cash investments | | 0 | 2 | | |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | (| |
| | 4 | Accounts receivable, net | | | 0 | 4 | C |
| | 5 | Loans and other receivables from any current | | | (C.) | | |
| | 1 | trustee, key employee, creator or founder, sub- | | | 1 | | |
| | 1 | controlled entity or family member of any of the | d | 5 | | | |
| | 6 | Loans and other receivables from other disquali | | 3 | | | |
| | | under section 4958(f)(1)), and persons describe | 1 | | | | |
| \$ | 7 | Notes and loans receivable, net | 7.0 | 0 | | | |
| Assets | 8 | Inventories for sale or use | | | 4 00 | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | 0 | 9 | | | |
| | 10a | Land, buildings, and equipment: cost or | 1 1 | A A C 11 25 CO. C | THE PERSON NAMED IN | HEIV | |
| | | other basis. Complete Part VI of Schedule D | 10a | 1,500 | | 73. | 2100 |
| | ь | | 10b | 1,243 | 0 | 10c | 257 |
| | 11 | Investments—publicly traded securities | | | 0 | | 0 |
| | 12 | Investments—other securities. See Part IV, line | | | 0 | | 0 |
| | 13 | Investments—program-related. See Part IV, lin | | //2 | 0 | _ | 0 |
| | 14 | Intangible assets | 0 | | 0 | | |
| | 15 | Other assets. See Part IV, line 11 | 0 | | 0 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line 33) | | 160,081 | | 216,405 |
| | 17 | Accounts payable and accrued expenses | | | 3,612 | | 8,043 |
| | 18 | Grants payable | 0 | | | | |
| | 19 | Deferred revenue | 0 | | | | |
| | 20 | Tax-exempt bond liabilities | 0 | | | | |
| | 21 | Escrow or custodial account liability. Complete | | 0 | 21 | | |
| 60 | 22 | Loans and other payables to any current or form | | | The second second | 2019 | 10000 |
| Liabilities | | trustee, key employee, creator or founder, subs | | | 1250 | | |
| 喜 | | controlled entity or family member of any of the | | | 0 | 22 | |
| == | 23 | Secured mortgages and notes payable to una | | | 0 | - | 0 |
| | 24 | Unsecured notes and loans payable to unrela | | | 0 | - | 0 |
| | 25 | Other liabilities (including federal incompany | | | | | |
| | | parties, and other liabilities not included on line | 17-24) | Complete | | | |
| | | Part X of Schedule D | , 11 - 1 7. 3 | 5 5 5 2 8 5 5 | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 thingh | | | 3,612 | 26 | 8,043 |
| 40 | | Organizations that follow FA AS 358, che | | | | HAUG | |
| ë | | and complete lines 27, 28, 32, and 33. | ack liete [| - 0 | THE PARTY OF STREET | 183 | |
| <u>a</u> | 27 | | | | | 27 | The second |
| Ba | 27 28 | Net assets without donor restrictions. | | | 0 | 28 | |
| 밀 | 20 | Organizations that a notation FASB ASC S | S S S S S | here X | | 20 | |
| Ē | | and complete lines 29 to ough 33. | oo, check | Hele 🔼 | | 250 | |
| Net Assets or Fund Balances | 20 | Capital stock of trust principal, or current funds | | - | | 29 | |
| \$ | 29 | | | 0 | 30 | | |
| 886 | 30 | Paid-in or capital surplus, or land, building, or e | | | | | 200 202 |
| ₹ | 31 | Retained earnings, endowment, accumulated in | | | 156,469 | 31 | 208,362 |
| ᅙ | 32 | Total net assets or fund balances . | | W 2 2 4 4 5 5 5 E | 156,469 | 32 | 208,362 |
| | 33 | Total liabilities and net assets/fund balances . | | | 160,081 | 33 | 216,405 |

Form 990 (2023)

| Form 9 | 990 (2023) GREATER COCOA COMMUNITY PARTNERSHIP, INC 59-33 | 32795 | Pag | e 12 |
|--------|--|--------|-------|-------|
| Part | t XI Reconciliation of Net Assets | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XI | 2) //2 | 1 | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 250 | ,970 |
| 2 | Total expenses (must equal Part IX, column (A), line 25). | | 202 | ,874 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | ,096 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | 156 | ,469 |
| 5 | Net unrealized gains (losses) on investments | | | |
| 6 | Donated services and use of facilities | | | _ |
| 7 | Investment expenses | | | |
| 8 | Prior period adjustments 8 | | 3 | ,797 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32 | | 000 | 200 |
| | column (B)) | | 200 | ,362 |
| Part | XII Financial Statements and Reporting | | Γ | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | 108 | NO |
| | If the organization changed its method of accounting from a prior year or checked "Other" explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year we accompiled or | | - 11 | |
| | reviewed on a separate basis, consolidated basis, or both. | 100 | 334 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 100 | |
| b | Were the organization's financial statements audited by an independ at a southant? | 2b | | Х |
| D. | If "Yes," check a box below to indicate whether the financial statements of the year were audited on a | | 365 | |
| | separate basis, consolidated basis, or both. | 337 | 107 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | SEE | - | |
| _ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | 8 1 | - 120 | |
| C | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process of selection process during the tax year, explain on | 900 | 24- | 100 |
| | Schedule O. | | 50 | 90 |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | |
| area. | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | | Х |
| 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 2 and describe any steps taken to undergo such audits | 3b | | |
| | | Form § | 990 | 2023) |

SCHEDULE A (Form 5713)

(Rev. December 2010) Department of the Treasury

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 | | | Identifying number | | | |
|--|---|--------------------------------|----------------------|--|--|--|
| GREATER COCOA COMMUNITY PARTNERS | 59-3392795 | | | | | |
| Name of country being boycotted (check one): | Israel Other | (identify) | | | | |
| Important: If you are involved in more than on | e boycott, use a separate Sche | edule A for each boycott and a | attach to Form 5713. | | | |
| | Purchases, sales, and payroll attributable to boycotting of | | | | | |
| Name of Country | Boycott purchases | Boycott sales | Boycott payroll | | | |
| (1) | (2) | (3) | (4) | | | |
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| Total u nua na mana a maa ma | 0 | 0 | 0 | | | |
| 1 Numerator of boycott factor (add totals of | columns (2), (3), and (4)) | E | 0 | | | |
| 2 Denominator of boycott factor: | Denominator of boycott factor: | | | | | |
| Total purchases from countries other than | Total purchases from countries other than United States | | | | | |
| b Total sales to or from countries other than | | | | | | |
| c Total payroll paid or accrued for services | | | | | | |
| other than United States . | | | | | | |
| d Total of lines 2a, b, and c | | | 0 | | | |
| 3 International boycott factor (divide line | | | 0.00% | | | |
| (Form 5713) (see instructions) | | V | 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 | | | | | | 59-3392795 | | |
|--|------|-------------------------|--|--|---|---|--|--|
| | | | lorgal C Othy | er (identify) | | | | |
| Name of country being | | | | | m F742) to compute | tho | | |
| Important: If you are in specifically attributable | | | boycoπ, use a separai | le Scriedule & (For | n 57 13) to compute | · trie | | |
| | | ole Taxes and Incom | ne by Operation (U | se a separate li | ne for each oper | ation.) | | |
| | | cipal business activity | Foreign tax credit | Subpart F income | IC-DISC income | FSC income | | |
| Name of country | Code | Description | Foreign taxes attributable to boycott operations | Prorated share of International boycott income | Taxable income attributable to boycott operations | Taxable income attributable to boycott operations | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 5713.

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

Form 4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

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

2023

2023Attachment

Sequence No. 179

Identifying number Business or activity to which this form relates Name(s) shown on return 59-3392795 GREATER COCOA COMMUNITY PARTNERSH 990 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 2 Total cost of section 179 property placed in service (see instructions), 1,500 3 2,890,000 Threshold cost of section 179 property before reduction in limitation (see instructions) . 4 0 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 1.160.000 separately, see instructions (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 0 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 0 9 Tentative deduction. Enter the smaller of line 5 or line 8 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 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 and a section and 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 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 1,200 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (h) Month and (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction only-see instructions) in service 19 a 3-year property 5-year property HY 200DB 43 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs. g 25-year property S/L MM 27.5 yrs. h Residential rental S/L MM 27.5 yrs. property MM S/L i Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs. b 12-year S/L MM 30 yrs. c 30-year S/L MM 40 yrs. d 40-year Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 . 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 1,243 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ...

SCHEDULE A (Form 990)

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 59-3392795 GREATER COCOA COMMUNITY PARTNERSHIP, INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(4)(4)(ii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(b) 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 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 tax blem some (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a) 3), (complete Part III.) X 10 An organization organized and operated exclusively to test for public sfety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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. Type I. A supporting organization operated, super sed, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regular, appent or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections and B. Type II. A supporting organization supervise connolled in connection with its supported organization(s), by having control or management of the supporting control or management of the supporting control or management of the supporting control or management of the supported organization(s). You must complete Part IV, ections A and C. connolled in connection with its supported organization(s), by having b Type III functionally integrated. A surporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instruction). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III con-functionally integrated supporting organization. 0 Enter the number of supported organizations. Provide the following information about the supported organization(s). (vi) Amount of (iv) Is the organization (v) Amount of monetary (i) Name of supported orga (III) Type of organization other support (see listed in your governing support (see (described on lines 1-10 instructions) instructions) above (see instructions)) document? Yes No (A) (B) (C) (D) (E)

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.)

| Se | ction A. Public Support | | | | | | |
|------|---|--|---|--|---------------------------------------|--------------|-------------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | 0 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities | | | | 6.4 | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | , D | 0 |
| 4 | Total. Add lines 1 through 3 | 0 | 0 | 0 | 0 0 | 0 | 0 |
| 5 | The portion of total contributions by | | | | P 10 10 1 | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | 100 | During to 1 | | | |
| | line 1 that exceeds 2% of the amount | 100 | | STATE OF THE PARTY | | | |
| | shown on line 11, column (f) | | | | | | 0 |
| 6 | Public support. Subtract fine 5 from line 4 | | | | | | |
| | tion B. Total Support | (=) 2010 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| _ | ndar year (or fiscal year beginning in) | (a) 2019 | (B) 2020 | - CO - CO | (d) 2022 0 | 0 | 0 |
| 7 | Amounts from line 4 | 0 | - 0 | 0 | - 0 | 0 | |
| 8 | Gross income from interest, dividends, | | 119 | | | | |
| | payments received on securities loans, | | 1 1 | 40 | | | |
| | rents, royalties, and income from similar sources | | V | | | | 0 |
| 9 | Net income from unrelated business | | - | | | | |
| 3 | activities, whether or not the business is | | 6. | | | | |
| | regularly carried on | • | | | | | 0 |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | 100 | | | | |
| | (Explain in Part VI.) | - | - | | | | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 0 |
| 12 | Gross receipts from related activities, etc. (se | e instructions) | | មិនទេស មេខា | | 12 | |
| 13 | First 5 years. If the Form 990 is for the organ | nizat n's first, seco | and, third, fourth, o | r fifth tax year as a | section 501(c)(3) | | |
| | organization, check this box and stop here | K N | <u> </u> | | 3 0000000 | <u> </u> | 80000 |
| Sec | tion C. Computation of Public S | port Percenta | ge | | | | |
| 14 | Public support percentage for 2023 (line | olum (f), divided b | y line 11, column (| n)) គួនគួនគ ូ ទ | | 14 | 0.00% |
| 15 | Public support percentage from 2022 | Part II, line 14 | 4 | . 4 2 2 2 2 2 2 2 | | 15 | 0.00% |
| 16a | 33 1/3% support test—2023. If the produce | tion did not check | the box on line 13, | and line 14 is 33 1 | /3% or more, chec | k this box | |
| | and stop here. The organization quality as | | | | | | (8) 5) 5) 5) 5) X |
| | 33 1/3% support test—2022. If the organization qualifies box and stop here. The appropriation qualifies | s as a publicly sup | ported organization | 168888888 | 6 x 4 x 3 x 3 x 3 | 20000000000 | |
| | 10%-facts-and-circumstances test—2023. 10% or more, and if the organization meets the Part VI how the organization meets the facts-organization. | ne facts-and-circum and-circumstances | nstances test, chec test. The organiza | k this box and sto ation qualifies as a | p here. Explain in publicly supported | 2 4 0 3500 5 | |
| | 10%-facts-and-circumstances test—2022. 15 is 10% or more, and if the organization me in Part VI how the organization meets the fact organization. | ets the facts-and-os- s-and-circumstand | ircumstances test, | check this box and ization qualifies as | d stop here. Expla | ıin | |
| | | | | | this hav and see | | |
| | Private foundation. If the organization did no | | | | | | |
| | instructions | 231158 | | | | | · · · · · · · · |

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.)

| Se | ction A. Public Support | | | | | | | 10 T 1 1 |
|------|--|--|----------------------|----------------------|---------------------|----------|------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e | 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,988 | 9,548 | 5,000 | 1,420 | | 20,063 | 40,019 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the | | | | | | | |
| | organization's tax-exempt purpose | | | | | | | 0 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | 1 | | 0 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | 2 | |) | 0 |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | D | | | | 0 |
| 6 | Total. Add lines 1 through 5 | 3,988 | 9,548 | 5,000 | 1,420 | | 20,063 | 40,019 |
| | 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 | | | 10 | 9 | | | Ō |
| | or 1% of the amount on line 13 for the year | 0 | 0 | 0 | 0 | | 0 | 0 |
| | Add lines 7a and 7b | | | | | SI K | | |
| 0 | line 6.) | | 1 1 | | | | | 40,019 |
| Sec | tion B. Total Support | | - | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e | 2023 | (f) Total |
| 9 | Amounts from line 6 | 3,988 | 9,548 | 5,000 | 1,420 | | 20,063 | 40,019 |
| 10a | Gross income from interest, dividends, | | | | | | | |
| | payments received on securities loans, rents, | 1 | |) | | | | |
| | royalties, and income from similar sources. | | 100 | | | | | 0 |
| b | Unrelated business taxable income (less | 4 | | | | | | |
| | 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 | 1 | | | | | | 0 |
| 12 | Other income. Do not include gain or | | | | | | | |
| | loss from the sale of capital assets | | 1 | | | | | 0 |
| | (Explain in Part VI.) . | | | | | | | |
| | Total support. (Add lines 1, 10c, 1 and 12.) | 3,988 | 9,548 | 5,000 | 1,420 | | 20,063 | 40,019 |
| 14 | First 5 years. If the Form 300 is for the orga | | | | | | | П |
| | organization, check this box and stop here | | | 20 8 5 5 5 U.U. | | 3 5 7 | - 3 3 | · · · · · |
| Sec | tion C. Computation of Public Su | | | | | 4E | | 100.00% |
| 15 | Public support percentage for 2023 (line 8, c | | | | | 15 16 | | 100.00% |
| 16 | Public support percentage from 2022 Sched | | | | F-1-1-1-1-1-1-1 | 10 | | 100.0076 |
| | tion D. Computation of Investmen | | | luna (D) | | 17 | | 0.00% |
| 17 | Investment income percentage for 2023 (line | | | | | 18 | | 0.00% |
| 18 | Investment income percentage from 2022 Sc 33 1/3% support tests—2023. If the organic | chequie A, Part III, II | the hoven line 14 | and line 15 is ma | are than 33 1/3% s | | 17 is | 0.0076 |
| ıya | not more than 33 1/3%, check this box and s | zauon uiu not check ston here. The orga | nization dualifies a | s a publicly suppo | rted organization. | | | X |
| b | 33 1/3% support tests—2022. If the organiz | zation did not check | a box on line 14 o | r line 19a, and line | e 16 is more than 3 | 3 1/3% | 6, and | |
| | line 18 is not more than 33 1/3%, check this | | | | | | | 5 2 3 32 |
| 20 | Private foundation. If the organization did r | iot check a box on li | ine 14, 19a, or 19b | , check this box ai | nu see mstructions | * 1 H 14 | E 138 36 K | K # # # |

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. A | II Supporting | Organizations |
|--------------|---------------|---------------|
|--------------|---------------|---------------|

- 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 s, and a lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4, (5), (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI and bow the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusive v for sec on 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to a 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 has such so trol and discretion despite being controlled or supervised by or in connection with its support dorganizations.
- c Did the organization support any foreign supported organization the doc now ave an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part I what controls the organization used to ensure that all support to the foreign supported organization was a set exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported. "ganizations 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 organization document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organization document).
- b Type I or Type II only. Was any added or substitute 'supported organization part of a class already designated in the organization's organizing doc ment?
- c Substitutions only. Was the substitution to sum of an event beyond the organization's control?
- Did the organization provide support (whener in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, or (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, lcan, 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 correlator, induor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization in ke par to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes," complete Part 10. Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified perso is 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.)

| | Yes | No |
|--------|-----------|---------|
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| 10b | m 990) | |

| Part | IV Supporting Organizations (continued) | | | |
|-------|---|--------------|--------|---------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 200 | 201 | |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | 7 | 1 | Name of |
| | 11c below, the governing body of a supported organization? | 11a | | _ |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | J-10 H | |
| | detail in Part VI. | 11c | | |
| Sect | ion B. Type I Supporting Organizations | _ | Yes | No |
| | | | res | INO |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | 1 1 | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers. | × 1 | | 100 |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization to | | | 148 |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than on supported | ä = | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allegate seming the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | - | |
| • | Did the organization operate for the benefit of any supported organization other than the supposed | DS DIE | No. | |
| 2 | organization operate for the benefit of any supported organization other than a supported organization of the controlled the supporting organization? If Yes," ex, ain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) at operated, | 100 | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sacti | ion C. Type II Supporting Organizations | | | |
| Jecu | on o. Type it oupporting organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a lajor ty of the directors | WE I | 653 | |
| | or trustees of each of the organization's supported organization(s)? If "No," lescones in art VI how control | | | |
| | or management of the supporting organization was vested in the same parson, that controlled or managed | | 100 | |
| | the supported organization(s). | 1 | | |
| Secti | on 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 | 200 | | 1.3 |
| | 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 | | I I | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | 100000 | |
| 2 | Were any of the organization's officers, directors, or trust as either (i) appointed or elected by the supported | - | | 10.5 |
| | organization(s), or (ii) serving on the governing body of supported organization? If "No," explain in Part VI how | 2 | - | |
| | the organization maintained a close and continuous was king relationship with the supported organization(s). | 2 | | H |
| 3 | By reason of the relationship described on line 2, have, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investmen posicies and in directing the use of the organization's | | | 100 |
| | income or assets at all times during the tax ear? "Yes," describe in Part VI the role the organization's | 3 | | |
| 0 41 | supported organizations played in this recard. | 0 | _ | |
| | on E. Type III Functionally Integrated Supporting Organizations | ctions | e) | |
| 1 | Check the box next to the method to the ganization used to satisfy the Integral Part Test during the year (see instrue). The organization satisfied the ctivities Test. Complete line 2 below. | ,,,,, | ٥). | |
| а | Ine organization satisfied the culvius lest. Complete time 2 below. | | | |
| b | The organization is the passes of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instructi | ons). | |
| 2 | Activities Test. Answer line. 2a and 2b below. | | Yes | No |
| a | Did substantially of the organization's activities during the tax year directly further the exempt purposes of | | ESI. | |
| | the supported organization s to which the organization was responsive? If "Yes," then in Part VI identify | | | [32] |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | 10.0 | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 160 | 3 (2) | ART . |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | - | 3 6 |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | 15 | S.J. | 1 |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | 1200 | | 0 10 |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | 1 | | 300 |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 20 | | - |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | 19 | 1 |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3b | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 30 | | _ |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 1 Check here if the organization satisfied the Integral Part Test as a qualify | Organ | nizations t on Nov. 20, 1970 (explain | in Part VI). See |
|--|------------|--|-----------------------------|
| instructions. All other Type III non-functionally integrated supporting org | anizatio | ons must complete Sections | A through E. |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | 0 | 0 |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of | | | |
| gross income or for management, conservation, or maintenance of property | | | |
| held for production of income (see instructions) | 6 | 1 -1 | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | 0 | 0 |
| Section B - Minimum Asset Amount | | (A Price Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | Carried States | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 15 | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1a | 0 | 0 |
| e Discount claimed for blockage or other factors | 199 | | |
| (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | 0 | 0 |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for ceat amount, | | | |
| see instructions). | 4 | 0 | 0 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 0 | 0 |
| 6 Multiply line 5 by 0.035. | 6 | 0 | 0 |
| 7 Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | 0 | 0 |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section 8, column A) | 1 | | 0 |
| 2 Enter 0.85 of line 1. | 2 | | 0 |
| 3 Minimum asset amount for prior year (from Search B, line 8, column A) | 3 | Total Company | 0 |
| 4 Enter greater of line 2 or line 3. | 4 | | 0 |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | 0 |
| 7 Check here if the current your is the organization's first as a non-functional | ally integ | grated Type III supporting o | rganization (see |

| Part | V Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organ | izations (continued |) | | |
|------|--|-----------------------------|---------------------------------|--|--|--|
| | on D - Distributions | | | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exemple organizations, in excess of income from activity | ž. | | | | |
| 3 | 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 | | | | | |
| 4 | | 4 | 4 | ļ | | |
| 5 | | provide details in Part V | 7) 5 | | | |
| - 6 | Other distributions (describe in Part VI). See instructions. | | 6 | j | | |
| | Total annual distributions. Add lines 1 through 6. | | 4 7 | 0 | | |
| 8 | | he organization is respo | nsive | × | | |
| | (provide details in Part VI). See instructions. | | | | | |
| 9 | | | 9 | 4 | | |
| 10 | Line 8 amount divided by line 9 amount | | 11 | | | |
| , | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | Under tistributions Pr -2023 | (iii) Distributable Amount for 2023 | | |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | 0 | | |
| 2 | Underdistributions, if any, for years prior to 2023 | | | | | |
| | (reasonable cause required—explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | | |
| a | | | | | | |
| b | From 2019 | | | | | |
| С | From 2020 0 | | | | | |
| d | From 2021 | | | | | |
| е | From 2022 | | | | | |
| f | Total of lines 3a through 3e | 0 | | The Title of State of | | |
| g | Applied to underdistributions of prior years | | | O MARKET MARKET | | |
| h | Applied to 2023 distributable amount | | | 0 | | |
| i_ | Carryover from 2018 not applied (see instructions) | 9 | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line \$ | 0 | | | | |
| 4 | Distributions for 2023 from Section D, line 7: | | | | | |
| a | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2023 distributable amount | | | 0 | | |
| С | Remainder. Subtract lines 4a and 4b from the | 0 | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | | |
| | any. Subtract lines 3g and 4a from 12. For result | | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain | | | | | |
| | in Part VI. See instruction | | | 0 | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | _ | | | | |
| _ | and 4c. | 0 | | | | |
| 8 | Breakdown of his Excess from 2019 0 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| d | Excess from 2023 0 | | | | | |
| - 52 | | | | | | |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Inspection

| Name | of the organization | Employer identification number |
|------|--|---|
| GRE | ATER COCOA COMMUNITY PARTNERSHIP, INC | 59-3392795 |
| Par | | ds 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 | 14 |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in | donoradvis |
| _ | funds are the organization's property, subject to the organization's exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grantees | s can be used |
| - | only for charitable purposes and not for the benefit of the donor or donor advisor, or for an | y other purpose |
| | conferring impermissible private benefit? | Yes No |
| Dar | II Conservation Easements. | |
| r a1 | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | oued. |
| 4 | Purpose(s) of conservation easements held by the organization (check all that apply) | |
| 1 | | of a historically important land area |
| | | |
| | Protection of natural habitat | of a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified concervation contribution | in the form of a conservation |
| | easement on the last day of the tax year | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| С | Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d | Number of conservation easements included on line 2c acquired an ar 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 termi | nated by the organization during |
| | the tax year | |
| 4 | Number of states where property subject to cons tion assement is located | ************************************** |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, I | nandling of |
| | violations, and enforcement of the conservation earements it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring inspecting, handling of violations, and enforcing of | inservation easements during the year |
| | | |
| 7 | Amount of expenses incurred in monitoring, specting, handling of violations, and enforcing conservations | vation easements during the year |
| | | 470// 1/0//0/ |
| 8 | Does each conservation easement report on line 2d above satisfy the requirements of s | 1 |
| | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue a | and expense statement and |
| | balance sheet, and include if applicable, the text of the footnote to the organization's finance | cial statements that describes the |
| | organization's accounting for conservation easements. | Oth Ciilay Assats |
| Pari | Organizations Maintaining Collections of Art, Historical Treasures, or | Other Similar Assets. |
| | Complete the organization answered "Yes" on Form 990, Part IV, line 8. | total and balance shoot |
| 1a | If the organization elected as permitted under FASB ASC 958, not to report in its revenue | statement and balance sneet |
| | works of art, historical reasures, or other similar assets held for public exhibition, education | n, or research in turtherance of |
| | public service, provide in Part XIII the text of the footnote to its financial statements that de | scribes triese items. |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue stat | ement and balance sneet works |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or re | esearch in furtherance of public |
| | service, provide the following amounts relating to these items. | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | # 1. N 2 0% \$ ================================== |
| | (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 tinancial gain, provide the |
| | following amounts required to be reported under FASB ASC 958 relating to these items. | |
| | Revenue included on Form 990, Part VIII, line 1 | |
| Ь | Assets included in Form 990, Part X | \$ |

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

| | dule D (Form 990) 2023 GREATER COCOA CON | | | 59-339 | | | Page 2 |
|------|---|---------------------------|--|---------------------------|------------|-----------|--------|
| Par | t III Organizations Maintaining Colle | ctions of Art, Histo | rical Treasures, or | Other Similar Asset | s (conti | nued |) |
| 3 | Using the organization's acquisition, accessi | on, and other records, | check any of the follow | ing that make significan | t use of i | ts | |
| | collection items (check all that apply). | | | | | | |
| а | Public exhibition | d | Loan or exchange pr | ogram | | | |
| b | Scholarly research | e | Other | | * | | |
| | | • | 1 00101 | | ******* | | |
| С | Preservation for future generations | | | | in D | | |
| 4 | Provide a description of the organization's co | ollections and explain h | low they further the org | anization's exempt purp | ose in Pi | art | |
| | XIII. | | | | | | |
| 5 | During the year, did the organization solicit of | r receive donations of | art, historical treasures. | , or other similar | | | 1 |
| | assets to be sold to raise funds rather than to | o be maintained as par | t of the organization's o | collection? | Y | es _ | No |
| Par | IV Escrow and Custodial Arrangem | ents. | | 1-1 | | | |
| | Complete if the organization answer | ered "Yes" on Form 9 | 990, Part IV, line 9, c | r reported an amoun | t on Fo | m | |
| | 990, Part X, line 21. | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an, or other intermedia | ry for contributions or o | other ssets of | | | |
| | included on Form 990, Part X? | | | | Y | es 🗀 | No |
| b | If "Yes," explain the arrangement in Part XIII | | and the same of th | | | | |
| - | ii roo, oxpiair tilo sitangerione ii t die rtii | and complete the terre | | | Amount | | |
| С | Beginning balance | | ** | 1c | | | |
| d | Additions during the year | | | 1d | | | |
| e | Distributions during the year | | | 1e | | | |
| f | Ending balance | | | 1f | | | 0 |
| | | | | 1 | Пу | s X | No |
| 2a | Did the organization include an amount on F | | | | П 16 | *s ≏ | IND |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the expl | anation has been provi | ded in Part XIII | | | |
| Part | V Endowment Funds. | ф | 11 11 | | | | |
| | Complete if the organization answer | red "Yes" on Form 9 | 90 Part IV, line 10. | | | | |
| _ | (a) | Current year (b) Pa | year (c) Two years | back (d) Three years back | (e) Fo | our years | back |
| 1a | Beginning of year balance | V | | | | | |
| b | Contributions | - | b. | | | | |
| c | Net investment earnings, gains, | | | | | | |
| • | and losses | . (1) | | | | | |
| d | Grants or scholarships | | | | | | |
| e | Other expenditures for facilities | | | | | | |
| e | and programs | | | | | | |
| f | Administrative expenses | _ | | | | | |
| | End of year balance | | 0 | 0 | 0 | | 0 |
| g | Provide the estimated percentage of the or | turns and halance (| | | <u> </u> | | |
| 2 | | % | ine rg, column (a)) ner | u as. | | | |
| a | Board designated or quasi-endowment | // | | | | | |
| b | Permanent endowment | 70 | | | | | |
| С | Term endowment | Manual 4000/ | | | | | |
| _ | The percentages on lines 2a, 2b, and 20 sho | | _ +b_+ bold and ad- | ministered for the | | | |
| 3a | Are there endowment funds of the posses | ssion of the organization | n that are new and adi | ninistered for the | 9 | Yes | No |
| | organization by: | | | | 2=01 | 162 | 140 |
| | (i) Unrelated organization | | | | 3a(i) | _ | - |
| | (ii) Related organizations | | | F 187 R 10 30 R 3 30 R | 3a(ii) | | |
| b | If "Yes" on line 3a() are the related organization | | | 0.000.000.000.000.000 | _3b | _ | |
| 4 | Describe in Part XIII the intended uses of the | organization's endowr | nent funds. | | | | |
| Part | VI Land, Buildings, and Equipment. | | 9000 | van | | | |
| | Complete if the organization answe | red "Yes" on Form 9 | 90, Part IV, line 11a | See Form 990, Part | X, line | 10 | |
| | Description of property | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Bo | ook valu | В |
| | | (investment) | (other) | depreciation | | | |
| 1a | Land | 0 | 0 | CA COTTE NO ME | | | 0 |
| b | Buildings | 0 | 0 | 0 | | | 0 |
| C | Leasehold improvements | 0 | 0 | 0 | | | 0 |
| d | Equipment | 0 | 0 | 0 | | | 0 |
| e | Other | 0 | 1,500 | 1,243 | | | 257 |
| | Add lines 1a through 1c. (Column (d) must a | nual Form 990, Part V | line 10c column (R1) | - C # 20 5 C 5C | | | 257 |

| | (a) Description of security or category | (b) Book value | rt IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: |
|---|--|---|--|
| | (including name of security) | | Cost or end-of-year market value |
| , | al derivatives | 0 | |
| | held equity interests | 0 | |
| Other | | | |
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| E) | *************************************** | | 19 |
| (F) G) | | | |
| (H) | | | |
| | nn (b) must equal Form 990, Part X, line 12, col. (B), | 0 | Section 1 |
| | Investments—Program Related. | | |
| | Complete if the organization answer | ed "Yes" on Form 990, Par | t 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 |
| v - | | | Obstational Argumentos value |
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| al. (Colum | nn (b) must equal Form 990, Part X, line 13, col. (B)) | 0 | |
| | Other Assets. | | |
| al. (Colum | Other Assets. Complete if the organization answere | ed "Yes" on Form 990, Par | t IV, line 11d. See Form 990, Part X, line 15 |
| I. (Colum | Other Assets. Complete if the organization answere | | t IV, line 11d. See Form 990, Part X, line 15 |
| art IX | Other Assets. Complete if the organization answere | ed "Yes" on Form 990, Par | |
| art IX | Other Assets. Complete if the organization answere | ed "Yes" on Form 990, Par | |
| art IX | Other Assets. Complete if the organization answere | ed "Yes" on Form 990, Par | |
| art IX | Other Assets. Complete if the organization answere | ed "Yes" on Form 990, Par | |
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| art IX | Other Assets. Complete if the organization answere | ed "Yes" on Form 990, Par | |
| art IX | Other Assets. Complete if the organization answere | ed "Yes" on Form 990, Par | |
| art IX | Other Assets. Complete if the organization answere | ed "Yes" on Form 990, Par | |
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|))))))))))))) al. (Column | Other Assets. Complete if the organization answer (a) D (a) D (b) must equal Form \$10, Part X, line 1 | ed "Yes" on Form 990, Par | |
|))))))))))))) al. (Column | Other Assets. Complete if the organization answer (a) D (a) D (b) must equal Form 330, Part X, line 1 Other Liabilities. | ed "Yes" on Form 990, Par Pescription | (b) Book value |
| art IX | Other Assets. Complete if the organization answere (a) D Imm (b) must equal Fc m > 0 Part X, line 1 Other Liabilities. Complete the organization answere | ed "Yes" on Form 990, Par Pescription | |
| Ik (Columnart IX | Other Assets. Complete if the organization answere (a) D umn (b) must equal Form \$30, Part X, line 1 Other Liabilities. Complete the organization answere line 25. | ed "Yes" on Form 990, Par lescription (5, col. (B)) | (b) Book value |
| art IX | Other Assets. Complete if the organization answere (a) D Imm (b) must equal Fc m 330 Part X, line 1 Other Liabilities. Complete the organization answere line 25. | ed "Yes" on Form 990, Par Pescription | t IV, line 11e or 11f. See Form 990, Part X, |
| art IX art IX art IX Federal | Other Assets. Complete if the organization answere (a) D umn (b) must equal Form \$30, Part X, line 1 Other Liabilities. Complete the organization answere line 25. | ed "Yes" on Form 990, Par lescription (5, col. (B)) | t IV, line 11e or 11f. See Form 990, Part X, |
| al. (Columnart IX | Other Assets. Complete if the organization answere (a) D Imm (b) must equal Fc m 330 Part X, line 1 Other Liabilities. Complete the organization answere line 25. | ed "Yes" on Form 990, Par lescription (5, col. (B)) | t IV, line 11e or 11f. See Form 990, Part X, |
| al. (Columnart IX | Other Assets. Complete if the organization answere (a) D Imm (b) must equal Fc m 330 Part X, line 1 Other Liabilities. Complete the organization answere line 25. | ed "Yes" on Form 990, Par lescription (5, col. (B)) | t IV, line 11e or 11f. See Form 990, Part X, |
| al. (Columnart IX | Other Assets. Complete if the organization answere (a) D Imm (b) must equal Fc m 330 Part X, line 1 Other Liabilities. Complete the organization answere line 25. | ed "Yes" on Form 990, Par lescription (5, col. (B)) | t IV, line 11e or 11f. See Form 990, Part X, |
| art IX)))))) al. (Column art X | Other Assets. Complete if the organization answere (a) D Imm (b) must equal Fc m 330 Part X, line 1 Other Liabilities. Complete the organization answere line 25. | ed "Yes" on Form 990, Par lescription (5, col. (B)) | t IV, line 11e or 11f. See Form 990, Part X, |
| art IX)))))) al. (Column)) art X | Other Assets. Complete if the organization answere (a) D Imm (b) must equal Fc m 330 Part X, line 1 Other Liabilities. Complete the organization answere line 25. | ed "Yes" on Form 990, Par lescription (5, col. (B)) | t IV, line 11e or 11f. See Form 990, Part X, |
| art IX art IX art IX Art IX Federal | Other Assets. Complete if the organization answere (a) D Imm (b) must equal Fc m 330 Part X, line 1 Other Liabilities. Complete the organization answere line 25. | ed "Yes" on Form 990, Par lescription (5, col. (B)) | t IV, line 11e or 11f. See Form 990, Part X, |
| al. (Columnart IX | Other Assets. Complete if the organization answere (a) D Imm (b) must equal Fc m 330 Part X, line 1 Other Liabilities. Complete the organization answere line 25. | ed "Yes" on Form 990, Par lescription (5, col. (B)) | t IV, line 11e or 11f. See Form 990, Part X, |

| Sched | (ule D (Form 990) 2023 GREATER COCOA COMMUNITY PARTNERSHIP INC | | 59-3392/95 | Page 4 |
|-------|---|---|--|---------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statement | | Return. | |
| _ | Complete if the organization answered "Yes" on Form 990, Part | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 285 AL 90 AL TEL N. 90 S90 X SE | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | Lo. I | Total State of | |
| a | Net unrealized gains (losses) on investments | 2a | - 123 | |
| þ | Donated services and use of facilities. | 2b | | |
| Ç | Recoveries of prior year grants | 2c | David Control | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 1 1 | 3 | 0 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b. | 4a | | |
| þ | Other (Describe in Part XIII.) | 4b | | |
| C | Add lines 4a and 4b | | -Ø4c | 0 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 0 |
| Par | Reconciliation of Expenses per Audited Financial Statemen | is with Emperises per | Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part | IV, III e 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: | lane I | The state of | |
| а | Donated services and use of facilities | Va . | 2733 | |
| b | Prior year adjustments | 20 | 0.85 | |
| С | Other losses | 20 | | |
| d | Other (Describe in Part XIII.) | 2d | - | 0 |
| е | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 1 1 1 1 1 1 1 1 1 | 3 | 0 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | (1 EX) | |
| b | Other (Describe in Part XIII.) | 4b | Company of the Compan | 0 |
| - C | Add lines 4a and 4b. | 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 0 |
| Part | XIII Supplemental Information. | | | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9 art II, lines 1a and 4; F | art IV, lines 1b and 2b; Pa | art V, line 4; Part X | ., line |
| 2; Pa | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro | vide any additional inform | ation | |
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| | om 990) 2023 GREATER COCOA COMMUNITY PA | ARTNERSHIP, INC | 59-3392795 | Page 5 |
|-------------|---|---|---|---------|
| Part XIII | Supplemental Information (continued) | | | |
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SCHEDULE G (Form 990)

Department of the Treasury

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.cov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

| | Revenue Service Go If the organization | to www.irs.gov/For | mago for inte | ardetions and | d the latest information. | Employer identificati | on number |
|---------|--|--|--------------------------|---|-------------------------------------|--|---|
| | TER COCOA COMMUNITY PARTN | ERSHIP, INC | | | | 59-33 | |
| Par | The state of the s | omplete if the | organizat | ion answ | ered "Yes" on For | m 990, Part IV, li | ne 17 |
| 1 | Indicate whether the organization ra | aised funds throu | gh any of | the followir | ng activities. Check | all that apply. | |
| a | X Mail solicitations | | e S | olicitation o | of non-government g | rants | |
| b | X Internet and email solicitations | | | | of government grant | S | |
| С | X Phone solicitations | | g X S | pecial fund | Iraising events | | |
| d | X In-person solicitations | | | | | | |
| 2a | Did the organization have a written | or oral agreemer | nt with any | individual | (including officers, o | directors truste is, o | Yes X No |
| | key employees listed in Form 990, I If "Yes," list the 10 highest paid indi | Part VII) or entity viduals or entities | in connec s (fundrais | tion with pi ers) nursua | rofessional fundrals | ng services r | |
| b | be compensated at least \$5,000 by | | | 010) paros | | | |
| | (I) Name and address of individual or entity (fundraiser) | (ii) Activity | custody o | draiser have r control of utions? | (iv) Gross receipts from ctivity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| 1166 | | | Yes | No | \sim | | |
| 1 | | | | 4 | 0 | 0 | 0 |
| 2 | | | | 1 | 0 | 0 | 0 |
| 3 | | | | | 0 | 0 | 0 |
| 4 | | | - | | 0 | 0 | 0 |
| 5 | | | C | | 0 | 0 | 0 |
| 6 | | | 1 | | 0 | 0 | 0 |
| 7 | | | - | | 0 | 0 | 0 |
| 8 | | | | | 0 | 0 | 0 |
| 9 | • | | | | 0 | 0 | 0 |
| 10 | C | 1 | | | 0 | 0 | 0 |
| Tetal | 0 | | | 9 43 | 0 | 0 | 0 |
| Total 3 | List all states in which the organization or lic using. | ion is registered | or licensed | d to solicit | contributions or has | been notified it is e | xempt from |
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GREATER COCOA COMMUNITY PARTNERSHIP, INC Schedule G (Form 990) 2023 59-3392795 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II 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 (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through col. (c)) NONE **CRAFT SHOWS** (total number) (event type) (event type) Revenue 0 298,594 298,594 Gross receipts 0 2 Less: Contributions Gross income (line 1 298,594 minus line 2). 298,594 Cash prizes... Noncash prizes Direct Expenses 0 Rent/facility costs 0 Food and beverages 0 0 Entertainment. 0 75,927 Other direct expenses 75,927 75,927) 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) 222,667 st income summary. Subtract line 10 from line 3, column (d).

Gaming. Complete if the organization answere "Yes" in Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add col. (a) through col. (c)) Revenue Pull tabs/instant (a) Bingo (c) Other gaming ogressive bingo 0 Gross revenue 1 0 Direct Expenses Cash prizes . 0 Noncash prizes 0 Rent/facility costs Λ 5 Other direct expenses Yes Yes Nο No Volunteer labor 0) nes 2 through 5 in column (d). Direct expense suff 0 Net gaming i come 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? |
| b | If "No," explain: |
| | |
| 10a b | Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No |

| Sched | Jule G (Form 990) 2023 | GREATER COCOA | COMMUNITY | PARTNERSHIP. IN | IC | 59-3 | 392795 | Page |
|-------|--|--|------------------|-----------------------|--|-----------------------------|---------------------|------|
| 11 | Does the organization of | conduct gaming activitie | es with nonme | mbers? | | [| Yes | X No |
| 12 | Is the organization a graformed to administer ch | antor, beneficiary or trunaritable gaming? | stee of a trust, | or a member of a p | partnership or other entit | ў . п. е е [| Yes [| X No |
| 13 | Indicate the percentage | of gaming activity con | ducted in: | | | 71 | 14 | |
| а | | | | | - 55 - 66 - 69° F | . 13a | | % |
| 14 | An outside facility Enter the name and addrecords: | dress of the person who | o prepares the | organization's gam | ning/special events book | | | 70 |
| | Name N/A | | | | | } | | |
| | Address | | | ************ | - 1 | | ****** | |
| 15a | revenue? | w | a a - 1 18 18 1 | | | (ac. a) + | Yes [| No |
| b | If "Yes," enter the amou amount of gaming rever | nue retained by the thir | d party \$ | e organization \$ | \$ 0 and t | he | | |
| С | If "Yes," enter name and | d address of the third pa | arty: | | | | | |
| | Name N/A | | | | <u> </u> | ******** | ******** | |
| | Address | | | | ~ J | | | |
| 16 | Gaming manager inform | nation: | | 111 | | | | |
| | Name | | | / , \\ | | | | |
| | Gaming manager compe | ensation \$ | | X | | | | |
| | Description of services p | orovided | |) | | | | |
| | Director/officer | Employee | 1 | Independent of | contractor | | | |
| 17 | Mandatory distributions: Is the organization requi | irod under state lau | ka haritah | la dietributione from | the gaming proceeds to | , | | |
| а | retain the state gaming I | license? | .)) | C 30 30 10 30 30 10 | | | Yes [| No |
| b | Enter the amount of dist spent in the organization | | | | ner exempt organizations | s or | | O |
| Part | Part III, lines 9, | Information. Sovid 9b, 101 15b 15c, 1 | e the explan | ations required by | y Part I, line 2b, colur so provide any additio | mns (iii) an mal informa | d (v); ar ation. | nd |
| - | See instructions | 0 | | | | | | |
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer Identification number

| GREATER COCOA COMMUNITY PARTNERSHIP, INC | 59-3392795 |
|---|--|
| | O PREPARED BY INDEPENDANT |
| Form 990, Part VI, Line 11A: COPIES AVAILABLE UPON REQUEST. FORM 99 | |
| ACCOUNTANT CPA WITH ANY QUESTIONS BEING ANSWERED BY THE AS | SOCIATION TREASURER. |
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| Schedute O (Form 990) 2023 Name of the organization | Page 2 Employer identification number |
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| GREATER COCOA COMMUNITY PARTNERSHIP, INC | 59-3392795 |
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Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2023

Summary of Qualified Property by Activity

| | Activity | Unadjusted Cost or Basis |
|---|----------|-----------------------------|
| 1 | 990 | 1,500 |

Detail of Qualified Property

| | Acti | eitre | Asset Description | Date In Service | Recovery Period | Years in Service | Total Cost or Basis | Business/Time Use Percent | Unadjusted Cost or Basis |
|---|-------|-------|-------------------|--------------------|--------------------|---------------------|------------------------|------------------------------|-----------------------------|
| - | AGII | vity | Asset Description | Delaice | | 0011100 | | | 1.554 |
| 1 | 2 990 | | OFFICE EQUIPMENT | 7/1/2023 | 7.0 | 1 | 1,500 | 100.00% | 1,500 |



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Not For Profit Corporation
GREATER COCOA COMMUNITY PARTNERSHIP, INC.

Filing Information

 Document Number
 N96000002302

 FEI/EIN Number
 59-3392795

 Date Filed
 04/24/1996

State FL

Status ACTIVE

Last Event AMENDMENT
Event Date Filed 10/27/2014
Event Effective Date NONE

Principal Address

434 DELANNOY AVE

Suite 204

COCOA, FL 32922

Changed: 01/21/2020

Mailing Address

P O Box 1

COCOA, FL 32923

Changed: 08/28/2019

Registered Agent Name & Address

Shaia, Pam

434 Delannoy Ave

Suite 204

COCOA, FL 32922

Name Changed: 01/12/2021

Address Changed: 01/21/2020

Officer/Director Detail
Name & Address

Title Secretary

Elliott, Nancy 434 DELANNOY AVE Suite 204 COCOA, FL 32922

Title VP

Kirkpatrick, Emma 434 DELANNOY AVE Suite 204 COCOA, FL 32922

Title Treasurer

Bartuccio, Laurie 434 DELANNOY AVE Suite 204 COCOA, FL 32922

Title President

Shaia, Pam 434 DELANNOY AVE Suite 204 COCOA, FL 32922

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| 05/30/2000 ANNUAL REPORT | View image in PDF format |
| 09/20/1999 ANNUAL REPORT | View image in PDF format |
| 02/16/1998 ANNUAL REPORT | View image in PDF format |
| 03/21/1997 ANNUAL REPORT | View image in PDF format |
| 04/24/1996 DOCUMENTS PRIOR TO 1997 | View image in PDF format |

For TDO use: PROJECT #- C9-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | Cocoa Beach Main Street | |
|------------------------------|-------------------------|--|
| Applicant Event Name: | Year-round programming | |

| | Yes | No | Comment |
|------------------------------------|-----|----------|----------|
| Completed questionnaire | Х | | |
| Copy of 990 form (if applicable) | Х | | |
| Copy of IRS Articles of | | Х | 01/A day |
| Incorporation – (if applicable) | | N/A - dw | |
| Copy of IRS Determination letter – | X | | |
| (if applicable) | _ ^ | | |
| Copy of SunBiz.org (if applicable) | Х | | |
| Copy of this MSP checklist | Х | | |

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

| Cranis, | Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:03:23 -04'00' |
|---------|---|
| | |

Peter Cranis, Executive Director

FY 2024-2025 Warketing Support Program application

Response ID:32 Data

| 2. (| u | nti | t | e | ď |
|------|---|-----|---|---|----|
| 1 | - | | ш | | ◡, |

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



Signature of: Kenne Wells

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Cocoa Beach Main Street

Organization address

PO Box 320627

State

FL

City

Cocoa Beach

Zip

32932

Primary contact name

Kenne Wells

Primary contact phone number

3216933159

Primary contact email

kenne.cbms@gmail.com

Secondary contact name

Layne Alvarez

Secondary contact phone number

321-698-8800

Secondary contact email

laynejalvrez@gmail.com

Organization website address

https:///www.cocoabeachmainstreet.org

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

47-3225476

7. (untitled)

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

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

8. (untitled)

1. E7 ENT INFORMATION

Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Social hashtags

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

Other - Please be specific: flyers and posters

13. (untitled)

9. What are your social media handles?

Facebook : Cocoa Beach Main Strett Instagram : cocoabeachmainstreet2

14. (untitled)

.. What hashtags do you use?

#cocoabeachmainstreet

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Website/blog

17. (untitled)

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

CBMS_IRS_Determination_Letter.pdf

18. (untitled)

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

2024-07-10_15-14_990_(1).pdf

19. (untitled)

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

20. (untitled)

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

Sunbiz.pdf

21. (untitled)

15. Upload your completed Checklist.

Checklist.pdf

22. (untitled)

16.

ATTESTATION

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



Signature of: Kenne Wells

23. Thank You!

New Send Email

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

Date.

JUN 17 2015

COCOA BEACH MAIN STREET INC 69 N ORLANDO AVE COCOA BEACH, FL 32931-2910

Employer Identification Number: 47-3225476 DLN: 17053090315025 Contact Person: JACOB A MCDONALD ID# 31649 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: November 18, 2014 Contribution Deductibility:

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.

Yes

Addendum Applies:

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

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

Sincerely,

Director, Exempt Organizations

Letter 947

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

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.

For the 2023 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Address change 47-3225476 Name change COCOA BEACH MAIN STREET, INC. E Telephone number Room/suite Initial return Number and street (or P O box if mail is not delivered to street address) 916-805-4440 Final return/terminated PO BOX 320627 F Group Exemption Amended return City or town, state or province, country, and ZIP or foreign postal code Number Application pending COCOA BEACH FL 32932 X if the organization is not Check Accounting Method: X Cash Accrual Other (specify) required to attach Schedule B N/A Website: (Form 990). 4947(a)(1) or X 501(c)(3) Tax-exempt status (check only one) -501(c) (Other Form of organization: X Corporation Trust 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 190,901 (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) X Part I Check if the organization used Schedule O to respond to any question in this Part I 50,184 Contributions, gifts, grants, and similar amounts received 140,717 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 5b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than 6a \$15,000) of contributions Gross income from fundraising events (not including § from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6c c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7a Gross sales of inventory, less returns and allowances 7a 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) 190,901 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 63,052 12 Salaries, other compensation, and employee benefits 12 67,015 13 Professional fees and other payments to independent contractors 13 7,024 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 66,947 16 16 Other expenses (describe in Schedule O) 204,038 17 Total expenses. Add lines 10 through 16 17 -13,13718 Excess or (deficit) for the year (subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20,993 19 end-of-year figure reported on prior year's return) 345 20 Other changes in net assets or fund balances (explain in Schedule O) 8,201 21 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

, (O23)

Balance Sheets (see the instructions for Part II)

| the organization used Schedule O to r | espond to any question in this Part II | | Х |
|---------------------------------------|--|-----------------|----|
| @ Cash, savings, and investments | (A) Beginning of year | (B) End of year | |
| 23 Land and buildings | 9,767 | 22 23, | 72 |
| 21 | 2 770 | 2 | 77 |

47-3225476

23 Land and b 24 Other assets (describe in Schedule O) 14,854 24 25 Total assets 28,393 25

26 Total liabilities (describe in Schedule O) 27,496 7,400 26 20,993 27 19,295 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 8,201 Statement of Program S.

| Check if the organization used Schedule O to respond to any question is | uctions for Part III) | Expenses |
|--|---|--------------------------------|
| SEE SCHEDULE O | (Require | ed for section) and 501(c)(4) |
| Describe the organization's program service accomplishments for each of its three largest program as measured by expenses. In a clear and concise manner, describe the services provided, the numpersons benefited, and other relevant information for each program title. | services, organiza other of others) | tions; optional for |
| 28 SUPPORT COCOA BEACH COMMUNITY AND BUSINESS WITH COMMUNITY DEVOLPMENT COMMUNITY SUPPORT | r and | |
| (Grants \$) If this amount includes foreign grants, check here 29 | 28a | 62,810 |
| (Grants \$) If this amount includes foreign grants, check here | 29a | |
| (Grants \$) If this amount includes foreign grants, check here | 30a | |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here | 31a | 90,493 |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 153,303 |

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV Part N

| (a) Name and trile | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|--|--|--|
| LAURA KASS | | | | |
| SECRETARY | 2.00 | 0 | 0 | 0 |
| MICHELLE OGDEN | | | | |
| VP | 2.00 | 0 | 0 | 0 |
| LAYNE ALVAREZ | | | | |
| TREASURER | 5.00 | 0 | 0 | 0 |
| LESLIE KADLETZ | | | | |
| PRESIDENT | 2.00 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | 16 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 444 |

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.

| | Did the americal | - Is | es | No |
|-------|--|--------|--------|------------|
| 7. T. | Old 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. | | | 110 |
| 2.4 | detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the copy of the amended documents if they reflect a change to the copy of the amended documents if they reflect a change to the copy of the amended documents if they reflect a change to the copy of the amended documents if they reflect a change to the copy of the amended documents if they reflect a change to the copy of the copy of the amended documents if they reflect a change to the copy of | | 1 | 931 |
| | | 1 3 | | |
| 25- | | 34 | | X |
| 358 | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported as lives 0.00 or more during the year from business | 120 | | |
| | and 7a among others)? | 35a | | X |
| ь | The storting and the organization filed a Form 990-T for the year? If "No " provide an explanation in Schedule O | 356 | | |
| C | the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice. | | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 372 | Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] | | | |
| ь | Did the organization file Form 1120-POL for this year? | 37b | | X_ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were | | | |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | # "Yes," complete Schedule L, Part II, and enter the total amount involved | 100 | | |
| 39 | Section 501(c)(7) organizations Enter | 1 | | III) |
| 3 | faitiation fees and capital contributions included on line 9 | | 1 13 | |
| 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 | | 138 | |
| | section 4911, section 4912, section 4955 | - 1 | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958. | | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | | - | |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | _ | X_ |
| C | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | | - | |
| | on organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | - 131 | - 1 | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | | - 1 | |
| | 40c reimbursed by the organization | - 1000 | | |
| 6 | At organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | 100 | - | |
| | transaction? If "Yes," complete Form 8686-T | 40e | | <u>x</u> _ |
| 41 | List the states with which a copy of this return is filed NONE | | * 4 | 40 |
| 422 | THE STREET OF STREET OF THE ST | 16-805 | -44 | 40 |
| | 25 M ORLANDO AVE | 2931 | | |
| | | _ | - | - |
| ŧ. | | | | No: |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | - |
| | 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 | - | 108 | |
| | Firancial Accounts (FBAR) | | -343 | |
| | At any time during the calendar year did the organization maintain an office outside the United States? | 42c | | x |
| | If "Yes," enter the name of the foreign country | | | - |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in New of Form 1041 — Check here | | | |
| | and enter the amount of tax-exempt interest received or account during the tax year. | | | |
| | | Y | 85 1 | No |
| 44 | Did the organization maintain any donor advised funds during the year? If "Yes." Form 990 must be | | | |
| | completed instead of Form 990-E2 | 44a | | X |
| 6 | Clid the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44b | | X |
| c | | 44c | | X |
| d | | | | -22 |
| | explanation in Schedule O | 44d | | |
| 45a | | 45a | | x |
| b | | 100 | | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | 1 |
| 20.00 | Form 990-EZ. See instructions | 45b | 1 | x |
| DAA | | | E7 100 | _ |

| | 1.7 (202 | 3) | COCC | DA E | BEACH | MAIN | Cmr | | 02200000 | | | | | | | | | |
|--------|--------------|------------------|--|----------|--------------|------------------|-----------|---|--------------------------------------|--------------|--|--------------|---------------------------------------|--------------------------|-------------------|------------|-------------------|--------------|
| , | | | | | | | SIR | EET, | INC. | | 47-3 | 22547 | 5 | | | | Р | age 4 |
| 3. | o candida | janize tes fo | ition enga | ge, din | ectly or in | directly, in | politica | l campaid | an activitio | 0 00 hab | nalf of or in oppo | | | | - | | Yes | No |
| Part | VI | Sect | public off | (C)(3) | "Yes," co | omplete So | hedule | C, Part I | ALL RCHAINS | s on ber | all of or in oppo | sition | | | - 1 | 46 | | x |
| | | | | | | | | | | | | | | | | 40 | | |
| | | 50 ar Chec | nd 51. k if the o | rgani | zation us | sed Scho | dula O | swer qu | estions 4 | 7–49b a | and 52, and co | mplete th | e table | s for li | nes | | | |
| 47 [| Did the on | פוחמו | tion ones | | | od Oche | udie O | to respo | ond to any | y quest | ion in this Par | : VI | | | | | | |
|) | rear? If "Y | es." c | omplete S | ge in ii | obbying a | ctivities or | have a | section 5 | 01(h) elec | tion in el | flect during the t | ax | | | Г | - | Yes | No |
| | | | | | | | | | | | Schedule E | | | | L | 47 | | X |
| | | - | THE STATE OF THE S | anny Li | ansiers u |) An eyem | ni nan a | hacitable | if "Yes," co | mplete : | Schedule E | | | | - | 48 | | X |
| | , | | Loigied Of | ryanızı | Btion a se | ction 527 a | acinamo | tion? | | | | | | | - | 49a 49b | | _ |
| 50 (| Complete | this te | ible for the | orgar | nization's | five highes | st compe | ensated e | mployees | (other th | nan officers, dire | ctors, trust | ees, and | d kev | | 450 | | |
| | employees | s) who | each reco | eived r | nore than | \$100,000 | of comp | pensation | from the | organiza | ition. If there is r | one, enter | "None." | | | | | |
| | | | ame and tit | | | | | (b) / | Average per week I to position | (Forms | e) Reportable compensation s W-2/1099-MISC) 1099-NEC) | (d) He | aith bene ons to en it plans, i | rfits, iployee and | (e) Esti other | | d amou censati | |
| NO | NE | | | | | | | | | | | | | | | | | |
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| 51 | Complete | this ta | other emp able for the apensation | organ | uzation's f | ive highes | t compe | | | t contrac | ctors who each | eceived m | ore than | 1 | | | | |
| | (| a) Nan | ne and busi | ness ad | idress of ea | ach indepen | ndent con | tractor | | | (b) Ty | e of service | | | (c) Co | mpen | satton | |
| BIOR | œ | | | | | | | | | | | | | | | | | |
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| _ | | | other inde | • | | | | • | | tions m | ist attach a | | | | | | | _ |
| 52 | completed | | | 1515 30 | A BUUDE A | HUE. A | aocuon | JU 1(U)(J | , organiza | uono mu | ist attach a | | | | X | Yes | | No |
| | penalties of | perjur | y I declare | | | | | | | | and statements, a h preparer has an | | | unowied | ge and b | ellef, i | t is | |
| | 2.1301 3110 | pic | sector at | р | 252.0. (0) | | ,_,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | _ | |
| Sign | | | MAYNE | | AREZ | | | | | | TREASUR | ile ZR | | | | | | |
| Here | | _ | or bring traite | | | | | | | | | | | | 1, 1 | | | |
| | Pnn | t/Type (| нарагая в палт | ne | | | Pre | barat a sidu | ature | | | Date | | Check | 4 | PTIN | | |
| Paid | VIC | TORL | A B LOC | KARD | | | VZ | TORIA | B LOCK | ARD_ | | 05/ | 01/24 | seif-em | | 2010 | 3249 | 6 |
| Prepa | arer Fun | 6 Falentie | | | | LOCK | | | | | | | Firms | EIN | 59- | 25: | 198 | 64 |
| Use C | Only Firm | s addre | | | | TH BAI ACH, I | | RIVE 32931 | er bl' | 7 D . | | | Phone | _{no} 3: | 21-7 | 84 | -45 | 15 |
| May th | ne IRS disi | cuss t | his return v | | | | | | | | 79 | | * | | | Ye 990 | s_)-EZ | No (2023) |

0ULE **A** (990)

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

Open to Public

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.)

- 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).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- B A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 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.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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
 - 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.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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

| (i) Name of supported organization | (II) EIN | (III) Type of organization (described on lines 1-10 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of alber support (see instructions) |
|------------------------------------|----------|---|---------------|---------------------------------------|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (8) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | 1 | | | |
| Fotal . | | | | | | |

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

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.)

| secti | on A. Public Support | idio to quality t | inder the tests | s listed below, pi | ease complete | rai(iii) | |
|-------|---|--------------------------|---------------------|-------------------------|----------------------|------------|-------------------|
| | ar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 (| Sifts, grants, contributions, and nembership fees received. (Do not | (4) 2013 | (0) 2020 | (6) 2021 | (0) 2022 | (0) 2020 | |
| | nclude any "unusual grants.") | 56,319 | | 38,901 | 8,206 | 50,184 | 153,610 |
| _ | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | 50 104 | 153,610 |
| 4 | Total. Add lines 1 through 3 | 56,319 | | 38,901 | 8,206 | 50,194 | 193,910 |
| 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) | | | | | | 153,610 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | tion B. Total Support | | | 1 | (d) 2022 | (e) 2023 | (f) Total |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | B, 206 | 50,184 | 153,610 |
| 7 | Amounts from line 4 | 56,319 | | 38,901 | 8,206 | 30,,203 | |
| 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 | | | 1 | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets | | | 1 | | | |
| | (Explain in Part VI.) | | | | | | 153.610 |
| | Total support Add lines 7 through 10 | | | 1 | | 12 | 362,810 |
| 11 | Gross receipts from related activities, etc. | (see instructions) | | 68h inv vent 19 | a section 501(c)(3 |) | |
| 12 | Sizes 5 years. If the Form 990 is for the o | irganization 5 III 51, 5 | econd, third, four | n, or fifth tax year as | d 3000011 01 (11) | | |
| 12 | new read ctop he | 10 | | | | | |
| 5 | | | itage | -a (D) | | 14 | 100.00% |
| 1 | 2 Subject support percentage for 2023 (line | P COlmun (1) grange | o by land | nn (1)) | | 15 | 100.00% |
| 1 | | hedule A. Part II, lin | e 14 | and line 14 is | 33 1/3% or more, cl | nack this | X |
| | 22 4/39/ support test - 2023. If the org | ganization did not di | | SIM | | | - |
| - | 5a 33 1/3% support test — 2023. If the organization que box and stop here. The organization que | alifies as a publicly | supported organic | 13 or 16a, and line | 15 is 33 1/3% or mo | ore, check | |
| | 5 33 1/3% support test - 2022. If the of | ganization did not w | i mad or | anization | | | |
| | the box and stop here. The organization | ii quaimos as s pass | -time did not chec | k a box on line 13, 10 | 6a, or 16b, and line | 14 15 | |
| | 17a 10%-facts-and-circumstances test — | 2023. Il (110 uigana | - inners lest | check this hox and s | top here. Explain | n | |
| | 10% or more, and if the organization me Part VI how the organization meets the f | ME IND TACKS ATTO-CO | nces test. The org | anization qualifies as | a publicly support | ed De | |
| | Part VI from the organization meets the t | acis-ano-chounce | | | | | |
| | omanization | | dia | t a boy on line 13. 1 | 6a. 16b, or 17a, an | o ilua | |
| | organization b 10%-facts-and-circumstances test — | a mosts the facts | ind-circumstances | test check this box | and stop here. Ex | plain | |
| | n Part VI how the organization meets to | s facts-and-circums | itances test. The c | vidaurstkou draninas | as a briplicit anbbr | omo | |
| | organization 18 Private foundation, if the organization | did not check a box | on line 13, 16a, 1 | 60, 17a, or 17b, che | ck this box and sae | | |
| | 18 Private foundation, if the organization | CITA HAL CHOOL & Dev. | | | | | A (Form 980) 202 |
| | inghardiens | | | | | Schedule | W (LOUIT 200) TOP |

instructions

COCOA BEACH MAIN STREET, INC. Support Schedule for Organizations Described in Section 509(a)(2)

| 1 | (Complete only if you chee | rganizations | MAIN STR | EET, INC | | | |
|--------|--|-------------------------|--------------------------|----------------------------|----------------------------|----------------|------------------|
| | (Complete only if you ched if the organization fails to on A. Public Support ar year (or fiscal year beginning in) | cked the box o | Described in | Section 509(a) | (2) | 7-3225476 | P |
| secti | on A. Public Support | qualify under | he tests lies a | art I or if the org | ianization failer | l to qualify. | |
| raieno | ar year (or fiscal year beginning in) | | ic tests listed | below, please | complete Part I | to quality und | er Part II |
| 1 . | offs grants contributions and | (a) 2019 | | | | | |
| 7 | aceived (Do not include any "unusual grants") | | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 10.7. |
| 4 1 | TISS PRODUNTS former | | | | | (4) 2025 | (f) Total |
| 5 | old or services performed, or facilities | | | | | | |
| C | organization's tax-exempt purpose | | | | l I | | |
| 3 (| Gross receipts from activities that are not an increated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | 1 | | |
| | organization's benefit and either paid | | | | | | |
| if | to or expended on its behalf | | | | | | |
| | The value of services or facilities | | | | | | |
| 7.7 | 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 | | | | | | |
| | 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 fines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | · | | | | |
| | kne 5) | | | | | | |
| _ | tion B. Total Support | | | | | | |
| | ndar 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 | | | 1 | 1 | 1 | |
| | payments received on securities loans, rents | | ļ. | | | 1 | |
| | royallies and income from similar sources | | | | | | |
| ь | 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 | | | - | 1 | | |
| •• | activities not included on line 10th 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 Pan VI) | | | | | | |
| 13 | Total support (Add lines 9 10c 11 | | | | | | |
| | and 12) First 5 years. If the Form 990 is for the org | anyation a fuel Be | cond third lourth | or liftin tax year as | a section 501(c)(3) | | |
| 14 | organization check this our and stop here | | | | | | |
| 80 | ction C. Computation of Public Su | pport Percent | age | | | | |
| 15 | Public audicon percentage for 2023 (fine 8 | column (f) divided | by large 13; collustry | ı (f)) | | 15 | % % |
| • • | Dunier supports percentage from 2022 Sorie | dule A Part III line | 15 | | | 16 | - 4 |
| Se | ction D. Computation of Investme | nt Income Per | centage | | | 17 | % |
| 17 | investment income percentage for 2023 (III | ne 10c coluini (f) i | divided by brie 13 | CONUMN (T)) | | 18 | % |
| 18 | from 2022 8 | Consortules A. Part III | lands 17 | | more than 33 1/3%. | - | |
| 192 | 33 1/3% aupport tests — 2023 If the organism | arication did not on | DON UND DOX ON MA | aides as a publiciv | Supported organize | nod | |
| | 17 is not more than 33 1/3% check this box 33 1/3% support tests — 2022 if the orgi | an inches and and Ne | mark a hork out behall l | 40 CH 20/20 15/61 40 and n | ING 10 of bridge a process | | |
| b | | a war and alon har | m I Dan CYCLAULZINAA | i differentia an a ban | many death for a | nization | |
| | line 18 is not more than 33 1/3% gneck the Private foundation. If the organization did | I not check a box on | Mine 14 19a or 1 | 9b check this box 8 | nd see instructions | | (Form 990) 2023 |
| 20 | Private foundations, it the organization are | | | | | Schedule A | (LOLNI 224) FOFO |

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

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
 - 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
 - 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.
 - 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.
 - 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.
 - 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)
 - 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).
 - 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?
 - 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.
 - 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).
 - 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).
 - 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.
 - 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 Oid 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.
 - 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.
 - 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.)

| | Yes | No |
|-----|----------|-----|
| | | |
| 1 | | |
| | | |
| 2 | | |
| | | |
| 3a | | |
| 3b | | No. |
| | W-10 | |
| 3с | | |
| 4a | | |
| | Their | |
| 4b | | |
| | | |
| | 100 | |
| 4c | 7 asy | |
| | | |
| | | E |
| 5a | 100 | ie |
| 5b | | |
| 5c | | |
| | | |
| 6 | | |
| | | |
| 7 | | |
| | | |
| 8 | | |
| 9a | Presca S | |
| | | |
| 9b | | |
| 9c | | |
| | | |
| 102 | Name of | |
| 10k | A (Form | |

| | COCOA BEACH MAIN STREET, INC. 47-3225 | 476 | | Page 5 |
|---------|--|------------------------|-----|-----------|
| | Supporting Organizations (continued) | | Yes | No |
| 1/0 | | | 162 | 140 |
| 7 | 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 | 11a | | |
| | 11c below, the governing body of a supported organization? | 11b | | |
| b | A family member of a person described on line 11a above? | a Little | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | 11c | | |
| | provide detail in Part VI. | | | |
| Section | on B. Type I Supporting Organizations | | Yes | No |
| | - control of membership of one or | | 100 | |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | 19 X |
| | | | | an by |
| | more supported organizations have the power to regularly appoint of elect at location of the supported organization or the supported organization of the supported organization of the supported organization or the sup | 1 | 475 | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part Viriou die supported effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported effectively operated, supervised, or controlled the organization's activities, directors, or trustees were allocated among the | | | |
| | effectively operated, supervised, or controlled the organization's activities, if the organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | 1 | - | |
| | organization, describe how the powers to appoint and/or remove officers, another powers during the tax year, supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year, supported organization other than the supported | | | 1000 |
| 2 | supported organizations and what conditions of restrictions, in any appared Did the organization operate for the benefit of any supported organization other than the supported Did the organization operate for the benefit of any supporting organization? If "Yes," explain in Part | | | 100 |
| - | Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part organization(s) that operated, supervised, or controlled the supported organization(s) that operated, | | | - |
| | VA how providing such benefit carried out the purposes of the | 2 | | |
| | as sized as controlled the supporting organization. | | Yes | No |
| Sec | ion C. Type II Supporting Organizations | | Tes | 140 |
| 000 | the tayyour also a majority of the directors | | | Say |
| 1 | Were a majority of the organization's directors or trustees during the tax year also diversely and other with the organization's supported organization(s)? If "No," describe in Part VI how control or trustees of each of the organization's supported organization was vested in the same persons that controlled or managed | 200 | | 1 |
| • | or trustees of each of the organization's supported organization(s)? If the same persons that controlled or managed | 1 | | |
| | or trustees of each of the organization's supported organization(s)? If No, describe when the organization or trustees of each of the supporting organization was vested in the same persons that controlled or managed or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | | Yes | No |
| Sec | tion D. All Type III Supporting Organization | 1000 | | 200 |
| | to a day of the fifth month of the | 10 | | 1 |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the introduced during the prior tax organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax organization's tax year, (ii) a written notice describing the type and amount of support provided (iii) copies of the | | | 100 |
| | taken's tay year (i) a written notice and the state of politication and (iii) copies of the | 1 | | |
| | and a second of the Porm 990 that was men and the extent not previously provides. | | | |
| | -tion's doverning documents in the supporter of elected by the supporter | | | |
| 2 | - the organization S Unicolar and a second s | 2 | | |
| | the control of (ii) serving on the governor | | | |
| | to a manifestion maintained a closs situation and a supported organization's supported organization's respectively. | | | |
| 3 | a seem of the relationship describes and the rise of the organizations | | | 10000 |
| | a significant voice in the organization's investment policies and in directing the use of who as significant voice in the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's income or assets at all times along in this regard. | 3 | | |
| | supported organizations played in this regard. Supported organizations played in this regard. Supported organizations played in this regard. | | | |
| - | supported organizations played in this regard. supported organizations played in this regard. supported organizations played in this regard. supported organizations played in this regard. supported organizations played in this regard. supported organizations played in this regard. supported organizations played in this regard. | s). | | |
| S | supported organizations played in this section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction Check the box next to the method that the Organization used to satisfy the Integral Part Test during the year (see instruction). | | | |
| | Check the box next to the method that the organization satisfied the Activities Test. Complete line 2 below. The organization satisfied the Activities Test. Complete line 3 below. | | | |
| | The expanization is the parent of each of its supported a governmental entity (assistance) | tructions). | Vac | No |
| | The organization supported a governmental and a support of the sup | | Yes | NO |
| | A division Test Answer lines Za and Zb below. | | | 1000 |
| | then in Part VI Identity | 100 | | |
| | the state furthered their exempt purposes, | | | |
| | those supported organizations and explain how these activities under how the organization determined | 2a | | |
| | how the organization was responsive to tribute to | | | |
| | that these activities constituted substantially | 1033 | | |
| | bit the admittes described on line 2a, above, described in? If | | | |
| | involvement, one or more of the organization's supported organization(s) would that its supported organization(s) would "Yes," explain in Part VI the reasons for the organization's involvement. | 2b | | |
| | "Yes " explain in Part VI the reasons for the organization of the property of | | | |
| | but for the organization's involvement | | | |
| | have engaged in these activities but to the | | | |
| | have engaged in these activities but to the state of the | 3a | | |
| | have engaged in these activities but to the source lines 3a and 3b below. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. 3 Parent of Supported Organization have the power to regularly appoint or elect a majority of the officers, directors, or a state of the source of the so | 3a | | |
| | have engaged in these activities but to the | 3a 3b Schedule A | | 9901 2023 |

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

| Type in the in the state of the | |
|--|---|
| check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See | ! |
| nstructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | |
| nstructions. All other Type in non-infictionally integrated supporting organizations must complete designs | Ī |

| instructions. All other Type III non-functionally integrated supporting organization A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|------|----------------------|--------------------------------|
| | ì | | |
| Net short-term capital gain | | | |
| Recoveries of prior-year distributions | 2 | | |
| Other gross income (see instructions) | 3 | | |
| Add lines 1 through 3. | 4 | | |
| Depreciation and depletion | 5 | | |
| 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 | | |
| (authorst lines F 6 and 7 from line 4) | 8 | | (B) Current Year |
| | | (A) Prior Year | (optional) |
| ection B - Minimum Asset Amount | | | |
| Aggregate fair market value of all non-exempt-use assets (see | - | | |
| Aggregate fair marker value of all non-exempt use descriptions | | | |
| instructions for short tax year or assets held for part of year): | 1a | | |
| a Average monthly value of securities | 1b | | |
| b Average monthly cash balances | 1c | | |
| c Fair market value of other non-exempt-use assets | 1d | | SALES FOR THE SALES |
| d Total (add lines 1a, 1b, and 1c) | | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | 2 | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 3 | | |
| 3 Subtract line 2 from line 1d. | t, | | |
| Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount | 4 | | |
| see instructions). | 5 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 6 | | |
| 6 Multiply line 5 by 0.035. | 7 | | |
| 7 Recoveries of prior-year distributions | 8 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | | | Current Year |
| Section C - Distributable Amount | | | |
| Adjusted net income for prior year (from Section A, line 8, column A) | 1_1_ | | |
| a an attenda | 2 | | |
| Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | and the state of the | |
| Minimum asset amount of prof year Enter greater of line 2 or line 3. | 4 | | |
| 189V imposed in Office Val | 5 | | |
| Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-function. | 6 | | |

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

| | COCOA BEACH MAIN S | | 47-32 | | 4 / 6 Pag |
|----------|--|----------------------|------------------------------|----------|-------------------------------|
| N | Type III Non-Functionally Integrated 509(a)(3) | Supporting Organizat | tions (continued) | | |
| anon | D - Distributions | | | | Current Year |
| Action | ounts paid to supported organizations to accomplish exempt purpos | es | | 1 | |
| 1 | nounts paid to perform activity that directly furthers exempt purposes | of supported | | | |
| 2 Ал | panizations, in excess of income from activity | | | 2 | |
| | ministrative expenses paid to accomplish exempt purposes of suppo | orted organizations | | 3 | |
| | nounts paid to acquire exempt-use assets | | | 4 | |
| Am | nounts paid to acquire exempt-use assets allified set-aside amounts (prior IRS approval required—provide deta | ails in Part VI) | | 5 | |
| Qu | palified set-aside amounts (prior IRS approval required provide set | | | 6 | |
| 5 Ot | her distributions (describe in Part VI). See instructions. | | | 7 | |
| 7 To | otal annual distributions. Add lines 1 through 6. | ition is responsive | | 8 | |
| 8 Di | stributions to attentive supported organizations to which the organizations | MION IO TOOP STATE | | \vdash | |
| (p | rovide details in Part VI). See instructions. | | | 9 | |
| 9 Di | istributable amount for 2022 from Section C, line 6 | | | 10 | /151A |
| 0 Li | ine 8 amount divided by line 9 amount | (i) | (ii) | | (iii) |
| | n E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributio Pre-2023 | ns | Distributable Amount for 2023 |
| 4 5 | Distributable amount for 2023 from Section C, line 6 | | | | |
| | tory for years noor to 2023 | O.V. | Ŷ | - 1 | |
| 2 (| Inderdistributions, if any, for years part VI). See (reasonable cause required—explain in Part VI). See | | | | |
| 53 | PARTICIPATION OF THE PARTICIPA | | | - | |
| 3 | Excess distributions carryover, if any, to 2023 | | | - | |
| - | From 2018 | | | - | |
| | From 2019 | | | - | |
| | From 2020 | | | - | |
| | From 2021 | | | - | |
| | From 2022 | | | - | |
| | t frame 2a through 38 | | | | |
| | to underdistributions of prior years | | | | |
| | | | 1 | | |
| <u></u> | Applied to 2023 distributable arrest and a structions (see instructions) Carryover from 2018 not applied (see instructions) Applied to 2023 distributable arrest and 3 from line 3f. | | | - | |
| <u>;</u> | Remainder Subtract lines 39, 511, 412 | | | | |
| 4 | Distributions for 2023 from | | | | |
| | | | | | |
| | a the underdistributions of phot years | | | | |
| 7 | b Applied to 2023 distributable and 4b from line 4. | | | | |
| | b Applied to 2023 distributable and 4b from line 4. c Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions to year line 2. For result | | | | |
| | any Subtract lines 3g and 4a Hort M. See instructions. | | V-Single Report Coll | | |
| | greater than zero, explain in Part VI. Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| 6 | Remaining underdistributions for 2000 and 4b from line 1. For result greater than zero, explain in | | | 4 | |
| | and 4b from line 1, For reason 5 | | | | |
| _ | Part VI. See instructions. 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 | | | | Schedule A (Form 990) |
| | e Excess from 2023 | | | | Scrieding w (r our 300) |

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Supplied 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.)

HEDULE O Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

COCOA BEACH MAIN STREET, INC.

Employer identification number

47-3225476

| FOR | M 990-EZ, PART I, LINE 16 - | - OTHER | EXPENSES | |
|-----|-----------------------------|---------|----------|-------|
| DES | SCRIPTION | | AMOUN | T |
| FR | IDAY FEST | | | |
| | TRAVEL | : | 3 | ,198 |
| la. | TRAVEL MEALS | : | \$ | 210 |
| | COST OF GOODS SOLD | : | \$ 27 | ,716 |
| EX | PENSES | | | |
| | ADVERTISING AND PROMOTION | ; | \$ 19 | ,125 |
| | TRAVEL | : | \$ 8 | ,355 |
| | OFFICE | | \$ | 638 |
| | INSURANCE | | \$ | 659 |
| | DONATIONS | | \$ | 944 |
| | WEBSITE | | \$ | 736 |
| | BUSINESS | | \$ 3 | ,816 |
| | POSTAGE | | \$ | 462 |
| | MEALS | | \$ 1 | .,088 |
| | | TOTAL | \$ 66 | 5,947 |

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES AMOUNT DESCRIPTION

PRIOR YEAR BOOK TAX AD

345 \$

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION

BEG. OF YEAR END OF YEAR

INVENTORIES FOR SALE OR USE

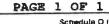
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

| ing a galaction | | | | |
|---|--------|---------|-------------------------------------|------------|
| COOR BEACH MAIN STREET, INC. | | T- | | D- 0 |
| FREPAID EXPENSES AND DEFERRED CHARGES | | 47- | er identification number 3225476 | Page 2 |
| RENT DEPOSIT | \$ | 12,380 | | 0 |
| | \$ | 500 | \$ | 0 |
| TOT | TAL \$ | 14,854 | \$ | 0 |
| FORM 990-EZ, PART II, LINE 26 - OTHER LIABILI | | | | |
| DESCRIPTION | TIES | | | |
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | BEG. | OF YEAR | END OF YEA | LIR |
| DEFERRED REVENUE | \$ | 7,400 | \$ 5,8 | 153 |
| SALES TAX | \$ | 0 | \$ 11,7 | 69 |
| | \$ | 0 | \$ 1,6 | 73 |

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE
SUPPORT THE LOCAL DOWNTOWN COCOA BEACH COMMUNITY AND BUSINESS THROUGH
COMMUNITY OUTREACH AND SOCIAL EVENTS.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT
SUPPORT COCOA BEACH COMMUNITY AND BUSINESS WITH COMMUNITY DEVOLPMENT AND





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

Document Number N14000010681

FEI/EIN Number 47-3225476

Date Filed 11/18/2014

State FL

Status ACTIVE

Last Event AMENDMENT

Event Date Filed 07/25/2016

Event Effective Date NONE

Principal Address

35 N Brevard Ave

Cocoa Beach, FL 32931

Changed: 08/24/2022

Mailing Address

PO Box 320627

Cocoa Beach, FL 32932

Changed: 06/30/2020

Registered Agent Name & Address

Wells, Kenne, Executive Director

35 N Brevard Ave

Cocoa Beach, FL 32931

Name Changed: 03/01/2023

Address Changed: 03/01/2023

Officer/Director Detail

For TDO use: PROJECT #- C3-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: _ | Cape Canveral Lighthouse Foundation | |
|--------------------------------|-------------------------------------|--|
| Applicant Event Name: | Year-round programming | |

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

| All documents have been submitted | l, reviewed and/o | r addressed in | the comments. |
|-----------------------------------|-------------------|----------------|---------------|
|-----------------------------------|-------------------|----------------|---------------|

| Cranis, Peter | Digitally signed by Cranis, Peter Date: 2024.10.17 11:03:48 -04'00' |
|---------------|--|
| | |

Peter Cranis, Executive Director

Response ID:23 Data

2. (untitled)

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



Signature of: Becky Zingarelli

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Cape Canaveral Lighthouse Foundation

Organization address

PO Box 1978

State

FL

City

Cape Canaveral

Zip

32920

Primary contact name

Laura Lee Walko

Primary contact phone number

321-541-0442

Primary contact email

cclf-marketing@canaverallight.org

Secondary contact name

Becky Zingarelli

Secondary contact phone number

321-704-9194

Secondary contact email

museumdirector@canaverallight.org

Organization website address

https://canaverallight.org/

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

01-0655841

7. (untitled)

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

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

8. (untitled)

1. E7 ENT INFORMATION

Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Digital advertising (banner ads, etc.)

Radio

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

Social hashtags

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

TV/Video

13. (untitled)

9. What are your social media handles?

Facebook: https://www.facebook.com/CCLighthouse/

Instagram: https://www.instagram.com/cclighthousefoundation/

YouTube: NA

14. (untitled)

,. What hashtags do you use?

#capecanaverallighthouse #capecanaveral #capecanaverallighthousefoundaton #canaverallighthouse #floridalighthouses #floridalighthousessociation #Lighthouses #preserve #History #SpaceCoast #Brevard #BrevardCounty #MerrittIsland #cocoabeachchamber #CocoaBeachNews #45thSpaceWing #florida #flalighthouses #spacelaunchdelta45 #lighthouse_lovers #lighthousesofinstagram #lighthouses_around_the_world #uslhs #lighthousepassport

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Apparel/promotion items (event t-shirts, giveaways, etc.)

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Radio

Social media post

Website/blog

Other - Please be specific: Tabling events

17. (untitled)

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

CCLF IRS 501c3 tax exempt letter - 2011.pdf

18. (untitled)

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

CCLF_990.pdf

19. (untitled)

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

20. (untitled)

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

CCLF_SinBiz_2024_Report.pdf

21. (untitled)

15. Upload your completed Checklist.

CCLF_MSP_checklist_9-4-2024.pdf

22. (untitled)

16.

ATTESTATION

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

Becks Zingarelli

Signature of: Becky Zingarelli

23. Thank You!

New Send Email

Oct 01, 2024 18:06:47 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com



In reply refer to: 0248662390 Apr. 07, 2011 LTR 416BC ED 01-0655841 000000 D0

00017077 BODC: TE

CAPE EANAVERAL LIGHTHOUSE FOUNDATION INC % JANE POWELE PO BOX 1978 CPE CAMAVERAL FL 32920-1978

Y.

:10693

Employer Identification Number: 01-0655841
Person to Contact: NR. PATTERSON
Toll Free Telephone Number: 1-877-029-5500

Dear TAXPAYER:

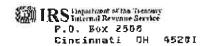
This is in response to your Mar. 29, 2011, request for information regarding your tox-except status.

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. $\label{eq:condition}$

Our records also indicate that you are not a private foundation within the meaning of section 509(a) or the Code becouse you are described in section(s) 509(a)(1) and 170(b)(1)(A)(v1).

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 purpuses if they meet the applicable provisions of sections 2005, 2106, and 2522 of the Code.

Places refer to our website www.lrs.gov/en for information regarding filing requirements. Specifically, section 6033(j) of the Code provinces 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. He 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.



In reply refer to: 0248662390 Apr. 07, 2011 LTR 416BC ED 01-0655841 000000 00 0001/07/ BODC: TE

CAPE EANAVERAL LIGHTHOUSE FOUNDATION INC % JANE POWELE PO BOX 1978 CPE CANAVERAL FL 32920-1978

1

:10691

Employer Identification Number: 01-0655841 Person to Contact: MR. PATTERSON Toll Free Telephone Number: 1-677-029-5500

Bear TAXPAYER:

This is in response to your Mar. 29, 2011, request for information regarding your tox-except 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) or the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(v1).

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.lrs.gov/an for information regarding filing coquirements. Specifically, section 6033(j) of the Code growings that failure to file an annual information return for three consecutive years results in revocation of tax-exempt slatus as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Form W-9 (Rev. March 2024) Department of the Treesury Internal Revenue Sarvice

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.

| Befor | you begin. For guidance related to the purpose of Form W-9, see Pu | rpose of Form, below. | | | _ | | | |
|--|---|---|------------------------|-----------------------|-------------------------|------------------------|-------------------|-------------------------------|
| | Name of entity/individual. An entry is required. (For a sole proprietor or dismentity's name on line 2.) | egarded entity, enter the o | wner's na | me on line | 1, and er | ter the b | วมเกิดเรา | s/diaregarded |
| | James Passarelli | | | | | | | |
| | Business name/disregerded snilty name, if different from above. Cape Canaveral Lighthouse Foundation | | | | | | | |
| age 3. | 3a Check the appropriate box for federal tax classification of the entity/individual only one of the following seven boxes. | ual whose name is entered | on line 1 | . Check | certa | in entitle | e, not ir | pply only to adviduals; |
| 8 | ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation | Partnership | ☐ Trust | /estate | | natructio | • | |
| 9 5 | LLC. Enter the tex classification (C = C corporation, S = S corporation, Note: Check the "LLC" box above and, in the entry space, enter the app | | for the fee | | Exempt | payee c | odo (il a | ny) |
| Print or type. | classification of the LLC, unless it is a disregarded entity. A disregarded box for the tax classification of its owner. Other (see instructions) Non-Profit | | | | | ance Act | | n Account Tex () reporting |
| Print or type. See Specific Instructions on page 3. | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and you are providing this form to a partnership, trust, or estate in which this box if you have any foreign partners, owners, or beneficiaries. See Instr | you have an ownership i | intereet, c | | | ies to ac talde the | | maintained States.) |
| 88 | 5 Address (number, street, and apt. or sulte no.). See instructions. PO Box 1978 | | 9. | er's name Passarel | | ss (optio | onal) | |
| | 6 City, state, and ZIP code Cape Canaveral, FL 32920 | | PO Bo | urer, CC ox 1978 | | 020 | | |
| | 7 List account number(s) here (optional) | | Cape | Canaver | 1, F1.32 | 970 | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | | |
| | our TIN in the appropriate box. The TIN provided must match the name | | | Social so | curily nu | mber | | |
| | o withholding. For individuals, this is generally your social security nun It alien, sole proprietor, or disregarded entity, see the instructions for I | | ora | | - | | - | |
| entitie | , it is your employer identification number (EiN). If you do not have a r | | ta ¦ | OF | | | _ | |
| TIN, le | | | [| Employe | dentific | ation nu | ımber | |
| | I the account is in more than one name, see the instructions for line 1. or To Give the Requester for guidelines on whose number to enter. | . See also What Name | and [| 0 1 | 0 | 5 5 | 5 8 | 4 1 |
| Pari | | | | | | | | |
| | penalties of perjury, I certify that: | nes for Lean welling for | b- | | arrad åa | | | |
| 2. I an Sen | number shown on this form is my correct taxpayer identification numb not subject to backup withholding because (a) I am exempt from bac- ice (IRS) that I am subject to backup withholding as a result of a failur anger subject to backup withholding; and | kup withholding, or (b) | I have n | ot been n | d beiltto | y the In | temal l | |
| 3. I am | a U.S. citizen or other U.S. person (defined below); and | | | | | | | |
| | FATCA code(s) entered on this form (if any) indicating that I am exemp | • | _ | | | | | |
| becaus acquis | ation instructions. You must cross out item 2 above if you have been not pour tax return. Fitting the fact of your tax return. Fitting or abandonment of secured property, cancellation of debt, contributed in interest and dividends, you are not required to sign the certification. | or real estate transactions to an individual ret | ona, item irement s | 2 does n mangem | ot apply. ent (IRA), | For mo and, ge | rtgage merally | interest pald, payments |
| Sign Here | Signature of U.S. person | |)ato | 5 | 1 | /24 | | |
| Ger | eral Instructions | New line 3b has b | | | | | | |
| Section | references are to the Internal Revenue Code unless otherwise | required to complete foreign partners, ow to another flow-throu | ners, or | beneficia | rtes whe | n It pro | vides ti | he Form W-9 |
| | developments. For the latest information about developments | change is intended t | to provid | e a flow- | through : | entity w | rith info | rmation |
| | to Form W-9 and its instructions, such as legislation enacted by were published, go to www.irs.gov/FormW9. | regarding the status beneficiaries, so that | t it can s | atisfy any | applica | ble rep | orting | |
| | t's New | requirements. For ex partners may be req Partnership instructi | uired to | complete | Schedu | les K-2 | and K | -3. See the |
| thia lin | has been modified to clarify how a disregarded entity completes a. An LLC that is a disregarded entity should check the | Purpose of F | | -CI IOGUIA | 2 N-2 MI | 2 11-0 (r | Jiii I | uuoj. |
| | propriets box for the tax classification of its owner. Otherwise, it wild check the "LLC" box and enter its appropriate tax classification. 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 | | | | | | | |

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 2022

| Depa | เก็พสนา ถ | the Treamury | | curity numbers on this form as | | | | Open to Public |
|--|-------------|---|--|---|---|----------------------|-----------------------|---|
| | | ue Sernce | | orm990 for instructions and t | | | | Inspection |
| | | 2022 calendar year, c | r tax year beginning | | , 2022, and a | ending | | , 20 |
| 8 | Crieck if | pptennie C Name o | organization Cape Cana | veral Lighthouse Four | ndation In | c | D Employ | er idomitication mamber |
| | A od rijesa | change Doing b | | 01-0655841 | | | | |
| | Masse ct | arget Number | end street (or P.O. but if mall is not a | elistive (o street address) | Row | m/sude | E IBATUA | ne marke |
| <u></u> | rsdlut edu | PO PO | Box 1978 | | | | | |
| _ ∐ ' | Final I wic | mmorninaled City or is | will state or province, coursely, and Zi | ता विक्यांत एकसम् एकस | | | G Gross: | at dita |
| _ ∐ ′ | Aznandai | mem Cap | e Canaveral, FL 32 | 920 | | | 1 | 146,121 |
| | التحملامها | n periding # Name # | nd address of principal pilicer L | arry Ostarly | | H(n) write | Company in the second | nubojulname? Yea X No |
| _ | | | e as C above | | | H(b) Arm all | Pubyrsnæes | included? Yes No |
| 1 | in and | pt status: X 501(c)(3) | 10) (a) (c) (c) (c) (c) | 527 | | # "No." | attach e ist. | See instructions |
| 1 | Notraite: | www.canav | erallight.org | | | H(c) Chap | samption nu | albai |
| K F | ome of c | rganization: X Corporation | Trust Association | Other L Vi | ear of termotion: | 2002 M | State of legal | domicie. PL |
| Pa | rt I | Summary | | | | | | |
| | 1 | Briefly describe the org | anization's mission or most s | ignificani activilies: Establ | lished to | preserve | the his | story, provide |
| 20 | | needed mainten | ince, and provide a | ducation on the hist | oric sign | ificance | of the | Cape Canaveral |
| Ě | | Lighthouse inc | uding the construc | tion of cottages to | house his | toric and | educat | ional |
| Ĕ | 1 | information. | | | | | | |
| Activities & Governance | 2 | Check this box [if the | e organization discontinued | its operations or disposed of mo | re than 25% of | its nul assets | | |
| 9 | 3 | Number of voting mem | bers of the governing body (i | ੋਜ਼ਾਂ VI,∥ne 1⊋) | | | 3 | 22 |
| 9 | 4 | the same of the sa | | ming body (Part VI, line 1b) | | | 4 | 22 |
| 3 | 5 | | | ar 2027 (Pert V. line 2a) | | | 5 | 0 |
| Ę | 0 | | ers (estimate if necessary) | * | | | 6 | 80 |
| ⋖ | 7a | | | ımın (C), fine 12 | | | 7a | 0 |
| | ь | | | 90-T, Part I, line 11 | | | 7b | 0 |
| | | | | | | Felor Year | | Current Year |
| Rovenue | 8 | Contributions and eran | s (Part VIII, line 1h) | | 2 | | .606 | *************************************** |
| | 9 | - | | | _ | | .000 | 71,873 |
| | 10 | _ | | nnd 7d) | | | | |
| | 11 | | | 9c. 10c, and 11e) | | 2.5 | 220 | 0 |
| - | 12 | | | art VIII, column (A), line 12) | | | .330 | 29,902 |
| | 13 | | |), lines 1-3) | | 107 | , 936 | 101,775 |
| | 14 | | | ,line 4) | | | | |
| | 15 | | | art IX, column (A), lines 5-10) | | | | |
| Expenses | | | | 116) | | | | |
| | | | sa∈ (Part (X. column (D), line | | _ | | | 0 |
| Ď. | 1 | | C column (A). Noes 1ta-11d. | | 27,476 | | | |
| | | • | , , | column (A), line 25) | 44131312100 | | , 055 | 70,982 |
| | 19 | | | 12 12 | _ | | ,055 | 70,982 |
| -5 | 1.0 | tave-life leas expense: | GOOGLECT NUR TO TICKET INTO | | | | ,861 | 30,793 |
| Net Assets or fund Balances | 20 | Tabil makabi 180mi William | TEL SPECTS SHOOM WITH | | <u> </u> | eginning of Curri | | End of Year |
| 400 | | Total asseb (Parl X. lin: Total liabilities (Parl X. li | The state of the state of the | | | 1,066 | | 1,099,284 |
| Tag Dun | 100 | WAS IN THE RESERVE OF THE PERSON OF THE PERS | ross. Subtract line 21 from li | | _ | | (689) | 1,395 |
| Par | _ | Signature Block | | ne 20 | | 1,067 | ,096 | 1,097,889 |
| Andrew Street, or other Designation of the last of the | | The second secon | | makeying schedules and statements, and | ton the man of my | | 4 11 | |
| trua, o | prrest, a | d complete. Declaration of pre | parw (ather than officer) is based on | ME information of which propagate has any | knowledge | Insulated said Ditte | E, H. 20 | |
| | | Burnelon Mate | (334 | | | | | |
| Sign | - | Brendan McM Sension of officer | 11118 | | | | | |
| Here | - 1 | A-20 E A-20/201 | | | | | Date | |
| ,,0,0 | - | STENDAN MOM | illin, Treasurer | | | | | |
| | | Print/fypic properer's name | Preparat's sign | was - /// Dus | il a | | a 1 | |
| Paid | | | - / / / | 1111 | | Chack | X =1 | IN |
| ILZ-11-2023 sui-amplyed | | | | | | | itiyed | P00143230 |
| | | Firm's name | Mary Louise E Yo | 1 | | Firm's EIN | | |
| Use | only | Fimi's adores | 1353 N Courtenay | | | Phone no. | | |
| - Control | 100-4 | l Name of the second se | Merritt Island F | | | | 321-45 | Married Princeton |
| | _ | | na preparer shown above? | | | | | - X Yes No |
| For Pa | beim | rit Reduction Act Not | ce, see the separate lostru | ctions. | | | | Form 990 (2022) |

| | m 990 (2022) Cape Canaveral Lighthouse Foundation Inc | 01-0655841 | Page 2 |
|------------|--|--------------|-------------|
| P | art III Statement of Program Service Accomplishments | | |
| _ | Check If Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briaffy describe the organization's mission: | | |
| | Established to preserve the history, provide needed maintenance, and provide | | |
| | historic significance of the Cape Canaveral Lighthouse including the construc | ction of cot | tages to |
| | house historic and educational information. | | |
| _ | | | |
| 2 | Did the organization undertake any significant program services during the year which ward not listed on the | | _ |
| | prior Form 980 or 980-EZ? | Yes Yes | K No |
| | If "Yes," describe these new services on Schodule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in now it conducts, any program | - | - |
| | SERVICES? | Your Your | x No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measurant | | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to off | ters; | |
| | the total expenses, and ravenue, if any, for each program service reported. | | |
| _ | | | |
| 4 a | (Code:) (Expenses \$ 32,312 including grants of \$) (Rövenum | | |
| | The Foundation has regularly scheduled weekly public tours of the lighthouse | and the sur | rounding |
| | grounds including the new Kempers Cottage. | | |
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| | | | |
| | | | |
| 45 | (Code:) (Expenses \$including grants of \$) (Revenue | \$ |) |
| | | | |
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| | | | |
| 40 | (Code:) (Expenses \$including greats of \$) (Revenue | \$ | 1 |
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| | | | |
| | | | |
| 4d | Officer program services (Describe on Schedule Q.) | | |
| | (Expenses \$ Including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 32,312 | | |
| ÉA | | Form | 1990 (2022) |
| | | | |

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Checklist of Required Schedules Part IV Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "You." x is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 x 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? // "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) 4 election in effect during the tax year? If "Yea," complete Schedule C, Part II THE REPORT OF THE REPORT A POST OF A REST OF STATE X is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assassments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III X б 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 invostment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I x Did the organization receive or hold a conservation essement, including easements to preserve open space. 7 the environment, historic land areas, or historic structures? If "Yos," complete Schedule D. Part II 7 x Did the arganization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III 8 x ū Did the organization report an amount in Part X. find 21, for excrow or custodial account liability serve as a custodian for amounts not failed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in denor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D. Part V 10 X If the organization's answer to any of the following questions in "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 "Yos." complete Schedula 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 essets reported in Part X. line 16? If "Yea," complete Schedule D. Part VII 116 X Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its lotal assats reported in Part X, line 16? If "Yes," complete Schodule D. Part VIII 11c х 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 167 if "Yes," complete Schedule D, Part IX x e. Did the organization report an amount for other liabilities in Rart X. line 257 // TVas, "complete Schedule D, Part X 110 X Old 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 sudded financial statements for the tax year? If "Yea," complete Schodule D, Ports XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes," and if the organization answored "No" to line 12s, then complaing Schedule D, Paris 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 13 х Did the organization maintain an office, employees, or agains outside of the United States? X Did the organization have aggregate revenues or expenses of more than \$10,000 from crantmaking, fundraising, business, investment, and program service activities outside the United States, or appreciate foreign investments valued at \$100,000 or more? If "Yea," complete Schedule F, Partz Land IV 14h × 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 x 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, Perts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 х 20 a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

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| | | | Yes | No |
|-----------------|--|------|---------------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on | İ | | |
| 23 | Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 2.3 | Did the organization answer "Yes" to Fast VIII, Section A, line 3. 4, or 5 about compensation of the organization's current and former officers; directors, business, key employees; and highest compensated | | | |
| | employees? If "Yes," compine Schedule J | 23 | | |
| 248 | Old the organization have a tex-exempt bond issue with an outstanding principal amount of more than | 43 | | X |
| | \$100,000 as of the last day of the year, that was issued after Documber 31, 2002? # "Yes," nnawer that 24b | | | |
| | through 24d and complete Schedulo K. It "No," go to line 25a | 248 | | x |
| ь | | 24b | | ~ |
| C | | | | |
| | to defease any tax-exempt bonds? · · · · · · · · · · · · · · · · · · · | 24c | | |
| d | and the least of t | 24d | | |
| 25a | | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I | 25a | | х |
| Ь | 2 The state of the | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| 24 | Il "Yes," complete Schodule L, Part I | 25b | - | x |
| 28 | 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 foundor, substantial contributor, or 35% | | | |
| 27 | controlled entity or family member or any of these persons? If "Yes," complete Schedule t., Parl II Did the organization provide a grant or other assistance to any correct or former officer, director, trustee, key | 26 | - | X |
| | amployee, creater or founder, substantial contributor or employee thereof, a grant selection committee | | J. | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schadule L, Part III | 27 | 1 | х |
| 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): | 1 1 | 1 | |
| 具 | A current or former officer, thrector, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yea," complete Schedula L, Part IV | 28a | | x |
| b | A family member of any intividual described in line 28a? If "Yes," complete Schedule I, Part IV | 28b | | x |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28s or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical tressums, or other similar assets, or qualified | | | |
| 94 | conservation contributions? If "Yea," complete Schodula M | 30 | | x |
| 31 32 | Did the organization figuldate, lemmate, or dissolve and cease operationa? If "Yes," complete Schedule N, Part I | 31 | - | X |
| 34 | Did the organization sall, exchange, dispose of, or transfer mord than 25% of its net assets? If "Yes," complete Schedule N. Part II | | | |
| 33 | Did the organization own 100% of an entity disrogarded as separate from the organization under Regulations | 32 | - | X |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 22 | | |
| 34 | Was the organization related to any tax-exempt or taxable ontity? If "Yes," complete Schedulo R, Parl II. III, | 33 | \rightarrow | x |
| | or IV, and Part V, ling 1 | 34 | | v |
| 35a | Did the organization have a controlled critity within the meaning of section 512(b)(13)? | 35a | - | X |
| Ь | If "Yes" to line 35a, did the organization receive any payment from or angage in any transaction with a | | | |
| | controlled ontity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35a | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schodule R. Part V. line 2 | 36 | | х |
| 37 | Did the erganization conduct more than 6% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a parinership for foderal income tax purposes? If "Yea," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | 7 | | |
| Dan | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Par | t 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 | | | |
| | Chock is desirable of contains a response or hote to any line in this Part V | | Mar. T | <u> </u> |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable | - | Yes | No |
| b | Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable | 1 | - 1 | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 10 | x | |
| ŒA. | 7 | Form | | 022) |
| | | | | |

| _ | 1890 (2022) Cape Canaveral Lighthouse Foundation Inc 01-06558 | 41 | | age |
|-----|---|-----|-----|-----|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
| 2n | Enter the number of employers reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calcindar year ending with or within the year covered by this return | | | |
| ь | If at least time is reported on line 2a, did the organization file all required federal employment lax rotums? | 2b | | х |
| 3a | Old the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| þ | If "Yes," tres it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedulo O | 35 | | |
| 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 |
| Ь | If "Yes," enter the name of the foreign country | | | |
| | See instructions for Illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 54 | Was the organization a party to a prohibited lax shelter transaction at any time during the tex year? | 5a | | х |
| ь | Did any laxable party multy the organization that it was or is a party to a profibiled tax shalter transaction? | 5b | | х |
| G | If "Yes" to line 5至 or 5b, did the organization file Form 8886-T? | Sc | | |
| бa | 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? | 8a | | х |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts ware not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| Ai | Old 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? | 7Ъ | | X |
| G | Did the organization sell, exchange, or otherwise dispose of rangible personal property for which it was | | | |
| | required to file Form 628%? | 75 | | |
| d | if "Yes." indicate the number of Forms 8282 filed during the year | | | |
| 8 | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 m | | |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 71 | | |
| 9 | If the organization received a contribution of qualified interectual property, did the organization file Form 6899 as required? | 7g | | |
| h | If the organization reduited a contribution of care, buots, algebras, or other vehicles, did the organization file a Form 1095-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Old 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. | | | |
| ä | Did the spensoring organization make any taxable distributions under section 4988? | 93 | | |
| ь | Old the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | 1 | |
| b | Gress receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 1 | |
| 11 | Section 501(c)(12) organizations. Enten | | - 1 | |
| đi. | Gross income from members or shareholders | | | |
| ь | Gross income from other sources (Do not not amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| Ь | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| U. | It 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. | | | |
| ь | Enter the amount of reserves the organization is required to maintain by the states in which | | - 1 | |
| | the organization is ficensed to issue (unlifted health plans 13b | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 729 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| | is the organization subject to the section 4960 tax on payment(e) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see the Instructions and the Form 4720, Schedule N. | | | |
| | 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 Q. | | | |
| | 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 (# 4953? | 17 | | |
| | If "Yes " complete Form 5059 | | | |

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| P | art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Seo instructions. | "No" | | |
|------|--|------|-----|----------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | ĺχ |
| Se | ction A. Governing Body and Management | | | 14 |
| | | | Yes | N |
| 1a | Enter the number of voting members of the governing body at the end of the fax year | | 1 | Ť |
| | If there are material differences in voting rights among members of the governing body, or | 1 | | 1 |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | 1 | | 1 |
| b | Enter the number of voting members included in line 1s, above, who are independent | | 1 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 1 | 1 | |
| | any other officer, director, trustee, or key amployee? | 2 | | ١. |
| 3 | Did the organization delegate control over management duties customanly parformed by or under the direct | - | _ | 2 |
| | supervision of officers, directors, trustees; or key employees to a management company or other person? | 3 | | ١., |
| 1 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filled? | 4 | - | . 2 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | - | X |
| 1 | Did the organization have members or stockholders? | 6 | - | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | В | I | \vdash |
| | one or more members of the governing body? | | | 0.00 |
| ь | Are any governance decisions of the arganization reserved to (or subject to approval by) members. | 7 n | - | Х |
| _ | stackholders, or persons other than the governing body? | | | |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during | 76 | | Х |
| | the year by the following: | | | |
| a | The governing body? | 5 | | |
| b | | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | 86 | X | |
| | Is there any officer, director, trustee, or key employee listed in Part VIII. Section A, who cannot be reached at | | | |
| 000 | the organization's mailing address? If "Yex," provide the names and addresses on Schedule O | 9 | | X |
| | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | Flid the appropriation is an income to an income to the state of the s | | Yes | Nt |
| D | Did the organization have local chapters, branches, or alfillates? | 10a | | Х |
| Ь | if Yes." did the organization have written politics and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10Ъ | | |
| | Has the organization provided a complete copy of this Form 990 to all mambers of its governing body before filling the form? | 11a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990 | | | 5 |
| ii . | Did the organization have a written conflict of interest policy? If "No," go to lipe 13 | 12a | | x |
| b | Were officers, directors, or trustees; and key employees required to disclose annually interests that could give rise to conflicts? | 125 | | |
| Į | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe on Schedule O how this was done | 12c | | |
| | Did the organization have a written whistleblower policy? | 13 | | х |
| | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| | 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? | | | |
| | The organization's GEO, Executive Director, or top management official | 15a | | |
| | Other officers or key employees of the organization | _ | _ | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See Instructions. | 15b | | X |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| - , | with a taxable entity during the year? | | | |
|) | "Yes." of the organization follow a written policy or procedure requiring the organization to evaluate its | 16a | | х |
| ' | Destination in joid wanter assessments makes controlle for the last and join to destrate its | - 1 | | |
| , | participation in joint venture arrangements under applicable federal tax law, and take sleps to safeguard the | | | |
| cti | organization's exampt status with respect to such arrangements? | 16b | | X |
| _ | THE SECOND SECON | | | |
| | Let the distes with which a copy of this Form 990 is inquired to be filled | | | |
| | Sedion 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. | | | |
| L | Own was sile II Anothor's website IX Upon request Other (explain on Schedule O) | | | |
| Í | Describe on Schedule O whether (and if so, how) the organization made as governing documents, conflict of interest policy. | | | |
| ٤ | and financial atatements available to the public during the tax year. | | | |
| 5 | 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, PL 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. Entire -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key amployees, if any, See the instructions for definition of "key employees."
- 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 1089-MISC, and/or box 1 of Form 1089-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 say related organizations.
- List all of the organization's former directors or trustees that received, in the capability 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.

| | | | | | (C) | | | | | |
|----------------------------|--|-------------------------------|----------------------|----------|--------------------|--------------------|----------|---|--|--|
| (A) Nertici artii tijin | Sec. media Unite Unite | officer and a precion/maker) | | | | | | (0) Responsible companiation (part the organization (W-2) | (E) Reportable compensation from relates conjournalizes (W-2) | (F) Estracied amount of other companiesen |
| | filial any mount for variations below distance time; | molyidum iruntee pe duerte | Chauth directry band | Office | निवार जागान्यकृतवा | Highesi composated | Fichings | toes MISC TOUS NECT | 1999-NEC) | from the arganum with a construction of the co |
| (1) Jeanna Merrifield | 2.00 | | 7 | 1 | 1 | | | | | |
| Director | | x | _ | | _ | | | 0 | 0 | |
| (2) Bev Marrifield | 2.00 | | i | | | | | | | |
| Director | | x | | | | | | ٥ | 0 | 0 |
| (3) Patricia Lautner | 1.00 | | | | | | | | | |
| Director | | X | | | | | | | O O | 0 |
| (4) Nancy Garwood | 1.00 | | | 1 | | | | | | |
| Director | | X | | _ | | | | ٥ | 0 | 0 |
| (5) Bocky Johnson | 1.00 | | | | | | | | | |
| Director | | x | | | | | | 0 | 0 | 0 |
| (6) R Norman Woody | 0.50 | | | | | | | | | |
| Director | | x | | | | | | 0 | 0 | Ó |
| (7) Ed Wilson | 0.50 | | | | | | | | | |
| Director | | x | | | | | | 0 | 0 | a |
| (8) Lisa Wilson | 0.50 | | | 7 | | | \neg | | | |
| Director | | x | | | | | | 0 | b | 0 |
| (9) Shane Smith | 0.50 | | 7 | \neg | \neg | | \neg | | | |
| Dizactor | | x | | | - 1 | | | 0 | 0 | 0 |
| (10)Mary Anna Moore | 0.50 | -17 | 7 | 7 | \dashv | -1 | \neg | - | - W | |
| Director | | x | | - [| | - 1 | | ō | a | 0 |
| (11)Dixie Sansom | 0.50 | - | 1 | 7 | 7 | | _ | - | u l | |
| Director | | x | | | | | | a | ٥ | 0 |
| (12)Barry Compagnoni | 1.00 | A | 7 | 7 | _ | _ | | - U | | U |
| Director | | x | | | | | | a | 0 | 322 |
| (13)Karen Arbuckle | 4.00 | - | + | \dashv | + | | + | U | U | 0 |
| Director | 1.00 | х | | | | | | | | 327 |
| (14)James Underwood | 2.00 | Δ. | + | + | \dashv | - | \pm | - 0 | 0 | 0 |
| Officer | | x | - 1 | | - 1 | - 1 | | 0 | 0 | G |

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| Part VII Section A. Officers, Directors, T | rustees, | Key F | inda Emi | ploy | on /ee | Inc s, an | d H | ighest Compe | 01-0655 | 841 oyee | S (0) | Page (|
|---|---|---|---------------------|--------------|----------------|--------------|--------------|---|---|---|------------------------|-------------------------|
| (A) Newton and Mon | (B) Avokage hours per woek (fixt only | (C) Position (do not check more than one best, where person is both a officer and a directorhisates per week. | | | | | 1 | Papocabae compensation from the organization (W.C) | (fit) Resortable compensation transistand organizations (W-2) | (F) Estimated amo of ölker compressina from the | | amount let ration |
| | contect line; contect line; content line; content line; | or director | JUSTINION INCOMESTI | Official | Kiny orządzyne | mmply/ne | FSMINE | 1099-NEC/ 1099-NEC) | 1089-MEG) | | ijan orđej Zaleseje | yr and |
| (15)George Bustis Director | 1.00 | X | | | | | | ۵ | ٥ | | | 0 |
| Olrector | 2.00 | x | | | | | | 0 | ō | | | 0 |
| (17)Sharon Crockett Director (18)Ronald Ecker | 2.00 | x | | | | | | o | 0 | | | 0 |
| 1st Vice President (18)Larry Ostarly | 10.00 | | _ | × | | | - | 0 | 0 | | | ٥ |
| President (20)Todd McDowell | 2.00 | | + | × | - | | - | 0 | 0 | | | 0 |
| 2nd Vice President (21)Cheryl Bennett Secretary | 4.00 | | | X | 1 | | - | а | 0. | | | D |
| (22)Brendan McMillin Treasurer | 5.00 | | | X | | | 1 | 0 | 0 | | | 0 |
| (23) | | | | - | | | ı | 0 | | | | u |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | 1 | | | | | |
| c Total from continuation sheets to Part VII, Senti | | | 2 4 | ar ar | | 4 40 | F | 0 | 0 | | | _ |
| 2 Total number of indlyiduals (including but not limite reportable compensation from the organization | d to those is | ied ab | ove; | wtio | 180 | bevis | TIDIE | | 0 1 | | | 0 |
| 3 Did the organization list any former officer, director, | | | | or h | gha | at com | pens | ialed | | F | Yes | No |
| employee on line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1s, is the sum of re- organization and related organizations greater than | partable com | репза | tion | and Iolog | athe | मं ध्वाम | pens | ation from the | a waters was | 3 | | I |
| individual | compensation | from | any: | rute *** | lote | d organ | e e Nizak | lon or individual | * *(*(* * * *)*)*) | 4 | | <u>x</u> _ |
| for services rendered to the organization? If "Yes." of Section B. Independent Contractors | companie Sch | edule - | J Tar | auci | PE | rson | | | * * * * * * * * * | 5 | | x |
| 1 Complete this table for your five highest compense | tert independ | en en | nfra | rtowna | flag. | t recett | and n | norn than \$100.00 | n of | | | |
| compensation from the organization. Report compe | | | | | | | | | | | | |
| (A) Name and business address | | | | | | | | (B) Description of when the | | (C) | | |
| | | | | | | 1 | | | | | | _ |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (including received more than \$100,000 of compensation from EA | | | ose. | lister | d ab | ova) w | ina | | | | - 000 A | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (25) (C) (0) Total Invention Related to exempt Unressled Reverue excluded Nington revenue. DESCRIPTION OF PERSONS ASSESSED. from tax under suchors 512-514 Federated campaigns 16 23,250 Contributions, Giffs, Grants and Other Similar Amounts 10 20,080 d Related organizations e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above 11 28.543 or behulant anotherince riseason g anes 1a-1/ 1g | \$ 9,517 h Total. Add lines fa-1f 71.873 Business Code 28 Program Service Revenue g Total, Add lines 2a-2f 3 Investment income (Including dividends, Interest, and Income from investment of tax-exempt bond proceeds: 5 (ii) Real (il Pesana) 6n Gross rents 55 b Less: rental expenses - - 6b c Rental income or (loss) d Nel rental irrorma or (loss) (i) Securities 7a Gross amount from sales of assets other than inventory 7a Less: cost or other basis Other Revenue and sales expenses . . | 7b c Gain or (ioss) - - - - 7c d Net gain or (loss) 8a Gross Income from fundraising events (not including \$____ 20,080 of contributions reported on line 1c) See Part IV, line 18 34,921 b Less direct expenses 22,095 c. Net income or (loss) from fundraising events 12,825 12,825 9a Gross income from garning activities, See Part IV, fine 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 39,327 22,250 Nel income or (loss) from sales of inventory 17.077 17.077 Business Code Miscellanous 11a Revenue b e Total Add lines 11a-11d

101,775

17,077

12 Total revenue. See instructions

Cape Canaveral Lighthouse Foundation Inc 01-0655841 Page 10 Part IX | Statement of Functional Expenses Socifor 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete salumn (A). Chack if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 55, 75, (C) (15) Total expenses Program service Managaisent wid Fundraiding 8b, 9b, and 10b of Part Vill. asamses ричегы ехрегана expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, fine 21 Grants and other assistance to domestic Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, fines 15 and 16 Compensation of current officers, directors, trustaes, and lesy employees 6 Compensation not included above to disqualified persons (as defined under section 4988(f)(1)) and persons described in section 4958(c)(3)(B) 7 Pension plan accruals and contributions (include saction 401(k) and 403(b) employer contributions) g Other employee benefits 10 11 Fees for services (nonemployees): Management c 3,175 1,651 127 1.397 Professional fundraising services. See Part IV, line 17 . Other, (If line 11g amount exceeds 10% of time 25, column (A) amount, list line 11g expenses on Schedule 0.) . . . 12 409 213 16 180 Office expanses 13 10,581 601 9,472 508 14 15 15 982 511 39 432 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 49 Conferences, conventions, and meatings . . 20 21 22 Depreciation, depletion, and amortization 23,476 22,716 760 23 7,093 3,688 284 3,121 Other expenses, Itemize expenses not covered above (List miscelleneous expenses on line 24e. If fine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Keepers Cottage supplies 18,141 18.143 Membership relations 2,932 2,932 Museum Feas 3,695 3,695

33

32,312

463

70,982

FFA

25

26

Education Program

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | if

Total functional expenses. Add lines 1 through 24e . . .

following SQP 98-2 (ASC 958-720)

All other expenses

27,476

33

463

11,194

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) **(8)** Baginning of year End of year Cash - non-Interest-bearing 1 1 246,073 279,615 2 2 3 Pledges and grants roceivable, net 3 4 Accounts requivable, not 4 5 Leans and other receivables from any current or former officer, director. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or lamily member of any of these persons 5 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, nel 7 A.55@t5 inventories for sale or use 8 19,663 19,624 Prepaid expanses and deferred charges 3 10a Land, buildings, and equipment; cost or other 879,500 10b 79,705 800,421 10c 799,795 Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, ling 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Inlangible assets 14 15 Other assets. See Part IV, line 11 15 250 250 16 Total assats. Add lines 1 through 15 (must equal line 33) 16 1,066,407 1,099,284 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred ravenue 19 20 Tex-exempt band flebilles 20 21 Escrow or custodial account fiability. Complete Part IV of Schedule D 21 Leans and other payables to any cuttent or former officer, director, abilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled untity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loars payable to unrelated that parties (689) 24 1,395 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X. 25 26 Total flabilities: Add lines 17 through 25 26 [689] 1,395 Organizations that follow FASB ASC 958, check here Not Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 1,067,096 27 1,097,889 28 Net assats with donor restrictions 28 Organizations that do not follow FASB ASC 959, check here and complete lines 29 through 33. Capital stock or inust principal, or current funds 29 28 30 Pald-in or capital surplus, or tend, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 11 32 32 1,067,096 1,097,889 Total liabilities and not sessets/fund balances 33 1,066,407 33 1,099,284

| - | 1990 (2022) Cape Canaveral Lighthouse Foundation Inc. rt XI Reconciliation of Net Assets | 01-065584 | 1 | Page 1 |
|-------------|--|-----------|------|---------|
| | Chart if Schadula O applained | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | |
| 2 | Total expenses (must agual Part IX, column (A), line 25) | 1 | | 101,775 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 2 | _ | 70,982 |
| 4 | Net assets or fund belances at beginning of year (must equal Part X, line 32, column (A)) | 3 | | 30,793 |
| 5 | Net unrealized geins (losses) on investments | | 1,1 | 167,096 |
| 6 | Danaled services and use of facilities | 5 | _ | |
| 7 | Investment expenses | | | |
| 8 | Prior period adjustments | 7 | | |
| ş | Other changes in net assets or fund balances (explain on Schedule O) | 8 | | |
| 10 | Net assets or fund batances at end of year. Combine lines 3 through 9 (must equal Part X, line | 9 | | 0 |
| | 32, column (B)) | 1 1 | | |
| ar | t XII Financial Statements and Reporting | 10 | 1,0 | 97,889 |
| | Check if Schedule O contains a resource or goto to one the fact that | | | |
| | Check if Schedule O contains a response or note to any line in this Pari XII | | | 🔲 |
| 1 | Accounting method used to prepare the Form 990: X Cash Account | | , | Yes No |
| | | | | |
| | If the argenization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 212 | | ļ | - 1 | |
| I-CI | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | x |
| | If "Yes," check a box below to indicate whether the Grandul statements for the year were compiled or | ĺ | | |
| i | reviewed on a separate basis, consolidated basis, or both: Saperate basis | 1 | - 1 | |
| h : | The part of the property of th | | | |
| Ь | Were the organization's financial statements audited by an independent accountant? | | 2b | x |
| | f "Yos," check a box below to indicate whether the financial statements for the year were audited on a | | | |
| - 1 | separate basis, consolidated basis, or both: | 1 | | 1 |
| _ [| Separate basis Consolidated basis Both consolidated and separate basis | | | |
| C | f 'Yes" to line 2s or 2b, does the organization have a committee that assumes responsibility for oversight of | - 1 | | |
| 1 | ha audit, review, or compilation of its financial statements and selection of an independent accountant? | 4 9 40403 | 2c | |
| ļ | f the organization changed either its oversight process or solection process during the law year, explain on | 1 | - | |
| - | රෙස්ටේම් | | | |
| 8 A | is a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | - (| | |
| 1 | Infform Guidance, 2 C.F.R. Part 200, Subpart F? | | За | |
| b 1) | "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | ->tl | X |
| r | equired audit or sudits, explain why on Schadule O and describe any staps taken to undergo such audits | | 3b | |
| | The state of the s | | 의다 ! | |

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4047(a)(1) noncommot charitable trust

Altach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenuer Service Name of the organization

Employer identification number

| Cap | e Ca | naveral Lighthouse Po | undation Inc | | | | 01-06558 | 47 | |
|----------|---|--|--|---|---|---|--|---------------------------------------|--|
| | rt1 | Reason for Public Ch | | | ist comp | ete this | part.) See instruction | ons. | |
| The | organi | ation is not a private foundation | | | | | | XXXXX | |
| 1 | | church, convention of churches. | or association of d | nurches described in sec | tion 170(b | RUKARO. | | | |
| 5 | | school described in section 170 | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 3 | i p | hospital or a cooperative hospital | il serviçe organizati | on described in section | 170(b)(1)(| A)(iii). | | | |
| 4 | A | madical research organization of | perated in conjunct | lon with a hospital descri | ded in sec | tion 170(b |)(1)(A)(iii), Enter the | | |
| | _ h | dapitafs name, city, and state: | | | | | | | |
| 5 | LIA | n organization operated for the b | epelico e to fitense | or university owned or o | perated by | a governm | ental unit described in | | |
| | | ection 170(b)(1)(A)(iv), (Comple | | | | | | | |
| ð | E TOTAL STATE OF THE BATTER OF THE STATE OF | | | | | | | | |
| 7 | X A | n organization that normally rece | ives a sobstantial p | part of its support from a | governme | ntal unit or | ollduq Isranog ert mon | | |
| | | recobed in section 170(b)(1)(A) | | | | | | | |
| 8 | | community trust described in sec | | | | | | | |
| 8 | L A | n agricultural research organizati | on described in sec | etion 170(b)(1)(A)(b)) of | o ni boletst | anjunation | with a land-grant colleg | 0 | |
| | | university or a non-land-grant or | ollege of agriculture | (see instructions). Ente | ir the name | , pity, and s | itate of the college or | | |
| | | र्ध∨क्षाज्ञीपु. | W. C. 15W | | | | | | |
| 10 | SL GC | n organization that normally rece ceipts from activities related to it ipport from gross investment inco xquired by the organization after. | s exempt functions, ome and unrelated June 30, 1975. See | subject to certain except business taxable income section 506(a)(2). (Cor | otions; and a (less sect replate Part | (2) no mor ion 511 tax III.) | e than 33 1/3% of its () from businesses | 58 | |
| 11 | | organization organizad and ope | | | | | | | |
| 12 | LI As | n organization organized and opi | eraind exclusively for | or the barrellt of, to perfo | नमा धिक fund | ulans of, a | r to carry out the purpos | ies of | |
| | ĢΓ | e or more publicly supported org | anizations describe | id in section 509(a)(1) o | r seation t | 09(a)(2) S | ies section 509(a)(3). | Check | |
| | | box on lines 12a through 12d ii | nat describes the ty | pe of supporting organia | ration and i | complete II | nes 12e, 12f, and 12g. | | |
| a | | Type I. A supporting organization | on operated, super | vised, or controlled by its | supported | organizati | on(s), typically by giving | | |
| | | the supported organization(s) (| ha powor to regula | dy appoint or elect a ma | jority of the | directors : | or trustees of the | | |
| _ | | supporting organization. You n | | | | | | | |
| ь | П | Type II. A supporting organizati | lori supervised or o | antrallad in connection w | វាជា វិទ ទម្ងេចព | oried organ | nization(s), by having | | |
| | | control or management of the | supporting organiza | ition vested in the same | persone in | at control o | manage the supporte | d | |
| | | organization(s). You must con | | | | | | | |
| c | | Type III functionally integrate | d. A supporting org | ianization operated in co | nnection w | lth, and fun | ctionally integrated with | * | |
| d | | its supported organization(s) (s | | | | | | | |
| <u> </u> | | Type III non-functionally integrate | rated. A supporting | g organization operated | in connecti | or with its | supported organization(| 9) | |
| | | that is not functionally integrate | O. THE ORGANIZATION | genoravy must sausty i | a distributio | n requirem | miniand an allentvene: | 55 | |
| o | П | requirement (see instructions). Check this have the amortisett. | | | | | Alex III II | | |
| | | Check this box if the organizate functionally integrated, or Type | | | | | I. Type II, Type III | | |
| | Ente | . the unupes of enthoused outsing | | | - | | | | |
| g | | de the following information abo | | | | | | | |
| | | of supported organization | (A) EW | (III) Type of argenization | I at the above | | | | |
| , | | and the state of t | ful car | (massabed an was 1-10 | | a danamina : Lamitejon | (v) Amount of requestury support (see | (vi) Ampurt of | |
| | | | | ations (see imatrictions)) | shocus | | (ristructions) | (erotunder) | |
| | | | | | Yes | No | 1 | | |
| | | | | | 1423 | NO | | | |
| (A) | | | | | | ŀ | and the state of t | | |
| 750 | | | | | | | | | |
| (8) | | | | | | | | | |
| (P) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | 71. | |
| 1, | | | | | | | | | |
| (E) | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | 1 | | | · · · · · · · · · · · · · · · · · · · | |

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 falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.) Part II

| _ | rait iii. Ii the organization falls t | o quanty unos | er une rests its | sted below, pl | ease comple | te Part III.) | |
|------|--|--------------------|-------------------|-------------------------|-------------------|-----------------|--------------------|
| | tion A. Public Support | | | | | | |
| | indar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 164,905 | 87,361 | 70,805 | 61,697 | 71.872 | 456,550 |
| 2 | Tax ravenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 164,905 | 97,361 | 70,805 | 61,607 | 71,872 | 456,550 |
| 5 | The portion of total contributions by | | | | | 1 2,032 | 150,550 |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | l, i | | |
| | supported organization) (notuded on | | | | | | |
| | line 1 that exceeds 2% of the amount | | 1 | | | | |
| | shown on line 11, column (f) | | | i i | | | 25,383 |
| 6 | Public support. Subtract line 5 from line 4 . | | | | | | 431,167 |
| | tion B. Total Support | | | | | | 432,107 |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 164,905 | 87,361 | 70,805 | 61,607 | 71,872 | 456,550 |
| 8 | Gross income from interest, dividends, | | | | | 12,2.2 | 1307330 |
| | payments received on securities loans. | | | | | | |
| | rents, royaltles, and income from | | | | | | |
| | similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business | | | | | | |
| | is regularly carried on | | | 1 | | | |
| 10 | Other income. Do not include gain or | | 7 | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain In Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 455 554 |
| 12 | Gross receipts from related activities, etc. | (see Instruction | 19) | | | 12 | 456,550 265,148 |
| 13 | First 5 years. If the Form 990 is for the orga | enization's first, | second, third. | fourth, or flith to | ax year as a so | ofion 501/c)(3) | 203,140 |
| | organization, check this box and stop here. | | | | G | 00 1/0//0/ | П |
| Sect | on C. Computation of Public Support | t Percentage | | | | | |
| 14 | Public support percentage for 2022 (line 6, | column (f), div | rided by line 11 | , calumn (f)) | | 14 | 94.44 % |
| 15 | Public support percentage from 2021 Sche | dule A, Part II, | fine 14 | | | 15 | 92 92 % |
| 16a | 33 1/3% support test - 2022. If the organiza | ation did not ch | eck the box on | line 13, and line | a 14 is 33 1/3% | or more, chec | k this |
| | box and stop here. The organization qualifi | es as a publicly | supported org | anization | | | |
| b | 33 1/3% support test - 2021, if the organiza | ation did not ch | eck a box on lir | ne 13 or 16e, ar | nd line 15 is 33 | 1/3% or more. | check |
| | this box and stop here. The organization qu | alifies as a put | olicly supported | nganization | | | П |
| 17a | 10%-facts-and-circumstances test - 2022 | . If the organiza | ation did not ch | ack a box on lin | e 13, 16a, or 1 | 6b, and line 14 | is |
| | 10% or more, and if the organization meets | the facts and-c | ircumstances t | est, check this | hox and stop h | ere. Explain in | |
| | Part VI how the organization meets the fac | នៃ-ខេត្តd-circums | tances test. Th | e organization | qualifies as a | publicly suppo | het |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - 2021 | . If the organiza | ation did not che | eck a box on lin | e 13, 16a, 16h | or 17a and lin | e transfer L |
| | 15 is 10% or more, and if the organization m | equs the facts- | and-circumster | ices test check | this boy and e | don ben Evst | nie. |
| | in Part VI how the organization meets the fo | acts-and-chour | nstances test | The organization | on cualifies ss | a briplich com | andod |
| | Organization | | | | or a service of a | - beough subt | |
| 18 | Private foundation. If the organization did r | not check a box | on line 13, 16: | a. 16b. 17a or 1 | 17b. check this | hox and soo | 5 |
| | instructions | | | | TOTAL TOTAL GEO | | аг ээээ ээ — П |
| | | | | AND THE PARTY OF STREET | A TOTAL OF STREET | | 7 1 1 1 1 |

EEA

Schedule A (Form 990) 2022

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

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

| Sec | tion A. Public Support | | | | | | |
|-------|--|------------------|---------------------|--------------------|--|--|-------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (6) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | WY Telef |
| 1 | Giffe, grants, contributions, and membersian fees | 127 | 10,100 | (O) EUL | (4) 2021 | (e) soss | (f) Total |
| | received. (Do not include any "limeaum grants.") | | | 1 | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tex-exempt purpose | | | | | | |
| 3 | Gross receipts from adivition that are not an | | | | 1 | 1 | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | —— | |
| | organization's benefit and oither paid to | | | | | | |
| | or expended on its behalf | | | | 1 | | } |
| 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 | | 1 | | - | _ | |
| | received from disqualified persons . | | 1 | | | | |
| ь | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line To from | | | | | | |
| | line 6.) | | | | | | |
| Secti | on B. Total Support | | | | | l | |
| | der year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | t-) 7000 | (0.T.) |
| 9 | Amounts from line 6 | (47-0.0 | 10/10/3 | (c) cara | (4) 2021 | (e) 2022 | (f) Total |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities leans, rents, | | | | | 1 | |
| | royaltins, and income from similar sources . | | | | | | |
| ь | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | 1 | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Not income from unnalated 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 000 is far the arms | nizofion'n liter | propert Alice | factually a res | | | |
| | First 5 years. If the Form 990 is for the organization, check this box and stop here | | | | | | |
| ectio | on C. Computation of Public Support | Darcontago | | | | | · · · · · [] |
| 15 | Public support percentage for 2022 (line 8, | recentage | المامية المامية | | | | |
| 16 | Public support percentage from 2021 Sched | column (1), giv | | | *(*)*(*)* | 15 | % |
| actio | on D. Computation of Investment Inco | me Person | , inte 15 | | ****** | 16 | % |
| 7 | Investment income positions for adda III. | ine rercen | tage | | | | |
| 18 | Investment income percentage for 2022 (line | tug calumn (| r), divided by III | | | 17 | % |
| 9a | Investment Income percentage from 2021 Sc | medule A, Pai | 1 III, IIng 17 | est sees | our seen | 18 | 9/6 |
| | 33 1/3% support tests - 2022. If the organiza | anou are not cl | THICK THE BOX OF | ine 14, and li | ne 15 is more ti | nan 33 1/3%, ar | nd line |
| ь | 17 is not more than 33 1/3%, chack this box : | and Stop here | . The organizat | tion qualifies as | s a publicly sup | ported organiza | illan 📋 |
| - | 33 1/3% support tests - 2021. If the organization (| no not check a t | Hox on line 14 or l | line 19a. and line | 16 is more than | 33 1/3%, and | |
| 0 | line 18 is not more than 33 1/3%, check this box an | a stop here. Th | e organization qu | iduq e as aailife | cly supported arg | panization | (45)(41)(9-36)(6) |
| ~ | Private foundation. If the organization did n | и спеск а бох | оп иле 14, 192 | a, or 19b, check | k this box and s | ee 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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status undar 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 (8) 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes, and if you chacked 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 "Yos," provide detail in Part VI.
- 7 Did the organization provide a grant, foan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a (amily 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).
- θ Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 77 If "Yes," complete Part I of Schedulu L (Form 990).
- 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.
- 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 cedain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

| F | | Yes | No |
|----|-------|-----|----|
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| Par | t IV Supporting Organizations (continued) | | | |
|------|--|--------|--------|----|
| 4. | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | and a second and a second of the between t | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 116 | | |
| C | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| _ | provide detail in Part VI. | 11c | | |
| Sec | ion 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 lax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | affectively operated, supervised, or controlled the organization's activities, if the organization had more than one supported | | | |
| | organization, describe how the powers to appoint antifor remova officers; directors, or busties were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the lax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | - 1 | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | - 1 | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | ion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Wore 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 | | - 1 | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | - 1 | |
| | the supported organization(s). | 1. | | |
| Sect | on D. All Type III Supporting Organizations | _ | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the had 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 | | - 1 | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | arganization's governing documents in effect on the date of notification, to the extent not provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| | on 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 insti | uctle | ns). | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | - | |
| р | 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 now you supported a government entity (see instructions) | | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| 3 | 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 | | - 1 | |
| | 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 ectivities. | a | - 1 | |
| 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. | ь | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | \top | \neg | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustaes of each of the supported organizations? If "Yes" or "No." provide datails in Part VI. | а | | |
| Ь | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | A STATE OF THE STA | ь | | |

EEA Schedule A (Form 330) 2022

Check here If the current year is the organization's first as a non-functionally integrated Type III supporting organization

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3

4

5

2

3

7

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

(see Instructions).

Income tax Imposed in prior year

Minimum asset amount for prior year (from Section 8, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

| rt V Type III Non-Functionally Integrated 509(a) | (3) Supporting Organ | izations (continu | ed) | 224T Ludi |
|--|--|---|--|---|
| ction D - Distributions | | | | Current Year |
| Amounts paid to supported organizations to accomplish | exempt ournoses | | 14 | |
| Amounts paid to perform activity that directly furthers exe | empt purposes of support | ed | + | |
| organizations, in excess of income from activity | Principal di Bapponi | | 2 | |
| Administrative expenses paid to accomplish exempt purp | ocses of supported organ | izations | | |
| Amounts paid to acquire exempt-use assets | <u> </u> | | | |
| Qualified set-aside amounts (prior IRS approval required) | n) | - | | |
| Other distributions (describe in Part VI). See instructions | 7 | | | |
| Total annual distributions. Add lines 1 through 6, | | | | |
| Distributions to attentive supported organizations to which | h the organization is resp | onsive | +++ | |
| (provide details in Part VI). See instructions. | | | 8 | |
| | | | 9 | |
| Line 8 amount divided by line 9 amount | | | 10 | |
| tion E - Distribution Allocations (see instructions) | (i) Excess Distributions | | ms | (iii) Distributable Amount for 2022 |
| Distributable amount for 2022 from Section C, line 6 | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Underdistributions, if any, for years prior to 2022 | | | | |
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| Carryover from 2017 not applied (see instructions) | | | | |
| Remainder. Subtract lines 3g. 3h, and 3i from line 3f. | | | | |
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| Remaining underdistributions for years prior to 2022, If | | | | |
| | | | | |
| greater than zero, explain in Part VI. See Instructions | | | | |
| Ramaining underdistributions for 2022. Subtract lines 3h | | | | |
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| Colored Service 0004 | | | | |
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| | Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers exa organizations, in excess of Income from activity Administrative expenses paid to accomplish exempt purp Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C. line 6 Line 8 amount divided by line 9 amount attention 8. Distributable amount for 2022 from Section C. line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See Instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see Instructions) Remainder. Subtract lines 3g. 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, If any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See Instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See Instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 | Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of support arganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of support arganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organ Amounts paid to acquire exempt-use assets Qualified set-eside amounts (prior IRS approval required) - provide details in Part V Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is resp (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C. line 6 Line 8 amount divided by line 9 amount Itton E - Distribution Allocations (see instructions) Distributions if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See Instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2019 From 2019 Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions for years prior to 2022. If any, Subtract lines 3g and 4a from line 4. Remaining underdistributions for years prior to 2022. If any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See Instructions. Excess from 2019 Excess from 2019 Excess from 2019 Excess from 2020 Excess from 2019 Excess from 2021 Excess from 2021 Excess from 2021 Excess from 2021 Excess from 2021 Excess from 2021 Excess from 2021 | Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. In excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI) Other distributions (describe in Part VI), See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount tion E - Distribution Allocations (see Instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 From 2013 From 2017 From 2017 From 2019 From 2021 From 2021 From 2021 From 2021 From 2021 From 2021 From 2021 From 2021 From 2021 From 2021 From 2021 From 2021 From 2021 From 2021 From 2021 From 2031 From 2031 From 2041 From 2052 From 2054 From 2054 From 2054 From 2055 From 2057 From 2068 From 2068 From 2069 From 2069 From 2069 From 2071 From 2071 From 2080 From | Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (pinor IRS approval required) - provide details in Part VI) 5 Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions (i) Excess Distributions (ii) (ii) (iii) Excess Distributions (iii) |

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treesury internal Reviews Service Name of the organization

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

Employor Identification number Cape Canaveral Lighthouse Foundation Inc 01-0655841 Organization type (check one): Filers of: Sections Form 990 or 990-EZ X 601(c)(3) (enter number) organization 4947(a)(1) nonexempt chardable trust not treated as a private foundation 527 political organization Form 890-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(o)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tolering \$5,000 or more (in money or property) from any one contributor, Consplete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) Illing Form 990 or 990-62 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 18b, and that received from any one contributor, during the year, total contributions of the greater of (4) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, ine 1. Complete Parts Land II. For an organization described in eaction 501(o)(7), (8), or (10) filing Form 990 or 990-EZ that recoived 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). U, and III. For an organization described in section 601(a)(7), (8), or (10) filling 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 taked more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chimispie, 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 (histisn'i covered by the Gonard Rule and/or the Special Rules doesn't file Schedule 8 (Form 990), but it

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

2. to certify that it doesn't meet the Illing requirements of Schedule 8 (Form 990).

must answer "No" on Part M. 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

Schedulo 8 (Form 980) (2022)

Schedule & (Form 990) (2022) Page 2 Name of organization Employer Identification number Cape Canaveral Lighthouse Foundation Inc 01-0655841 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 Calvin Myer Person K Payroll 6825 Davis Blvd Unit 340 Noncash 5,000 (Complete Part II for Naples FL 34104 noncash contributions.) (a) (b) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncesh contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Parson Payroll Noncash (Complete-Part II for noncesh contributions:) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for

noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

2022

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

| ings | | Employer soundinearors number |
|------|---|---------------------------------|
| | Canaveral Lighthouse Foundation Inc | 01-0655841 |
| 1 | art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco | unts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donar adviser Ends | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Approgate 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 use | ರೆ |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | |
| | conferring impermissible private benefit? | Yes No |
| Pa | t II Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purposa(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (for example, recreation or education) | stoncally important land area |
| | Protection of natural habitat Preservation of a co | artified historic structure |
| | Preservation of open space | |
| 2 | Complete tines 24 through 2d if the organization hald a qualified conservation contribution in the form of a | conservation |
| | easoment on the last day of the tex year. | Held at the End of the Tax Year |
| a | Total number of conservation easements | . 28 |
| b | Total acreage restricted by consurvation easements | |
| c | Number of conservation easements on a certifled historic structure included in (a) | . 2c |
| ď | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a | |
| | historic structure listed in the National Register | |
| 3 | Number of conservation easuments modified, transferred, released, extinguished, or terminated by the org | anazalion during the |
| | tax Apat. | |
| 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, bandling of violations, and enforcing conserve | fion easoments during the year |
| | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation (| sasements during the year |
| | | |
| 8 | Does each conservation essentant reported on line 2(d) above satisfy the requirements of section 170(h)(4) | (i) (i) |
| | and socion 170(h)(4)(B)(ii)? | |
| 9 | in Part XIII, describe how the organization reports conservation easements in its revenue and expense state | |
| | balance sheet, and include, if applicable, the text of the feethode to the organization's financial statements to | hat describes the |
| | organization's accounting for conservation easements. | |
| Par | III Organizations Maintaining Collections of Art, Historical Treasures, or Oth | ner Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 14 | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and be | |
| | of art, historical treasures, or other similar assets held for public autibilian, education, or research in further | ance of public |
| | service, provide in Part XIII the loxt 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 balant | ce sheet works of |
| | ers, bistorical treasures, or other similar assets held for public exhibition, education, or research in further an | ce of public service, |
| | provide the following amounts relating to these items: | |
| | (I) Revenue included on Form 990, Part VIII, line 1 | 5 |
| | (ii) Assels included in Form 990, Part X | S |
| 2 | If the organization received or held works of art, historical tressures, or other similar essets for financial gain | |
| | following amounts required to be reported under FASB ASC 958 relating to these items: | |
| B | Revenue included on Form 990, Part VIII, line 1 | \$ |
| b | Assets included in Form 990, Part X | |

| | urt III Organizations Maintainin | a Collections of | Art Historical | Tecacurac | OI | U1-06: | 5841 | p |
|----------------------|--|--|---|------------------------|-----------|-------------------------|---------------------|--------|
| 3 | Using the organization's acquisition, soce- | ssing and other mon | eds shock as all | treasures, | or Ot | ner Similar A | ssets (con | linue |
| | collection fixms (check all that apply): | solon, diny pindi 1800 | ice, check mily of th | a tollowing that t | TBKB Si | Outloant mae of #2 | | |
| a | | | 4 Th. | | | | | |
| b | Fig. 1 | | | or exchange pr | mergo | | | |
| c | | | □ Uthe | | | | | |
| 4 | | and the settlement of the sett | 1 1 11 1 11 | | | | | |
| - | Provide a description of the organization's XIII. | contections and expir | an how they further | ប្រភព្ធ ១៤៨២ មេស្ត | 'n oven | ipt purpose in Par | t | |
| 5 | | | | | | | | |
| | During the year, did the organization solicit | or receive donations | of art, historical tre | asures, or other | similar | | | |
| Par | assats to be sold to raise funds rather than | to be maintained as | part of the organiza | tion's collection' | | | Yes | |
| ı aı | complete if the organization | angements. Nanswered "Yes | " on Form 990. | Part IV line I | G or a | anadad as a- | | |
| | 990, Part X, line 21. | | · • • • • • • • • • • • • • • • • • • • | T LITTY, MILE. | a, ur i | chorac an su | HOURI OH F | orm |
| 1a | is the organization on agent trustee, custo | dian or other interme | diary for contribution | te ar albér sese! | be mad | | | _ |
| | included on Form 990, Part X7 | | | ie di Olijai adagi | TO INCIL | | Пи | 11 |
| b | If "Yes," explain the arrangement in Part XI | ll end complete the tr | alinwina tahle | ECTAL S SCHOOL | | | Yes | |
| | | The samples and it | SIN MATINI TERMS | | | T | TO DUE TO | |
| c | Beginning balance | 25 2 2 2 2 2 | - ALBORON MORROR W | | | | nount | |
| ď | Additions during the year | | | | | - | | |
| | Distributions during the year | | THE RESIDENCE OF STREET | C + G + E + C + S | 10 | | | |
| P | Ending helance | ***** | TO THE ROOM OF THE | ***** | - | | | |
| 2a | Ending belance | English to the page | 5350FF 9300 + + | *** * * * * * * * | 15 | | | |
| | Old the organization include an amount on | Form 990, Part X, line | e 21, for escrew or a | sustadial accoun | t llabili | y? | · Yes | |
| Pari | The distribution of the second | . Check here if the e | xplanation has been | provided on Pa | IIIX.ne | | | |
| di | | i to a | | | | | | - 5100 |
| | Complete if the organization | answered "Yes" | on Form 990, | Part IV, line 1 | 0. | | | |
| | | (#) Current year | (b) Pror year | (c) Two years a | arck | (Ф). Также учили звок | (e) Pour ye | arz bu |
| 12. | Beginning of year balance | | | | | | 1 11/1-12 | |
| Ь | Contributions | | | | - | | | |
| C | Net investment earnings, gains, and | | | | | | | |
| | losses a kitches e kiele a circa e a | | | | | | | |
| d | Grants or scholarships | | | | | | + | |
| • | Other expenditures for facilities and | | | | | | | _ |
| | ргодлагіз | | | | | | | |
| f | Administrative expenses | | | | _ | | - | |
| | End of year balance | | | | - | | | |
| | | | | | | | | |
| | Provide the estimated percentage of the cur | ront year end balanc | e (line tg. colume) (s | i)) hold as: | | | | |
| A | Board designated or quasi-endowment | | | | | | | |
| D | Permanent endowment% | | | | | | | |
| C | Tarm endovament % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | |
| a | Are there endowment funds not in the posse | salon of the organiza | illon that are held ai | of administered | for the | | | |
| | organization by: | | | | | | Ye | |
| | (i) Unrelated organizations | | | | | | | 15 |
| | (ii) Statated organizations | | | | | | 3a(I) | - |
| | If "Yos" on line 3a(ii), are the related organiza | | | ****** | * 8.5 | | 3a(li) | - |
| | | TRUTH | ea en achtagna a' i | | | | 3b | |
| b | Describe in Part XIII the Intended uses of the | CONTRACTOR OF CHARLES | | | | | | |
| Ь | Describe in Part XIII the intended uses of the | organization's endo | WITHERT IUNGS. | | | | | |
| Ь | VI Land, Buildings, and Equip | ment. | | least IS / II.a. da | | | | |
| Ь | Describe in Part XIII the Intended uses of the VI Land, Buildings, and Equip Complete if the organization | ment. answered "Yes" | on Form 990, F | art IV, line 11 | la Se | e Form 990, I | Part X, line | 10 |
| Ь | VI Land, Buildings, and Equip | ment. answered "Yes" (a) Cost or other | on Form 990, P | r CLUSK FORIN | | e Form 990, I | Part X, line | |
| art | Describe in Part XIII the intended uses of the VI Land, Buildings, and Equip Complete if the organization of property | ment. answered "Yes" | on Form 990, P | | (c) As | 1 | | |
| art | Describe in Part XIII the Intended uses of the VI Land, Buildings, and Equip Complete if the organization Description of property Land | ment. answered "Yes" (a) Cost or other | on Form 990, P | r CLUSK FORIN | (c) As | ट्रीक्षाच्य्य संस्थ | | |
| art | Describe in Part XIII the intended uses of the VI Land, Buildings, and Equip Complete if the organization of property | ment. answered "Yes" (a) Cost or other | on Form 990, F | r CLUSK FORIN | (c) As | ctursualed reciellon | (d) Book var | Link |
| art | Describe in Part XIII the Intended uses of the VI Land, Buildings, and Equip Complete if the organization Description of property Land | ment. answered "Yes" (a) Cost or other | on Form 990, F | r gmer Eagle other) | (c) As | ट्रीक्षाच्य्य संस्थ | (d) Book var | List- |
| art b E c l | Describe in Part XIII the Intended uses of the VI Land, Buildings, and Equip Complete if the organization Ossertation of property Land Buildings | ment. answered "Yes" (a) Cost or other | on Form 990, F | or coner Eaglis other; | (c) As | 75,027 | (d) Book van 771 | , 07 |
| art art b c d E | Describe in Part XIII the Intended uses of the VI Land, Buildings, and Equip Complete if the organization Description of property Land Buildings Buildings | ment. answered "Yes" (a) Cost or ollker ITIVEX.Liner | on Form 990, F | r gmer Eagle other) | (c) As | ctursualed reciellon | (d) Book van 771 | Urb |

Schedule D (Form 990) 2022

| (a) Countylion of security or springery Unduding rulina of security! | (b) Book easte | (c) Method of vehapors |
|--|------------------------|---|
| (1) Financial derivatives | | Gost or elid-of-post-marker virtue |
| (2) Closely-held equity interests | | |
| 3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) (F) | | |
| (G) | | |
| (H) | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII Investments - Program Related. | | |
| Complete if the organization answered "Yes" on Fo | rm 990, Part IV. line | 11c. See Form 990, Part X, line 13. |
| (स) विकासम्बद्धाः व शालस्यविकान | (lif Book value | (c) Mathod of valuation. Cost or anti-of-year market value. |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Part IX Other Assets. | | |
| Part IX Other Assets. Complete if the organization answered "Yes" on For | m 990. Part IV, line 1 | 1d. See Form 990, Part X, line 15. |
| Other Assets. Complete if the organization answered "Yes" on For (1) Description (1) Description | m 990. Part IV, line 1 | (b) Book value |
| Other Assets. Complete if the organization answered "Yes" on For (1) Description (2) | m 990, Part IV, line 1 | (б) Всок чания |
| Other Assets. Complete if the organization answered "Yes" on For (1) Description (2) (3) | m 990, Part IV, line 1 | (б) Всок чания |
| Other Assets. Complete if the organization answered "Yes" on For [1] Description [1] Description [2] [3] [4] | m 990, Part IV, line 1 | (б) Всок чания |
| Other Assets. Complete if the organization answered "Yes" on For [1] Description [1] Description [2] [3] [4] | m 990, Part IV, line 1 | (б) Всок чания |
| Other Assets. Complete if the organization answered "Yes" on For [1] Description [2] [3] [4] [5] | m 990. Part IV, line 1 | (б) Всок чания |
| Other Assets. Complete if the organization answered "Yes" on For [1] Description [2] [3] [4] [5] [6] | m 990, Part IV, line 1 | (б) Всок чания |
| Other Assets. Complete if the organization answered "Yes" on For (1) Description (2) (3) (4) (5) (6) (7) (8) | m 990, Part IV, line 1 | (b) Book value |
| Complete if the organization answered "Yes" on For (1Becurity deposit (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | m 990. Part IV, line 1 | (b) Beat value 2.5 |
| Complete if the organization answered "Yes" on For (1) Description (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form | | (b) Boot value 25 |
| Complete if the organization answered "Yes" on For (1Becurity deposit (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form line 25. | n 990, Part IV, line 1 | (b) Boot value 25 |
| Complete if the organization answered "Yes" on For [1] Description [2] [3] [4] [6] [6] [6] [7] [8] [9] [7] [8] [9] [7] [8] [7] [7] [8] [7] [7] [8] [7] [7] [8] [7] [7] [8] [7] [7] [8] [7] [7] [8] [7] [7] [8] [7] [8] [7] [8] [7] [8] [8] [8] [8] [8] [8] [8] [8] [8] [8 | n 990, Part IV, line 1 | (b) Boot value 25 |
| Complete if the organization answered "Yes" on For (1) Description (1) Description (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Fart X Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (A) Description of liability (b) steek v. | n 990, Part IV, line 1 | (b) Boot value 25 |
| Complete if the organization answered "Yes" on For [1] Description [2] [3] [4] [4] [5] [6] [6] [7] [8] [7] [7] [8] [7] [7] [7] [8] [7] [7] [7] [7] [7] [7] [7] [7] [7] [7 | n 990, Part IV, line 1 | (b) Boot value 25 |
| Complete if the organization answered "Yes" on For [1] Description [2] [3] [4] [5] [6] [6] [6] [7] [8] [6] [7] [7] [7] [8] [7] [7] [7] [7] [7] [7] [7] [7] [7] [7 | n 990, Part IV, line 1 | (b) Book value 25 |
| Complete if the organization answered "Yes" on For [1] Description [2] (1) Description [3] Description [4] Description [4] Description [4] Description [5] [6] [7] [7] [8] [8] [9] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1 | n 990, Part IV, line 1 | (b) Boot value 25 |
| Complete if the organization answered "Yes" on For [1] Description [2] [3] Description [4] Description [4] Description [5] [6] [6] [7] [6] [6] [7] [7] [8] [7] [7] [8] [7] [7] [8] [7] [7] [8] [7] [7] [8] [7] [8] [8] [8] [8] [8] [8] [8] [8] [8] [8 | n 990, Part IV, line 1 | (b) Boot value 25 |
| Complete if the organization answered "Yes" on For [1] Description [2] (1) Description [3] (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Description [4] (2) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | n 990, Part IV, line 1 | (b) Boot value 25 |
| Other Assets. Complete if the organization answered "Yes" on For (1) Description (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Pert X, col. (8) line 15.) Fart X Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (A) Description of liability (b) slock v. 1) Federal income taxes 2) (3) (4) (5) (6) (6) (7) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | n 990, Part IV, line 1 | (b) Boot value 25 |
| Complete if the organization answered "Yes" on For [1] Description [2] (1] Description [3] Description [4] Description [4] Description [4] Description [4] Description [4] Description [5] Description [6] Description [6] Description [6] Description [6] Description of liability [6] Description of liability [6] Block [6] Description of liability [6] Block [6] Description of liability [6] Block [6] Description [6] Description of liability [6] Block [6] Description [6] Descriptio | n 990, Part IV, line 1 | (b) Boot value 25 |
| Complete if the organization answered "Yes" on For (1Becurity deposit (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form line 25. | n 990, Part IV, line 1 | (b) Box value 25 |

SCHEDULE G (Form 990)

Name of the organizations

Department of the Treasury Internal Revenus Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 900, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.

Attach to Form 980 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

| Cap | e Canaveral Lighthouse F | oundation To | | | | Clubraya, intunit | |
|--------|--|------------------------|----------------|-------------------------------------|--------------------------|--|---|
| Pa | rt I Fundraising Activitie | s. Complete if t | he organiz | ation ansi | wered "Yes" on F | 01-05 | 55841 line 17 |
| - | Form 990-EZ filers are n | ot required to con | nolete this r | reinf | wordd 163 Oili | onn 550, Fait IV, | me ir. |
| 1 | Indicate whether the organization i | | | | Minn Charles all above a | | |
| | | ansar inises inichtiði | | | | | |
| | tool to the same of the same o | | * <u> </u> | | n of non-government | | |
| b | | | , i | | n of gavamment grer | te | |
| C | | | 0 | Special tu | ndraising events | | |
| d | | | | | | | |
| 2= | Old the organization have a written | or oral agreement | with any indiv | idual (includi | na officers, directors, | Inistans | |
| | or key employees listed in Form 99 | 0, Part VII) or entity | in connection | with arofesi | slandi fundrakima sez | vinės? | Yes |
| b | | viduals or entitles (f | (undraisers) p | urevent (o aç | greements undor whi | ch the fundraliser is to I | ж |
| | (If Name and address of individual or easily (fundament) | (II) Activity | a sustady o | eyar haganh Hoduco n Fencilud | (IV) Græs receipts | (v) Amount paid to (or retained by) fundrament listed in | (vi) Amount paid to (or relained by) |
| | | | Yes | | | coi. (i) | organization |
| 1 | | | 165 | No | 1 | | |
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| viol. | | | *USSA N. 1 . 1 | | | | |
| 3 | List all slates in which the organizati | | consect to sol | lett anatribus | nee ee baa kaas asii | Good la Survivia et al | |
| | registration or Itoansing. | ar is is given as as a | 100 10 301 | irit goliu dodli | mia ar utrž čebij Učili | iaa ii is exampt ilam | |
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| r Papi | arwork Reduction Act Notice, see the in | Itructions for Form 9 | 90 or 990-EZ. | | | Schr | dule G (Form 990) 20 |

869

| | | | (a) Evant at Muscle Car (event type) | (b) Event 2 Marathon (aventique) | (c) Other events | (d) Total events (add cot (a) through cot (e)) |
|------|---------------------------------|--|--|---|------------------------------|--|
| 2000 | 1 | Gross receipts | 36,355 | 13,942 | (lutal number) | 50, 29 |
| | 2 | Loss: Contributions | 20,080 | | | 20,08 |
| 1 | | Rns 2) | 16,275 | 13,942 | | 30.21 |
| | 4 | Gash prizes | | | | |
| | 5 | Noncash prizes | 2,917 | | | 2,91 |
| | 6 | Rent/fedility costs | 3,600 | 8,419 | | 12,01 |
| | 7 | Food and beverages | 3,000 | | | 3,00 |
| | 8 | Entertainment. | | | | |
| | 9 | Other direct expenses | 121 | 2,131 | | 2,25 |
| | 10 | Diruct expense summary. Add line: Net income summary. Subtract line | 10 from line 3, column (d) | | | 20,18 |
| | t III | Gaming, Complete if the org \$15,000 on Form 990-EZ, lin | e 6a. | s on Form 990, Part IV, II | ne 19, or reported more | than |
| | t III | \$15,000 on Form 990-EZ, lin | e (a) Binga | (b) Pull labulitations bingo/progressive bingo | ne 19, or reported more | (d) Total garning (add |
| | 1 | \$15,000 on Form 990-EZ, lin | e 6a. | (b) Pull habelinstons | - | (d) Total garning (add |
| | 1 2 | \$15,000 on Form 990-EZ, lin Grose revenue Cash prizes | e 6a. | (b) Pull habelinstons | - | (d) Total garning (add |
| | 2 3 | \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes | e 6a. | (b) Pull habelinstons | - | (d) Total garning (add |
| | 1 2 3 4 | \$15,000 on Form 990-EZ, lin Grose revenue Cash prizes | e 6a. | (b) Pull habelinstons | - | (d) Total garning (add |
| | 1 2 3 4 5 | \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes | e 6a. | (b) Pull labs/return bingo/progressive bingo | (e) Other galling Yes % | than (d) Total gaming (add cos. (a) through cos. (c) |
| | 1 2 3 4 5 5 | \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/hardity costs Other direct expenses | e წმ. (a) கிழைவ Yes | (b) Pull labs/returns bingo/progressive bingo Yes | (e) Other galling | (d) Totat gaming (add |
| | 1 2 3 4 5 5 6 7 | \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/hablity costs Other direct expenses Volunteer labor Direct expense zummary. Add lines | e Ça. (a) Bingo Yes ⅓ No 2 through 6 in column (d) | (b) Pull labeline (interpretation) bingo/progressive bingo Yes No | (e) Other gaining Yes %h | (d) Totat gaming (add |
| | 1 2 3 4 5 | \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes RentWaclity coats Other direct expenses Volunteer labor Direct expense zummary, Add lines Net gaming Income summary, Subt | e (a) Bings (a) Bings Yes % No 2 through 6 in column (d) | (b) Full tabulins (and bings/progressive bings Yes No | (e) Other gaining Yes %h | (d) Total garning (add |
| | 1 2 3 4 5 5 6 7 8 Enter list th | \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/hablity costs Other direct expenses Volunteer labor Direct expense zummary. Add lines | e Ga. (a) Binga Yes % No 2 through 6 in calumn (d) ract line 7 from line 1, coluin conducts geming ectivities in each of | (b) Full tabulinations bingo/progressive bingo Yes No Mo fies: [hese states?] | (e) Other garining Yes % No | (d) Total gaming (add col. (c) |

Schedule G (Farm 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-52 or to provide any additional information.

Attach to Form 990 or Form 990-E2.

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

2022 2022

Open to Public

Employer identification number Cape Canaveral Lighthouse Foundation Inc 01-0655841 01. Members or stockholder classes and rights (Part VI, line 6) The Foundation is governed solely by its Board of Directors. Members are non-voting and are not involved in the day to day activities of the Foundation. There are six [6] classes of membership based on the amount of the annual dues. Membership benefits consist primarily of access to the Cape Canaveral lighthouse and the Foundations' historical marcrisis 02. Form 990 governing body review (Part VI, line 11) The Foundation's Treasurer and other key members of the governing body raview Form 950 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 nowines identification number on Form 1099-K. This income is 100% the Organizations and not the nominee. OS. List of other fees for services expanses (Part IX, line ilg) 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. \$13,750

Веропроин оГен Тивеску

internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Attactenant

Sequence No. 179 Name(s) shown on celum Business or activity to which this form relates Identifying number Cape Canaveral Lighthouse Founda FORM 990 - 1 01-0655841 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I, 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 Dollar limitation for tax year. Subtract line 4 from line 1. If zoro or less, enter -0-, if married filling separately, see instructions 6 (a) Description of property (b) Cost (business use dirty) (c) Elected cont. Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 8 or line 8 9 10 Corryover of disallowed deduction from line 13 of your 2021 Form 4562 10 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. 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 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.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 22,905 Part III MACRS Depreciation (Don't Include listed property. See Instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2022. If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (c) Basis for depreciation b) Morett and year (d) Recovery (a) Classification of property (business/investment use placed in (#) Convention (f) Method (g) Depreciation deduction **IEVICE** only-see instructions! 19a 3-year property b 5-year property 22,850 81 571 7-year property d 10-year property 15-year property 20-year property g 25-year property 25 yrs. SA h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L property MM S/L Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life SIL 12-year 12 yrs. SIL C 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM SIL Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 23,476 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

| Elections | 1 |
|---|------------|
| (This page is s-flied with the return, Include it if paper-filing.) | 2022 PG01 |
| Name(ii) its sharen on nyturn | SSWEW |
| 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

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001956

Entity Name: CAPE CANAVERAL LIGHTHOUSE FOUNDATION

INCORPORATED

Current Principal Place of Business:

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

Current Mailing Address:

PO BOX 1978 CAPE CANAVERAL, FL 32920-1978

FEI Number: 01-0655841 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPE CANAVERAL LIGHTHOUSE FOUNDATION 2420 SYKES CREEK DRIVE MERRITT ISLAND, FL 32953 US

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

SIGNATURE: BRENDAN MCMILLIN

02/02/2024

FILED Feb 02, 2024

Secretary of State

1258494867CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title P Title TREASURER

NameECKER, RONALDNamePASSARELLI, JAMES AAddress235 MAPLE DRAddress2420 SYKES CREEK DRIVECity-State-Zip:SATELLITE BEACH FL 32937City-State-Zip:MERRITT ISLAND FL 32953

 Title
 VP
 Title
 SECRETARY

 Name
 SMITH, SHANE
 Name
 DOOLEY, JILL

 Address
 4411 CHARDONNAY DR
 Address
 PO BOX 1978

City-State-Zip: VIERA FL 32955 City-State-Zip: CAPE CANAVERAL FL 32920

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES PASSARELLI

TREASURER

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

For TDO use: PROJECT #- C10-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Melbourne Main Street | |
|------------------------|--|
| Year-round programming | |
| | |

| | Yes | No | Comment |
|------------------------------------|-----|----|----------|
| Completed questionnaire | Х | | |
| Copy of 990 form (if applicable) | Х | | |
| Copy of IRS Articles of | | v | 21/2 |
| Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – | | | |
| (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | Х | | |
| Copy of this MSP checklist | Х | | |

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

| Cranis, Peter | Digitally signed by Cranis, Peter Date: 2024.10.17 11:05:49 -04'00' |
|---------------|--|
| | |

Peter Cranis, Executive Director

FY 2024-2025 Warketing Support Program application

Response ID:76 Data

| | 2. (| untitl | led' |
|--|------|--------|------|
|--|------|--------|------|

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



Signature of: Kim Agee

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Melbourne Main Street

Organization address

2004 Vernon Place

State

FL

City

Melbourne

Zip

32901

Primary contact name

Kim Agee

Primary contact phone number

321-806-9144

Primary contact email

kim@downtownmelbourne.com

Secondary contact name

Lindsey Bolduc

Secondary contact phone number

321-724-1741

Secondary contact email

events@dowtownmelbourne.com

Organization website address

www.DowntownMelbourne.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

34-1977660

7. (untitled)

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

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

8. (untitled)

1. E7 ENT INFORMATION

Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Radio

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

Social hashtags

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

TV/Video

Other - Please be specific: Direct Email Campaign

13. (untitled)

9. What are your social media handles?

Face book: melbourne main street; @down tow melbourne; melbourne food and wine fest

Instagram: melbournemainstreet; melbourne_fawf; downtownmelbournefl

14. (untitled)

,. What hashtags do you use?

#downtownmelbournefoodandwinefest; melbournemainstreet; dtmbfoodandwinefestival; buyyourticketstoday

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Billboards

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Radio Social media post TV/Video Website/blog

17. (untitled)

- 12. Upload a copy of your organization's IRS Determination letter.
 - 3_Melbourne_Main_Street_IRS_Determination_Ltr.pdf

18. (untitled)

- 13. Upload a copy of your organization's , , 0 form.
 - 5_Melbourne_Main_Street_2023_Tax_Return_Documents_990.pdf

19. (untitled)

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

20. (untitled)

- 14. If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.
 - 3_Melbourne_Main_Street_IRS_Determination_Ltr.pdf

21. (untitled)

15. Upload your completed Checklist.

MSP_applicant_checklist_9-27-2024_(signed).pdf

22. (untitled)

16.

ATTESTATION

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



Signature of: Kim Agee

23. Thank You!

New Send Email

Oct 11, 2024 12:28:46 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

DEPARTMENT OF THE TREASURY

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

Date:

MAY 2 1 2004

MELBOURNE MAIN STREET INC 1908 MUNICIPAL LN MELBOURNE, FL 32902-0754

Employer Identification Number: 34-1977660 DLN: 17053118051044 Contact Person: ZENIA LUK ID# 31522 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Foundation Status Classification: 509(a)(1) Advance Ruling Period Begins: October 31, 2003 Advance Ruling Period Ends: December 31, 2007 Addendum Applies: No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

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

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)

MELBOURNE MAIN STREET INC

a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change or your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period

Letter 1045 (DO/CG

MELBOURNE MAIN STREET INC

that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

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

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

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

Letter 1045 (DO/CG)

MELBOURNE MAIN STREET INC

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

Sincerely yours,

Lois G. Eerner

Director, Exempt Organizations Rulings and Agreements

Enclosure(s):
Form 872-C

Letter 1045 (DO/CG)

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

Date: 13 2008

MELBOURNE MAIN STREET INC PO BOX 754 MELBOURNE, FL 32902-0754 Employer Identification Number:
34-1977660
DLN:
17053335739087
Contact Person:
TRACY PRATER ID# 31330
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated May 2004, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Robert Choi

Director, Exempt Organizations

Rulings and Agreements

Letter 1050 (DO/CG)



In reply refer to: 0248206044 Oct. 08, 2014 LTR 4168C 0 34-1977660 000000 00

00018470

BODC: TE

MELBOURNE MAIN STREET INC % ROBERT W PINNICK 1908 MUNICIPAL LN MELBOURNE FL 32901



012968

Employer Identification Number: 34-1977660
Person to Contact: Ms. Smith
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 29, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 2004.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

BULLOCK & LESLIE TAX & ACCOUNTING

1490 HIGHWAY AIA SUITE 302 SATELLITE BEACH, FL 32937 SHERRILL@BGLCPA.COM Phone: (321)752-5553 | Fax: (321)752-5556

April 18, 2024

Melbourne Main Street Inc 2004 Vernon Place Melbourne, FL 32901

Melbourne Main Street Inc.

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Melbourne Main Street Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (321)752-5553.

Sincerely,

Sherrill A Bullock CPA
BULLOCK & LESLIE TAX & ACCOUNTING

BULLOCK & LESLIE TAX & ACCOUNTING

1490 HIGHWAY A1A SUITE 302 SATELLITE BEACH, FL 32937 SHERRILL@BGLCPA.COM Phone: (321)752-5553 | Fax: (321)752-5556

April 18, 2024

Melbourne Main Street Inc 2004 Vernon Place Melbourne, FL 32901

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (321)752-5553.

Sincerely,

Sherrill A Bullock CPA
BULLOCK & LESLIE TAX & ACCOUNTING

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.

OMB No. 1545-0047

Open to Public

| | | nue Service | Go to w | ww.irs.gov/Form990 for instructions | and the lates | t inform | ation. | | Inspection |
|-------------------------|--------------|---|---------------------------------|--|---------------------|------------|----------------|--------------|-----------------------------|
| A | For the | e 2023 calend | ar year, or tax year begir | nning | , 2023, | and endi | ng | | , 20 |
| В | Check if | applicable: | C Name of organization ME | ELBOURNE MAIN STREET INC | | | | D Empl | loyer identification number |
| | Address | change | Doing business as | | | | | | 34-1977660 |
| | Name ch | ange | Number and street (or P.O. br | ox if mail is not delivered to street address) | | Room/su | ite | E Telep | phone number |
| | Initial retu | um | 2004 VERNON PI | LACE | | | | | (321) 724-1741 |
| | Final retu | urn/terminated | City or lown, state or province | e, country, and ZIP or foreign postal code | | | | G Gros | s receipts |
| | Amended | d return | MELBOURNE, FL | 32901 | | | | s | 553,395 |
| | Application | on pending | F Name and address of principa | | | | H(a) Is this a | group return | for subordinates? Yes X No |
| | | | PO BOX 754 ME | LBOURNE FL 32902 | | | H(b) Are all | subordinat | tes included? Yes No |
| | Tax-exen | npt status: X | 501(c)(3) 501(c) (|) (insert no.) 4947(a)(1) or | 527 | | lf "No," | attach a li | st, See instructions |
| - | Website: | | . DOWNTOWNMELBOURI | | | | H(c) Group | exemption | number |
| ĸ | Form of c | organization: X | Corporation Trust Ass | sociation Other | L Year of format | ion: 200 | 3 M S | State of leg | gal domicile: FL |
| Pa | rt I | Summar | | | | | | | |
| | 1 | Briefly descr | ibe the organization's miss | ion or most significant activities: SEE | SCHEDULE | 3 0 | | | |
| | | | - | - | | | | | |
| Se | | | | | | | | | |
| nar | | | | | | | | | |
| Activities & Governance | 2 | Check this be | ox if the organization of | discontinued its operations or disposed of | f more than 25 | 5% of its | net assets. | | |
| ĝ | 3 | | _ • | erning body (Part VI, line 1a) | | | | 3 | 14 |
| •ర | 4 | | • | rs of the governing body (Part VI, line 1b | | | | 4 | 14 |
| ties | 5 | | | n calendar year 2023 (Part V, line 2a) | 1980 | | | 5 | 4 |
| ξį | 6 | | r of volunteers (estimate if | | 100 | | | 6 | |
| A | 1 | | • | Part VIII, column (C), line 12 | | | | 7a | 0 |
| | | | | e from Form 990-T, Part I, line 11 | | | | 7b | 0 |
| | 1 | 110t amoiate | 3 Dadinood taxadio into inc | nontrolling of the distribution of the state | 4 | | Prior Year | 1 | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | | | | | | 184,831 |
| Ф | 9 | | | | | 7 | | ,217 | 30,141 |
| Revenue | 10 | | | | | | | | 0 |
| e Ve | 11 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | ,387 | 117,873 |
| œ | 12 | | | | | | ,783 | 332,845 | |
| | 13 | | | IX, column (A), lines 1-3) | | _ | 230 | , 703 | 332,043 |
| | 14 | | | X, column (A), line 4) | | | | | 0 |
| | | • | | The state of the s | | | 200 | ,562 | 208,752 |
| S | 15 | | | e benefits (Part IX, column (A), lines 5-1 column (A), line 11e) | - | | 203 | , , , , , | 0 |
| Expenses | | | sing expenses (Part IX, co | 1 (D) II OF | | | | 27-53 | <u>_</u> |
| xpe | | | • . | · · · · · · · · · · · · · · · · · · · | | | 100 | ,278 | 122 254 |
| Щ | 17 | | ses (Part IX, column (A), li | · · | | | | | 123,354 |
| | 18 | • | · | t equal Part IX, column (A), line 25) | | | | ,840 | 332,106 739 |
| - 1 | 19 | Revenue les | s expenses. Subtract line | 18 from line 12 | | | | .,057) | |
| 0 | 2 | T-4-14- | (Dard V. line 40) | | | Begli | nning of Curr | | End of Year |
| sset | 20 | | ` | | | | 04 | ,609 | 104,953 |
| Net Assets or | 21 | | • • | in a 24 from line 20 | ALASSIS A NOS | | 0.4 | 330 | 19,935 |
| | rt II | | re Block | line 21 from line 20 | | | - 03 | ,279 | 85,018 |
| | | | | ırn, including accompanying schedules and statemer | nts and to the best | of my know | viedge and bel | ief. it is | |
| | | | | ficer) is based on all information of which preparer ha | | | | - | |
| | | , , , , , , , , , , , , , , , , , , , | EDIY AGER | | | | | | |
| Sig | n | Signature of office | ERLY AGEE | | | | | Da | ite |
| _ | | " | | THE DIRECTOR | | | | | |
| Her | e | Type or print nan | ERLY AGEE, EXECUT | IVE DIRECTOR | | | | | |
| | | Print/Type pre | | Preparer's signature | Date | | 1 ~ | Π | PTIN |
| De: | | | | Trongs-and-a | | 24 | Check | ∐ if | |
| Pai | | | | SHERRILL A BULLOCK CPA | 04-18-20 | | self-em | ployed | P00524441 |
| | parer | | | & LESLIE TAX & ACCOUNTING | | | irm's EIN | _ | |
| USE | Only | Firm's address | | SHWAY Ala SUITE 302 | | P | hone no. | | |
| | | | | TE BEACH FL 32937 | | | | 321- | 752-5553 |
| Way | the IR9 | S discuss this | return with the preparer sh | nown above? See instructions | | | | | X Yes No |

890

Part IV Checklist of Required Schedules

| | | | Yes | No |
|---------|--|------|-------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| • | complete Schedule A | 1 | х | |
| 2 3 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part L | 3 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | - | | _x_ |
| • | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| - | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | - X | |
| _ | VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12, that Is 5% or more | I Id | Х | _ |
| D | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL | 11b | | х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more | 1.2 | | |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, tine 25? If "Yes," complete Schedule D, Part X | 11e | | x |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | x |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | _ | <u>X</u> |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | v |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 1-70 | | <u>x</u> |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | <u>x</u> |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b ~4 | 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 | ,, | | |
| ĒΕΑ | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 990 / | X X |
| _EA | | LOIL | ・フプリ(| 2023) |

| Pa | art IV Checklist of Required Schedules (continued) | | Yes | No |
|----------|---|------|-----|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | х |
| 24a | | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| _ | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | | 24b | _ | - |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | _ | - |
| d a=- | 5 , 5 , | 24d | | |
| 25a | | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| 20 | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part. II | 00 | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | 26 | | X |
| 21 | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | v |
| 28 | Was the organization a party to a business transaction with one of the following parties (See the Schedule | 21 | | X |
| 20 | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | 1 3 |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| a | "Yes," complete Schedule L, Part IV | 28a | | x |
| ь | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | _ |
| • | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | - |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 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.Vl | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | t 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 | | | |
| | i i | | 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 in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | - | 220 |
| | reportable gaming (gambling) winnings to prize winners? | 1 1C | | X |

| Form | 990 (2023) MELBOURNE MAIN STREET INC | 34-19776 | 60 | F | age 5 |
|----------|---|--------------------|-----|-----|-------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 1531 | | 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 | х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | х |
| 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 (FBA | R). | 100 | | |
| 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). | | | | 1= |
| а | 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? | 1 | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | |
| е | 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 re- | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | 5 A 1030 | 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. | | | 1 | |
| 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: | 0a | | | |
| a | | | | | |
| b | | 0b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1a | | | |
| a | F | Ia . | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | 1b | | | au Y |
| 120 | against amounts due or received from them.) | 10 | 12a | | |
| 12a b | 1 | 2b | IZG | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 20 | | 400 | 100 |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | 18 66612 566 | 100 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 1 | | | |
| | | 3b | | | |
| С | | 3c | | 5 | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | х |
| 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 | 2 200 2 2 2 2 | | | |
| | excess parachute payment(s) during the year? | THE RESERVE | 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? | . W 400459 W 40045 | 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. | | | | |
| _ | | | | | |

| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | | | |
|---------|--|-----|-----|-----|
| Se | Check if Schedule O contains a response or note to any line in this Part VI ection A. Governing Body and Management | | | X |
| | outer 711 Coverning Dody and management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | 110 |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| b | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | x |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | - | | * |
| - | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | - | | Λ. |
| | one or more members of the governing body? | 70 | | v |
| b | TOTAL A FOUN A | 7a | | Х |
| _ | stockholders, or persons other than the governing body? | 7b | | v |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 70 | | Х |
| Ü | the year by the following: | | Ä., | |
| а | The governing body? | 0- | | |
| b | Each committee with authority to act on behalf of the governing body? | 8a | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 8b | Х | _ |
| J | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q | 9 | | ., |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 9 | | Х |
| 000 | Strong B. 1 Onoics (This Section & requests information about policies not required by the linternal Nevenue Code.) | | Yes | Ma |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 162 | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | IUa | _ | X |
| b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 406 | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | | - |
| b | WILL TORREST TO | 11a | - | X |
| 12a | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 40- | | - |
| b | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | - |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 40. | | |
| 42 | describe on Schedule O how this was done | 12c | | 920 |
| 13 | Did the organization have a written whistleblower policy? | 13 | | х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| _ | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | х |
| 40- | 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 | 11 | | |
| | with a taxable entity during the year? | 16a | _ | х |
| 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 | | | |
| <u></u> | organization's exempt status with respect to such arrangements? | 16b | | |
| _ | tion 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 | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records. | | | |
| | KIMBERLY AGEE (321)724-1741, 2004 VERNON PLACE, MELBOURNE, FL 32901 | | | |

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

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

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

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

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

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

See instructions for the order in which to list the persons above.

| Check this box it neither the organization nor any relat | ed organiza | tion co | mpen: | sate | a any | y curr | ent | officer, director, or | trustee. | |
|--|---|-------------|---------------------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | | | (C | ;) | | | | | |
| (A) | (B) | | | Posil | | | | (D) | (E) | (F) |
| Name and title | Average hours per week | box | not ched , unless cer and | pers | on is b | oth an | | Reportable compensation from the | Reportable compensation from related | Estimated amount of other compensation |
| | (list any hours for related organizations below dotted line) | or director | Institutional frustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| _(1)DAVID_CABLE DIRECTOR | \ | x | | | | P | 6 | 0 | 0 | 0 |
| (2) JOHN FRAZIER JR. DIRECTOR | | x | | | | | | 0 | | |
| (3) JASON WILLIAMS | - 100 | Α | | + | + | _ | + | U | 0 | 0 |
| DIRECTOR | | x | | | | | | 0 | 0 | 0 |
| _(4) TERRY_LOCKE TREASURER | | x | | x | | | | 0 | 0 | 0 |
| (5) CASSANDRA HARTFORD | | | | | | | | | | |
| BOARD CHAIR | | х | | x | - | _ | _ | 0 | 0 | 0 |
| (6) COREY RUNTE PAST CHAIR | | х | | x | | | | 0 | 0 | 0 |
| (7)ALBERT LUER IMMEDIATE PAST CHAIR | | x | | x | | | | 0 | 0 | 0 |
| (8) ALEXIS MCGUIRE VICE CHAIR | | х | | x | | | | 0 | 0 | 0 |
| (9) LORY MILTON TREASURER | | | | x | | | 1 | 0 | 0 | 0 |
| (10)KIMBERLY AGEE EXECUTIVE DIRECTOR | 40.00 | | | | x | | | 0 | 0 | 0 |
| (1) | | | | | | | | | , and the second | |
| (12) | | | | T | T | | 1 | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | + | | | | | |

| Par | t VII Section A. Officers, Directors, 1 | rustees, | Key | Em | plo | yee | es, ai | nd l | lighest Comp | ensated Emple | oyees | (conti | nue |
|---------|---|------------------------|----------------|----------------------|--------|--------------|-----------------------|-------|--------------------------------|-------------------------------------|-----------------|--------------------|--------|
| | | | | | | (C) | | | 77. | | | | |
| | (A) | (B) | | | | sition | | | (D) | (E) | | (F) | |
| | Name and litle | Average | , | | | | than one is both a | | Reportable | Reportable | Estim | ated am | ount |
| | | hours | | | | | r/trustee | | compensation | compensation | | of other | |
| | | per week | | | | | | | from the organization (W-2/ | from related organizations (W-2/ | | npensati om the | on |
| | | (list any hours for | 9 8 | II II | Office | 2 | em | Forme | 1099-MISC/ | 1099-MISC/ | | nization | and |
| | | related | irect | 100 | 8 | <u>d</u> | oloye | mer | 1099-NEC) | 1099-NEC) | related | l organiz | ations |
| | | organizations | or director | nar | | ney employee | ñ S | | | | | | |
| | | below | 000 | nstitutional trustee | | ä | employee | | | | | | |
| | | dotted line) | | 6 | | | aled | | | | | | |
| | | | - | | | | | | | | | | _ |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | H | - | | | | | | | |
| | | | | | | | | | | | | | |
| (18)_ | | | | | | | | | | | | | |
| (19)_ | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | _ |
| =(0.00) | | | | | | | - 10 | | | | | | |
| (21)_ | | | | | | 4 | | ٩, | | | | | |
| (22) | | | | à | | | 7 | | | | | | |
| (23) | | | ,e000 | 4 | - | | 1 | | - T | | | | |
| | | | | | | | | | A . | | | | |
| (24) | | | 1 | | 1 | 1 | 6 | | ~ | | | | |
| (25) | | A | -10 | Ì | ď | | 7 | Þ | | | | | |
| | 0.11.4.1 | | | Ш | | | | | | | | | |
| 1b | Subtotal | | | | | | | - 1 | | | | | |
| C | Total from continuation sheets to Part VII, Sect | | | | | | | - 1 | | | | _ | _ |
| d | Total (add lines 1b and 1c) Total number of individuals (including but n | | | | | | | | 0 | 0 | | | 0 |
| 2 | reportable compensation from the organiza | | 11105 | E 115 | leu | auc | ve) w | 1101 | eceived more in | an \$100,000 or | | | |
| | rependation from the organiza | lion | | | _ | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, direc | tor, trustee, I | кеу еп | volar | vee. | or h | iahest | соп | npensated | | | 100 | 110 |
| | employee on line 1a? If "Yes," complete Schedul | | - | | | | - | | - | erada ek erreden ok so | 3 | | х |
| 4 | For any individual listed on line 1a, is the sum of re | eportable cor | npensa | ation | and | oth | er com | pens | sation from the | | | | |
| | organization and related organizations greater th | an \$150,000 | ? <i>If</i> "Y | 'es," | com | plei | e Sch | edule | e J for such | | | - | |
| | individual | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or accrue | 100 | | _ | | | _ | | | | | | |
| | for services rendered to the organization? If "Yes | ," complete | Sched | ule J | l for | suc | h pers | on . | | | 5 | | Х |
| | on B. Independent Contractors | | | - | | _ | | | | | | | |
| 1 | Complete this table for your five highest cor | | | | | | | | | | | 4 | |
| - | compensation from the organization. Repor | compensa | ation i | or tr | ne c | ale | nuary | ear | | vitnin the organiz | | tax ye | ar. |
| | Name and business addres | 9 | | | | | | | (B) Description of service | | (C) Compensa | ition | |
| - | Hame and business address | J | | | | _ | | _ | Description of service | ,,, | Compense | mon | |
| 2 | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in | | | | | | ose li | sted | above) who | | | | |
| | received more than \$100,000 of compensat | ion from th | e orga | anız | atio | 1_ | | | | | | | _ |

| - | | Check if Schedule O contains a re- | spons | se or note to any li | (A) | (B) | (C) | (D) |
|---|-----|--|---------------|--|---------------|------------------------------------|-------------------------------|--|
| | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512–514 |
| | 1a | Federated campaigns | 1a | | | | | |
| (0 | l b | Membership dues | 1b | 15,073 | | . B 'i | | y units |
| ants | c | Fundraising events | 1c | | | | | |
| 2 5 | d | Related organizations | 1d | | | | | |
| ar A | e | Government grants (contributions) | 1e | 161,483 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contributions, gifts, grants, | | | | | | |
| | | and similar amounts not included above | 1f | 8,275 | | | | |
| | g | • | | 1. | | | V. | Trees. |
| a di | | lines 1a-1f | 1g | \$ | | | | To be a second |
| | h | Total. Add lines 1a-1f | | | 184,831 | | | |
| | | | Business Code | | | | | |
| Program Service Revenue | | DOWNTOWN DIRECTORY | | 561499 | 28,161 | 28,161 | | - |
| | b | WAYFINDING SIGNS | | 561499 | 1,980 | 1,980 | | |
| Jram Serv Revenue | C | · | | | | | | |
| eve eve | d | l s | _ | | | | | |
| ξ. | e | | | | | | | |
| <u>~</u> | | All other program service revenue | | | | | | |
| - | g | | | | 30,141 | | | |
| | 3 | Investment income (including dividends, interest as a similar and a simi | | | 70 | | | |
| | | other similar amounts) | | | 9.9 | | | |
| | 5 | * | | | | | | ļ |
| | " | Royalties | | -0.00 | | | | |
| | 6a | | | (ii) Personal | 100 | | | STEEL STATE |
| | | Less: rental expenses 6b | elille. | | Carried Till | | | |
| | | Rental income or (loss) 6c | | B 18 18 | New Street | 100 | | 100 |
| | 1 | | | | 1 1 | | | |
| | 1 | ` <u> </u> | | (ii) Other | | | 1 - 15 | |
| | /a | Gross amount from (i) Securiti | 03 | (ii) Oulei | A A A . | | | |
| | | other than inventory 7a | 76 | | | | | A 12.5 |
| | b | Less: cost or other basis | | TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVICE STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NA | A 1 | | | |
| Φ | ~ | and sales expenses 7b | | | | | | |
| n. | c | Gain or (loss) 7c | | | | | | |
| e K | | Net gain or (loss) | | TANTANTA OF ANTANTA OF | | | | |
| Other Revenue | | Gross income from fundraising | ì | | | | | |
| Ě | | events (not including \$ | | | | A Dec | | |
| O | | of contributions reported on line | - | | | 13. 3.3 | | |
| | | 1c). See Part IV, line 18 | 8a | 338,423 | | A 14 15 1 | | |
| | b | Less: direct expenses | 8b | | | | | 1 10 10 10 |
| | | Net income or (loss) from fundraising event | | | 117,873 | | | 117,873 |
| | | Gross income from gaming | | | | | | |
| | | activities. See Part IV, line 19 | 9a | | N 44 3 | | | al last |
| | b | Less: direct expenses | 9b | | | | | |
| | c | Net income or (loss) from gaming activities | | | | | | |
| | 10a | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | 10a | | | 1 2 | | 10-1 |
| | b | Less: cost of goods sold | 10E | | y to be in | | | |
| | С | Net income or (loss) from sales of inventory | <i>i</i> | | | | | |
| | | | | Business Code | | | | |
| SI | 11a | | | | | | | |
| on i | b | | | | | | | |
| ella | С | | | | | | | |
| Miscellanous Revenue | | All other revenue | | | | | | |
| 2 | | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instructions | | | 332,845 | 30,141 | 0 | 117,873 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 119,406 95,524 11,941 11,941 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 74,546 59,638 7,454 7,454 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 14,800 11,840 1,480 1,480 11 Fees for services (nonemployees): Legal........ b С 16,244 16,244 d Professional fundraising services. See Part IV, line 17. . e f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . 3,936 3,716 110 110 12 7,276 1,455 5,821 13 4,744 3,402 671 671 14 1,871 1,497 187 187 15 16 12,287 9,829 1,229 1,229 17 3,562 3,533 26 3 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 3,473 2,689 448 336 20 21 22 Depreciation, depletion, and amortization 23 2,082 2,082 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a HOLIDAY LIGHTS LEASE 47,300 47,300 TELEPHONE AND INTERNET 1,856 1,484 186 186 BANK AND CREDIT CARD FEES 7,889 6,603 643 643 PRINTING 9,187 9,187 187 187 All other expenses 1,647 1,273 Total functional expenses. Add lines 1 through 24e. . 332,106 261,911 45,768 24,427 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023) MS
Part X Balance Sheet

| | Check if Schedule O contains a response or note to any line in this Part X | | | |
|----------------------------------|--|-------------------|-----|-------------|
| | | (A) | 9 | (B) |
| | | Beginning of year | | End of year |
| 1 | Cash - non-interest-bearing | 82,583 | 1 | 35,219 |
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | 971 | 4 | 68,412 |
| 5 | Loans and other receivables from any current or former officer, director, | | - 1 | |
| | 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 9 | Inventories for sale or use | | 8 | |
| 9 | Prepaid expenses and deferred charges | | 9 | 267 |
| 10 | | | | |
| | basis, Complete Part VI of Schedule D 10a 3,784 | | | |
| | Less: accumulated depreciation | | 10c | |
| 11 | Investments - publicly traded securities | | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 1,055 | 15 | 1,055 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 84,609 | 16 | 104,953 |
| 17 | Accounts payable and accrued expenses | 330 | 17 | 10,720 |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | k. | 19 | 9,215 |
| 20 | Tax-exempt bond liabilities | VIA. | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 25 | 21 | |
| 22 | Loans and other payables to any current or former officer, director, | 9 | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | of Schedule D | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 330 | 26 | 19,935 |
| | Organizations that follow FASB ASC 958, check here | | | 15,755 |
| - 1 | and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 75,903 | 27 | 76,642 |
| 28 | Net assets with donor restrictions | 8,376 | 28 | 8,376 |
| | Organizations that do not follow FASB ASC 958, check here | 0,370 | 20 | 8,370 |
| | and complete lines 29 through 33. | 10 mm - 5 | | |
| 20 | | | 29 | |
| 29 | | | 30 | |
| 30 | | | | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | 04 0== | 31 | 05.015 |
| 27 28 29 30 31 32 | Total list littles and act see to the delegation | 84,279 | 32 | 85,018 |
| 33 | Total liabilities and net assets/fund balances | 84,609 | 33 | 104,953 |

EEA Form **990** (2023)

| Forn | 1 990 (2023) MELBOURNE MAIN STREET INC | 34-19776 | 60 | P | age 12 |
|------|---|--------------|------|---|--------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 332, | 845 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 332, | 106 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 739 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 84, | 279 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| _ | 32, column (B)) | 10 | | 85, | 018 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | •:::::::::::::::::::::::::::::::::::::: | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | 4 | | |
| | Schedule O. | | 150 | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | 0.8 | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | | |
| | | | 1000 | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2 2/2/2012 2 | 2b | | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both. | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | SILL | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | x |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | x |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| EEA | | | Forn | 9 90 (| (2023) |

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

nation. Inspection
Employer identification number

| MEL | BOT | URNE MAIN STREET INC | | | | | 34-197766 | 0 |
|-----|------|---|--|--|--|--------------|-------------------------------------|-----------------------------------|
| Pa | rt I | Reason for Public Cha | rity Status. (Al | I organizations mus | t comple | ete this p | art.) See instruction | ons. |
| The | orga | anization is not a private foundation be | ecause it is: (For lin | es 1 through 12, check of | only one bo | x.) | | |
| 1 | | A church, convention of churches, | or association of c | hurches described in se | ction 170(| b)(1)(A)(i) | ı . | |
| 2 | | A school described in section 170 | (b)(1)(A)(ii). (Attac | h Schedule E (Form 990 | 0).) | | | |
| 3 | Ī | A hospital or a cooperative hospita | l service organizat | ion described in section | 170(b)(1) | (A)(iii). | | |
| 4 | Ē | A medical research organization o | _ | | | | (b)(1)(A)(iii). Enter the | |
| | | hospital's name, city, and state: | • | · · | | | | |
| 5 | Г | An organization operated for the be | nefit of a college o | r university owned or ope | erated by a | governme | ental unit described in | |
| • | _ | section 170(b)(1)(A)(iv). (Complete | - | , | | • | | |
| 6 | Г | A federal, state, or local government | | unit described in section | n 170(b)(| 1)(A)(v). | | |
| 7 | F | An organization that normally received | | | | | rom the general public | |
| ' | _ | described in section 170(b)(1)(A)(| | | 0 1011111011 | ar arme or r | ioni ino gonorai pazilo | |
| 8 | Г | A community trust described in sec | - ' ' | | | | | |
| 9 | F | An agricultural research organization | | | nerated in | conjunctio | n with a land-grant coll | lene |
| 3 | _ | or university or a non-land-grant col | | | | - | | log c |
| | | | nege or agriculture | (See Instructions). Litter | the Haine, | city, and s | Bite of the college of | |
| 10 | X | university: An organization that normally receive | os (1) moro than 3 | 2 1/2% of its support fm | m contribu | tions man | herehin fees and ares | e |
| 10 | | receipts from activities related to its | exempt functions. | subject to certain excep- | tions: and | (2) no mor | e than 33 1/3% of its | J |
| | | support from gross investment inco | me and unrelated b | ousiness taxable income | (less secti | on 511 tax |) from businesses | |
| 44 | | acquired by the organization after | | | No. of the contract of the con | • | 11 | |
| 11 | 늗 | An organization organized and ope | - | 2000 | THE RESERVE | | • | on of |
| 12 | L | An organization organized and oper | | 400,007 | | A. | | |
| | | one or more publicly supported org | | 7000 | | | | s). Crieck |
| | | the box on lines 12a through 12d th | | ACCOUNT OF THE PARTY OF THE PAR | | 16000 | | |
| а | l | Type I. A supporting organizati | ACCORDINATION . | The Party of the P | CONTRACTOR OF THE PARTY OF THE | 455-537 | | virig |
| | | the supported organization(s) the | 2000/ | CHO. 1000. 15 | A STATE OF THE PARTY OF THE PAR | airectors | or trustees of the | |
| | | supporting organization. You n | | | | | ranization(a) by bayin | |
| t |) | Type II. A supporting organization | The state of the s | | | | | |
| | | control or management of the s | 7570 | 1793 | persons tha | it control o | r manage the supporte | u |
| | | organization(s). You must con | | GEOMAN PORTER | | | f C H Lata | |
| C | | Type III functionally integrate | | | | | | WITΠ, |
| | | its supported organization(s) (s | | • | | | | |
| C | l | Type III non-functionally inte | | | | | | |
| | | that is not functionally integrated | | | | | ent and an attentivenes | s |
| | | requirement (see instructions). | | | | | | |
| е | | Check this box if the organization | | | | | I, Type II, Type III | |
| | | functionally integrated, or Type | • | integrated supporting or | rganization | | | |
| f | | Enter the number of supported organi | | | | | | |
| g | | Provide the following information abou | | | | | | |
| | | (i) Name of supported organization | (ii) EIN | (ili) Type of organization (described on lines 1-10 | (iv) Is the o listed in you | - | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| | | | | above (see instructions)) | docum | | instructions) | instructions) |
| | | | | | | | | |
| _ | _ | | | | Yes | No | | |
| (A) | | | | | | | | |
| | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| _ | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |

Total

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 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) 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) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 14 15 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 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 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions

Schedule A (Form 990) 2023 EEA

34-1977660

(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.)

| Sect | ion A. Public Support | | | | | | |
|-------|---|--|------------------|--------------------|-----------------|-----------------|-----------|
| Caler | ndar 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 | | | | 3-3-3-3 | 77700 | |
| | received. (Do not include any "unusual grants.") | 15,676 | 135,988 | 110,910 | 132,396 | 214,972 | 609,942 |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities fumished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | 276,979 | 50,485 | 372,799 | 329,057 | 338,423 | 1,367,743 |
| 3 | Gross receipts from activities that are not an | | | | 323,127 | | |
| _ | 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 | | | | | l, | |
| 6 | Total. Add lines 1 through 5 | 292,655 | 186,473 | 483,709 | 461,453 | 553,395 | 1,977,685 |
| | Amounts included on lines 1, 2, and 3 | 292,000 | 100,473 | 403,703 | 401,433 | 333,393 | 1,377,083 |
| , a | received from disqualified persons | | | | l l | | |
| h | Amounts included on lines 2 and 3 | | | | | | <u> </u> |
| D | received from other than disqualified | | | 4 | | | |
| | persons that exceed the greater of \$5,000 | | | W | | | |
| | or 1% of the amount on line 13 for the year | | 40 | . 70. | | | |
| С | Add lines 7a and 7b | | | - AF AGE | | | |
| 8 | Public support. (Subtract line 7c from | | 0.0 | | | | |
| • | line 6.) | | | D. YA | | | 1,977,685 |
| Secti | on B. Total Support | | | 第 第 | | | 1,577,005 |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 20 20 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | 292,655 | 186,473 | 483,709 | 461,453 | 553,395 | 1,977,685 |
| 10a | Gross income from interest, dividends, | | 100 M | - | , | 200,000 | |
| | payments received on securities loans, rents, | A 4 | 1 | | | | |
| | royalties, and income from similar sources . | 70. 3 | (A) | | | | |
| b | Unrelated business taxable income (less | THE STATE OF THE S | 2 | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 292,655 | 186,473 | 483,709 | 461,453 | 553,395 | 1,977,685 |
| 14 | First 5 years. If the Form 990 is for the or | | | d, fourth, or fift | | section 501(d | |
| | organization, check this box and stop her | e | | | | | |
| Secti | on C. Computation of Public Suppor | t Percentage |) | | | | |
| 15 | Public support percentage for 2023 (line 8 | | | | | 15 | 100.00 % |
| 16 | Public support percentage from 2022 School | | | | | 16 | 100.00 % |
| | on D. Computation of Investment Inc | | | | | T 1 | |
| 17 | Investment income percentage for 2023 (li | | | - | | 17 | 0.00 % |
| 18 | Investment income percentage from 2022 | | | | | 18 | 0.00 % |
| 19a | 33 1/3% support tests - 2023. If the organ | | | | | | _ |
| | 17 is not more than 33 1/3%, check this bo | | _ | • | | | |
| b | 33 1/3% support tests - 2022. If the organization | | | | | | |
| 00 | line 18 is not more than 33 1/3%, check this box | | _ | | | _ | |
| 20 | Private foundation. If the organization did | ı not check a b | ox on line 14. | туа. or 19b. ch | ieck this box a | na see instruct | tions I l |

Schedule A (Form 990) 2(903

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

- 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.
- 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).
- 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.)

| | | Yes | No |
|----|------|-----|------|
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| | 10a | | |
| | 10b | | |

Schedule A (Form 990) 2023

| _ | de A (Form 990) 2023 MELBOURNE MAIN STREET INC 34-1977660 | | - 1 | age 5 |
|-------|---|---------|--------|-----------|
| Part | IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | - 88 | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | 44. | | |
| | 11c below, the governing body of a supported organization? | 11a | _ | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | 44- | 2.0 | |
| Soct | provide detail in Part VI. ion B. Type I Supporting Organizations | 11c | | |
| Secu | on 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 | | 163 | 140 |
| | 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) | 4.31 | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | 0 | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | 1 |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | 1 |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | <u> </u> | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | Stoff |
| | 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 | | | 5 5 |
| | the supported organization(s). | 1 | | |
| Secti | on 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 | 674 | | 155 |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | TV. | |
| | 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 | 2 | | |
| 3 | how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have | _ | | |
| 3 | a significant voice in the organization's investment policies and in directing the use of the organization's | 3 | i ie | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | 5-1 |
| | supported organizations played in this regard. | 3 | | |
| Secti | on 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 | inst | ructio | ons). |
| а | ☐ 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. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc | tions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | 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 | - TV | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | - | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | 481 | -4 | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | 5.3 | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | 3.0 | C 10 | |
| | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | 1 | | |
| а | 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 | | - 2 | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part | | gan | izations | |
|-------|---|----------|----------------------------------|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trus | st on Nov. 20, 1970 <i>(expi</i> | lain in Part VI). See |
| | instructions. All other Type III non-functionally integrated supporting organ | nizati | ons must complete Secti | ons A through E. |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year |
| | | | (A) I lioi Teal | (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 | | |
| Sect | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | Γ | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | No. of the last of |
| | (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, | -1 | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 9 | |
| 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 | | |
| Secti | on 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 | | 8 |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | WHILL SHEET | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | lly in | tegrated Type III support | ing organization |
| | (see instructions). | • | 3 71 | 0 0 |

EEA

Schedule A (Form 990) 2023

e Excess from 2023

| | MELBOURNE MAIN STREET INC | | | 1977 | 660 Page 7 |
|------------|--|---|--------------------------------------|------|---|
| Part | V Type III Non-Functionally Integrated 509(a)(| 3) Supporting Organ | izations (continu | ed) | |
| Sect | ion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | xempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exe | mpt purposes of support | ed | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported organ | izations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 11111 | 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 resp | onsive | | |
| | (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 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2023 | ns | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | and the second | | | |
| 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 | | | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| С | From 2020 | | | | |
| d | From 2021 | NO CONTRACTOR | | | |
| e | From 2022 | | | 011 | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | 97 | | |
| h_ | Applied to 2023 distributable amount | | | | |
| i_ | Carryover from 2018 not applied (see instructions) | | A A SLEED, THE | | |
| <u>j</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from | | | | |
| | Section D, line 7: \$ | | | | |
| | Applied to underdistributions of prior years | | | | |
| | 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 | | | - 1 | |
| | 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 | | | 10 | |
| | and 4c. | | | - | |
| 8 | Breakdown of line 7: Excess from 2019 | | | - | |
| a_ | Evenes from 2020 | | | | |
| b c | Evenes from 2024 | | | 1 | |
| | Excess from 2022 | | | | |
| | | | | | |

EEA Schedule A (Form 990) 2023

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization Employer identification number MELBOURNE MAIN STREET INC 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 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7, 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 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 2a 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c, acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. 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: 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:

| Pai | t III Organizations Maintaining (| Collections of Art, H | istorical 1 | Treasures, | or Ot | her Similar A | ssets (d | ontin | ued) | |
|--------|---|-------------------------------|-----------------|-------------------|--------------|----------------------|----------|----------|------|--|
| 3 | Using the organization's acquisition, accession | on, and other records, check | k any of the fo | ollowing that m | ake sig | nificant use of its | | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | I 🗌 Loan o | or exchange pro | ogram | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| С | c Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain how t | hey further th | e organization's | s exem | pt purpose in Pa | rt | | | |
| | XIII. | | | | | | | | | |
| 5 | During the year, did the organization solicit or | receive donations of art, h | istorical treas | sures, or other s | similar | | | | | |
| | assets to be sold to raise funds rather than to | be maintained as part of t | he organizati | on's collection? | ? | | . 🗌 Ye | es [| No | |
| Par | t IV Escrow and Custodial Arrar | ngements | | | | | | | | |
| | Complete if the organization a | answered "Yes" on Fo | orm 990, P | Part IV, line 9 | 9, or r | eported an ar | mount or | ı Forr | n | |
| | 990, Part X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | n or other intermediary for | contributions | or other assets | s not | | | | | |
| | included on Form 990, Part X? | | | | | | 🗌 Ye | es [| No | |
| b | If "Yes," explain the arrangement in Part XIII | and complete the following | table. | | | 31 | | | | |
| | | | | | | A | mount | | | |
| С | Beginning balance | | | | 1c | | | | | |
| d | Additions during the year | | present a r | | 1d | | | | | |
| е | Distributions during the year | | | | 1e | | | | | |
| f | Ending balance | | | | 1f | | | | _ | |
| 2a | Did the organization include an amount on Fo | | | | | | | | No | |
| | If "Yes," explain the arrangement in Part XIII. | Check here if the explanat | on has been | provided on Pa | art XIII | | | | | |
| Par | | | | | | | | | | |
| | Complete if the organization a | inswered "Yes" on Fo | rm 990, P | 190 | - | | | | | |
| | | (a) Current year (b) | Prior year | (c) Two years b | ack | (d) Three years back | (e) Fou | ır years | back | |
| 1a | Beginning of year balance | | | | | | _ | | _ | |
| b | Contributions | | 1 4 | - 19 | - | | | | | |
| С | Net investment earnings, gains, and | 4100 | T SP | - W | | | | | | |
| _ | losses | | - Vibralia | | _ | <u> </u> | _ | | | |
| d | Grants or scholarships | | 20 AN | | - | | | | | |
| е | Other expenditures for facilities and | W 16- | P A | b. | | | | | | |
| | programs | - A | | UP. | - | | - | | _ | |
| f | Administrative expenses | | | | - | | - | | | |
| g | End of year balance | aturas and balance (line 4 | l (-) |) | | | _ | | | |
| 2 | Provide the estimated percentage of the curre | | g, column (a) |)) neid as: | | | | | | |
| a | Board designated or quasi-endowment | % | | | | | | | | |
| b | Permanent endowment% Term endowment% | | | | | | | | | |
| С | Term endowment% The percentages on lines 2a, 2b, and 2c should be a sh | ld agual 1009/ | | | | | | | | |
| 3a | Are there endowment funds not in the posses | | at are hold an | ad administered | for the | | | | | |
| Ja | organization by: | ssion of the organization the | at are rielu ar | iu auministereu | i iui tiie | | | Yes | No | |
| | (i) Unrelated organizations? | | | | | | . 3a(i) | _ | 140 | |
| | (ii) Related organizations? | | | | | | . 3a(ii) | _ | _ | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | . 3b | 1 | 1 | |
| 4 | Describe in Part XIII the intended uses of the | and the second | | | | | 30 | | | |
| | t VI Land, Buildings, and Equip | | Turius, | | | | | | | |
| I QI | Complete if the organization a | | rm 990 P | art IV line 1 | 11a S | ee Form 990 | Part X | line ' | 10: | |
| | Description of property | (a) Cost or other basis | | or other basis | | ccumulated | | ok value | | |
| | Description of property | (investment) | 1 | other) | | preciation | (u) Boi | w value | | |
| 1a | Land | | 1 | | | 4 - Walter - 1971 | | | | |
| b | Buildings | | | | | | | | | |
| C | Leasehold improvements | | | | | | | | | |
| d | Equipment | 3,784 | | | | 3,784 | | | | |
| u e | Other | | - | | | 3,704 | | | | |
| | Add lines 1a through 1e. (Column (d) must eq | | 10c column | (B) | 6. 9010-11-1 | al in socoo | | | | |
| | , is a linear ration and it is footbilled by must by | e i omi ooo, i dit A, iiile | . vv, veluilli | 1991 2 6 6 6 6 | | G 8: \$1/#10@ 15 | | | | |

Schedule D (Form 990) 2023

34-1977660

| Part VII | Investments - Other Securities | | | 441 O E 000 D 434 E 40 |
|---------------|---|------------------|----------------------|--|
| | Complete if the organization answere | d "Yes" on For | m 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 | | ***** | | |
| | eld equity interests | **** * ***** * * | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| _(E) | | | | |
| _(F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | nn (b) must equal Form 990, Part X, line 12, col.(B | ()) | | |
| Part VIII | Investments - Program Related Complete if the organization answere | d "Yes" on For | m 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) | |
| (4) | | | 1 | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | A 40 | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, line 13, col. (E | 3)) | | |
| Part IX | Other Assets | # W | | 444 0 E 000 D (WE 45 |
| | Complete if the organization answere | d "Yes" on For | m 990, Part IV, line | |
| 05530 | | escription | | (b) Book value |
| (1)DEPOSI | TS | VIII | | 1,055 |
| (2) | | | | |
| (3) | | TOTAL STREET | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | nn (b) must equal Form 990, Part X, line 15 col. (B | M | | 1,055 |
| Part X | Other Liabilities | // | | 1703. |
| Turex | Complete if the organization answere line 25. | d "Yes" on For | m 990, Part IV, line | 11e or 11f. See Form 990, Part X, |
| 1. | (a) Description of liability | (b) Book v | value | |
| | income taxes | 15) 5500 0 | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | E8.44 | |
| (6) | | | | |
| (7) | | | (Autorities | |
| (8) | | | + 74 | |
| (9) | | | | |
| | (b) must equal Form 990, Part X, line 25 col. (B)) | | -11/2004 | |

| 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: | |
| а | Net unrealized gains (losses) on investments | |
| b | Donated services and use of facilities | |
| c | Recoveries of prior year grants | 15.71 |
| ď | Other (Describe in Part XIII.) | |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4 - 0 |
| b | Other (Describe in Part XIII.) | |
| С | 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 | | T |
| | 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 | |
| b | Prior year adjustments | E-39 |
| c | Other losses 2c | |
| ď | Other (Describe in Part XIII.) | |
| 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. | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | |
| b | Other (Describe in Part XIII.) | |
| С | 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 | | |
| 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; F | Part X, line |
| 2; Part | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | |
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SCHEDULE G (Form 990)

Name of the organization

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

Employer identification number

| | OURNE MAIN STREET INC | | | | | 34-19 | 77660 |
|--------|---|-----------------------|----------------|---|--|---|---|
| Par | | | | | vered "Yes" on I | Form 990, Part IV | , line 17 |
| _ | Form 990-EZ filers are r | | | | | | |
| 1 | Indicate whether the organization rais | sed funds through a | · - | _ | | | |
| a | Mail solicitations | | e L | _ | of non-government | | |
| b | ☐ Internet and email solicitations☐ Phone solicitations | | f L | | of government gran ndraising events | ıs | |
| c d | = | | g L | _ Special lui | idraising events | | |
| | In-person solicitations Did the organization have a written o | r aral agraamant | ith any indivi | dual (includir | a officers directors | trustoos | |
| 2a | or key employees listed in Form 990, | | | | | | ☐ Yes ☐ No |
| b | If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the | duals or entities (fu | | | | | |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | custody o | draiser have or control of outions? | (iv) Gross receipts from activity | (v) Arnount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| 1 | | | Yes | No | | | |
| 91 | | | | | 3. | | |
| 2 | | | | -320 | 8 | | |
| 3 | | | | .66 | 100 | | |
| 4 | | | | | 18 | | |
| 5 | | | | 100 | 9 4 | | |
| 6 | | 10 | 1 | | | | |
| 7 | | 1 | T | 41045 | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| otal 3 | List all states in which the organization | | | | tions or has been no | tified it is exempt from | |
| | registration or licensing. | | | | | | |
| | | | | | | | |
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| | | | | | | | |

Page 2 Schedule G (Form 990) 2023 MELBOURNE MAIN STREET INC 34-1977660 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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through FOOD & WINE FLAVOR EXP 2 col. (c)) (event type) (event type) (total number) Revenue 262,402 73,670 31,959 368,031 2 Less: Contributions 3 Gross income (line 1 minus line 2) 262,402 73,670 31,959 368,031 Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment . . . Other direct expenses 146,515 45,396 9 28,938 220,849 Direct expense summary. Add lines 4 through 9 in column (d) 10 220,849 Net income summary. Subtract line 10 from line 3, column (d) 147,182 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No No 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

Schedule G (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization 34-1977660 MELBOURNE MAIN STREET INC 01. Form 990 governing body review (Part VI, line 11) NO REVIEW WAS OR WILL BE CONDUCTED 02. Governing documents, etc, available to public (Part VI, line 19) COPIES ARE AVAILABLE IN THE ADMINISTRATIVE OFFICE FOR REVIEW DURING NORMAL BUSINESS HOURS WITH APPROPRIATE ADVANCE NOTICE 03. General explanation attachment FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICAN ACTIVITIES MELBOURNE MAIN STREET IS RESPONSIBLE FOR THE REVITALIZATION EFFORTS IN HISTORIC DOWNTOWN MELBOURNE THROUGH THE 4-POINT APPROACH. THIS INCLUDES, BUT IS NOT LIMITED TO, HOSTING LARGE SCALE EVENTS, BUSINESS DEVELOPMENT, AND ADVOCACY ON BEHALF OF DOWNTOWN; CARRYING OUT THE MELBOURNE MURAL PROJECT, ADDRESSING ISSUES SUCH AS CHRONIC HOMELESSNESS, PARKING MANAGEMENT, AND OTHERS; WORKING TO IMPROVE DOWNTOWN THROUGH DESIGN AND AESTHETICS AND WORKING TO INFORM THE PUBLIC ON ALL THINGS DOWNTOWN, AND WORKING WITH THE BUSISNESSES TO BUILD A VIBRANT DOWNTOWN DISRICT.

| 3 | | | ulated AMT Current | | 7 985 |
|--|--|-----------------------|----------------------------------|----------------------------------|--------|
| 2023 PAGE 1 | Social security number/EIN | 34-1977660 | Current Accumulated Depreciation | | e . |
| | Social secur | 34-1 | Prior Depreciation [| | 2,785 |
| | | | Rate | 0 | |
| | y.) | | Method | | |
| | sords on | | Life | | 100 |
| III LISTINÇ eral | is for your rec | | Deprecíable Basis | 3,785 | 3,785 |
| Management & General | (This page is not filed with the return. It is for your records only.) | | Bonus depreciation | | |
| Depreci | ge is not filed w | | Section 179 | 100 | |
| į | (Tuis pag | | Business percentage | 100.00 | |
| | | | Basis Adjustment | | |
| | | | Cost | 3,785 | 3,785 |
| | | INC | Date | 07-31-2015 | |
| l UBIA Ilculations. | Name(s) as shown on return | IN STREET IN | uo | FURNITURE AND EQUIPME 07-31-2015 | |
| * Item is included in UBIA for Section 199A calculations. | as shown on ret | MELBOURNE MAIN STREET | Description | URNITURE A | Totals |
| * Item for Sec | Name(s) | ME | o N | LI BE | F |

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009650

Entity Name: MELBOURNE MAIN STREET, INC.

Current Principal Place of Business:

2004 VERNON PLACE MELBOURNE, FL 32901

Current Mailing Address:

P O BOX 754

MELBOURNE, FL 32902 US

FEI Number: 34-1977660 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AGEE, KIMBERLY 2004 VERNON PLACE 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: KIMBERLY AGEE

03/11/2024

FILED Mar 11, 2024

Secretary of State

7137724097CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title VICE CHAIR PAST CHAIR Name MCGUIRE, ALEXIS Name RUNTE, COREY P O BOX 754 Address P O BOX 754 Address

MELBOURNE FL 32902 City-State-Zip: City-State-Zip: MELBOURNE FL 32902

Title IMMEDIATE PAST CHAIR Title DIRECTOR

LUER, ALBERT CABLE, DAVID Name Name PO BOX 754 Address Address PO BOX 754

MELBOURNE FL 32902 City-State-Zip: City-State-Zip: MELBOURNE FL 32902

Title DIRECTOR Title BOARD CHAIR

Name WILLIAMS, JASON HARTFORD, CASSANDRA Name

Address PO BOX 754 Address **PO BOX 754**

City-State-Zip: MELBOURNE FL 32902 MELBOURNE FL 32902 City-State-Zip:

DIRECTOR Title DIRECTOR Title TRAUGER, ERIN Name FRAZIER, JR, JOHN Name Address PO BOX 754

Address **PO BOX 754**

City-State-Zip: MELBOURNE FL 32902 City-State-Zip: MELBOURNE FL 32902

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: CASSANDRA HARTFORD

BOARD CHAIR

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleTREASURERTitleSECRETARYNameMILTON, LORYNameWILLIAMS, JORDAN

Address PO BOX 754 Address PO BOX 754

City-State-Zip: MELBOURNE FL 32902 City-State-Zip: MELBOURNE FL 32902

Title DIRECTOR Title DIRECTOR

Name BUTLER, KAT Name FLORES, MATTHEW

Address PO BOX 754 Address PO BOX 754

Address PO BOX 754 Address PO BOX 754

City-State-Zip: MELBOURNE FL 32902 City-State-Zip: MELBOURNE FL 32902

TitleDIRECTORTitleDIRECTORNameHEMMENWAY, DONNameHILL, MIKE

Address PO BOX 754 Address PO BOX 754

City-State-Zip: MELBOURNE FL 32902 City-State-Zip: MELBOURNE FL 32902

For TDO use: PROJECT #- C24-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: _ | US Space Walk of Fame Foundation, Inc. | |
|--------------------------------|--|--|
| Applicant Event Name: | Year-round programming | |

| | Yes | No | Comment |
|------------------------------------|-----|----|-----------|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | x | | |
| Copy of IRS Articles of | | X | N/A - dw |
| Incorporation – (if applicable) | | ^ | 14/71 410 |
| Copy of IRS Determination letter – | | | |
| (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | Х | | |
| Copy of this MSP checklist | Х | | |

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

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

Peter Cranis, Executive Director

| 2 1 | untitled | ١ |
|------|----------|---|
| ۲. ۱ | ุนทแแธน | J |

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



Signature of: Gabriel Rothblatt

- 3. (untitled)
- 2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

US Space Walk of Fame Foundation Inc.

Organization address

308 Pine Street

State

FL

City

Titusville

Zip

32796

Primary contact name

Gabriel Rothblatt

Primary contact phone number

3212640434

Primary contact email grants@americanspacemuseum.org Secondary contact name Mark Marquette Secondary contact phone number 3212640434 Secondary contact email info@americanspacemuseum.org Organization website address https://spacewalkoffame.org 5. (untitled) 4. Which best describes your organization? 501(C)(3) 6. (untitled) 5. What is your Federal Employee ID number? 59-3267408 7. (untitled) 6. Are you completing this questionnaire for an event or year-round programming? Year-round programming - theater, symphony, concerts, museum, etc. 8. (untitled) 1. E7ENT INFORMATION Name of event Event website address Vf different from organization website(**Event location**

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Digital advertising (banner ads, etc.)

Radio

Social hashtags

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

13. (untitled)

9. What are your social media handles?

Facebook: https://www.facebook.com/SpaceWalkOfFame/ Instagram: https://www.instagram.com/americanspacemuseum/ YouTube: https://www.youtube.com/@americanspacemuseum

14. (untitled)

,. What hashtags do you use?

#321day #staycurious #shuttlefest

15. (untitled)

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

Out-of-county advertising/marketing support

Defray rental costs for venues and/or facilities operated by Brevard County

16. (untitled)

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

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Radio

Social media post

Website/blog

17. (untitled)

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

IRS_determination_letter_SWOF.pdf

18. (untitled)

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

Form_990_2022.pdf

19. (untitled)

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

20. (untitled)

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

2024Sunbiz.pdf

21. (untitled)

15. Upload your completed Checklist.

HP476_Scan0210.pdf

22. (untitled)

16.

ATTESTATION

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

Signature of: Gabriel Rothblatt

23. Thank You!

New Send Email

Oct 14, 2024 11:35:47 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR 401 W. PEACHTREE ST. NW ATLANTA, GA 30365

Date: FFB 2 1 1996

U S SPACE WALK OF FAME FOUNDATION INC C/O LOYS WARD P O BOX 6385 TITUSVILLE, FL 32781-6385 Employer Identification Number: 59-3267408
Case Number: 585360063
Contact Person: ROBERTA VAN METER
Contact Telephone Number: (404) 331-0185

Accounting Feriod Ending:
June 30
Form 990 Required:
Yes
Addendum Applies:
Yes

Dear Applicants

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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

_{Form}990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-Open to Public Inspection

Department of the Treasury

| Internal | Reven | lue Service | <u> </u> | | | | | |
|--|---|--|--|---|--|--|--|--|
| A F | or th | e 2022 c | alendar year, or tax year beginnir | ng 01-01-2022 , and ending 12-31-202 | 22 | | | |
| B Che | ck if a | applicable: | C Name of organization US SPACE WALK OF FAME FOUNDAT | TION INC | | D Employe | r identif | fication number |
| Address change Name change | | | | | | 59-326 | 7408 | |
| | itial re | - | Doing business as | | | = } | | |
| Fin | al n/term | nnated | AMERICAN SPACE MUSEUM | | | E Walankana | | |
| • | | ed return | | nail is not delivered to street address) Room/su | iite | E Telephone | Hulliber | |
| _ Ap | plicat | ion pendin | 308 PINE STREET | | | (321) 2 | 64-043 | 34 |
| _ | | | City or town, state or province, cour | ntry, and ZIP or foreign postal code | | | | |
| | | | TITUSVILLE, FL 32796 | | | G Gross rece | eipts \$ 78 | 33,036 |
| | | | F Name and address of princip | oal officer: | | nis a group ret | turn for | |
| | | | KARAN CONKLIN 308 PINE STREET | | | ordinates? | tor | Yes V No |
| | | | TITUSVILLE, FL 32796 | | | all subordinat uded? | res | 「Yes No |
| I Ta | x-exe | mpt status | : ☑ 501(c)(3) ☐ 501(c)() ◀(i | nsert no.) 4947(a)(1) or 527 | | | list. See | e instructions. |
| | | | | | H(c) Grou | up exemption | number | • |
| J 44 | epsi | te: ► 51 | ACEWALKOFFAME.ORG | | | | | |
| K Forr | n of o | organizatio | n: V Corporation Trust Associat | ion Other ► | L Year of form | mation: 1994 | M State | of legal domicile: FL |
| | | J | | | | | | |
| Pé | art I | Sur | nmary | | | | | |
| | 1 | Briefly d | escribe the organization's missio | n or most significant activities: | | | | |
| | | OUR PU | RPOSE AND GOVERNING MISS | ION ARE "PRESERVING ACHIEVEME | ENT; INSPI | RING INNOV | ATION | ."TO PRESERVE |
| | | THE HIS | TORY OF THE UNITED STATES | S' SPACE PROGRAM; TO HONOR OUF AND FUTURE GENERATIONS ABOU | T THE SACE | RIFICE AND | COOPE | RATION |
| 9 | | | | ACE PROGRAM; TO INSPIRE THE NEX | | | | |
| ē | | | | NATION, AND THE WORLD, IN NEW | | | | |
| Activities & Governance | | | | | | | | |
| Š | | | | | | | | |
| Ü | | Chack t | his boy if the organization d | liscontinued its operations or disposed | of more that | n 25% of its n | net asse | ots. |
| S) | - | | | ing body (Part VI, line 1a) | | | 3 | 13 |
| ₽ | | | - | of the governing body (Part VI, line 1b) | | 2 2 | 4 | 12 |
| 흦 | | | | calendar year 2022 (Part V, line 2a) | | w w | 5 | 6 |
| Ă | | | | | | | 6 | 0 |
| | | 6 Total number of volunteers (estimate if necessary) | | | | | 7a | 420 |
| | | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | | | | 7a 7b | 0 | |
| | b | Net unr | elated business taxable income f | rom Form 990-1, Part I, line 11 | | | 70] | 0 |
| | | | | | | | | C |
| _ | | | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | P | rior Year | | Current Year |
| | | | utions and grants (Part VIII, line 1 | | P | 102,87 | _ | 103,418 |
| venue | 9 | Progran | service revenue (Part VIII, line 2 | 2g) | P | 102,87 37,16 | 4 | 103,418 53,435 |
| Revenue | 9 10 | Progran Investm | n service revenue (Part VIII, line 2 Jent income (Part VIII, column (A) | 2g) · · · · · · · · · · · · · · · · · · · | P | 102,87 37,16 2,03 | 0 | 103,418 53,435 420 |
| Revenue | 9 10 11 | Progran Investm Other re | n service revenue (Part VIII, line 2 Jent income (Part VIII, column (A) evenue (Part VIII, column (A), line | 2g) | | 102,87 37,16 2,03 221,90 | 4 0 5 | 103,418 53,435 420 176,521 |
| Revenue | 9 10 11 12 | Program Investm Other ro Total re | n service revenue (Part VIII, line 2 Jent income (Part VIII, column (A) evenue (Part VIII, column (A), line venue—add lines 8 through 11 (n | 2g) · · · · · · · · · · · · · · · · · · · | | 102,87 37,16 2,03 221,90 363,97 | 4 0 5 7 | 103,418 53,435 420 176,521 333,794 |
| Revenue | 9 10 11 12 | Program Investm Other re Total re Grants | n service revenue (Part VIII, line 2 Jent income (Part VIII, column (A) evenue (Part VIII, column (A), line venue—add lines 8 through 11 (n and similar amounts paid (Part IX | 2g) | | 102,87 37,16 2,03 221,90 363,97 | 4 0 0 5 0 0 | 103,418 53,435 420 176,521 333,794 |
| Revenue | 9 10 11 12 13 14 | Program Investm Other re Total re Grants a Benefits | n service revenue (Part VIII, line 2 lent income (Part VIII, column (A) evenue (Part VIII, column (A), line venue—add lines 8 through 11 (n and similar amounts paid (Part IX, paid to or for members (Part IX, | 2g) | 2) | 102,87 37,16 2,03 221,90 363,97 | 60 55 70 0 | 103,418 53,435 420 176,521 333,794 0 |
| _ | 9 10 11 12 13 14 | Program Investm Other re Total re Grants a Benefits | n service revenue (Part VIII, line 2 lent income (Part VIII, column (A) evenue (Part VIII, column (A), line venue—add lines 8 through 11 (n and similar amounts paid (Part IX, paid to or for members (Part IX, | 2g) | 2) | 102,87 37,16 2,03 221,90 363,97 | 000000000000000000000000000000000000000 | 103,418 53,435 420 176,521 333,794 |
| _ | 9 10 11 12 13 14 15 | Program Investm Other re Total re Grants a Benefits Salaries | n service revenue (Part VIII, line 2 lent income (Part VIII, column (A) evenue (Part VIII, column (A), line venue—add lines 8 through 11 (nand similar amounts paid (Part IX paid to or for members (Part IX, , other compensation, employee | 2g) | 2) | 102,87 37,16 2,03 221,90 363,97 | 60 55 70 0 | 103,418 53,435 420 176,521 333,794 0 |
| (benses | 9 10 11 12 13 14 15 16a | Program Investm Other re Total re Grants: Benefits Salaries | n service revenue (Part VIII, line 2 lent income (Part VIII, column (A) evenue (Part VIII, column (A), line venue—add lines 8 through 11 (nand similar amounts paid (Part IX paid to or for members (Part IX, , other compensation, employee | 2g) | 2) | 102,87 37,16 2,03 221,90 363,97 | 000000000000000000000000000000000000000 | 103,418 53,435 420 176,521 333,794 0 0 |
| enses | 9 10 11 12 13 14 15 16a b | Program Investm Other re Total re Grants : Benefits Salaries Profess Total fund | n service revenue (Part VIII, line 2 lent income (Part VIII, column (A) evenue (Part VIII, column (A), line venue—add lines 8 through 11 (n and similar amounts paid (Part IX) paid to or for members (Part IX, other compensation, employee ional fundraising fees (Part IX, column (D), | 2g) | 2) | 102,87 37,16 2,03 221,90 363,97 | 4 4 6 0 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | 103,418 53,435 420 176,521 333,794 0 0 |
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May the IRS discuss this return with the preparer shown above? See Instructions.

Yes No

| Forn | 1 990 (| 2022) | | | | Page 2 |
|-------------------|--------------------------|---|---|---|---|---------------------------------|
| Pa | irt III | Statement of Program | Service Accompl | ishments | | |
| | | Check if Schedule O contains | a response or note to | any line in this Part III | * ** ** * * * * * * * * | |
| 1 | Brief | y describe the organization's m | ission: | | | |
| HIS (CO NEC | FORY (NTINU ESSAR | OF THE UNITED STATES' SPA ED ON SCHEDULE O)TO EDU | CE PROGRAM; TO H CATE CURRENT AND CE PROGRAM; TO IN | IONOR OUR NATION' D FUTURE GENERATI SPIRE THE NEXT GE | NSPIRING INNOVATION." TO S ASTRONAUTS AND AEROSF ONS ABOUT THE SACRIFICE NERATION OF SCIENTISTS, I | ACE INNOVATORS; AND COOPERATION |
| _ | D:4 +b | a acceptantian wedertake and | 1-16: | | | |
| 2 | | e organization undertake any s for Form 990 or 990-EZ? . | | vices during the year i | which were not listed on | Yes V No |
| | | | | | | 1 163 14 110 |
| 3 | | s," describe these new service e organization cease conductin | | changes in how it con | dusts, any program | |
| , | | es? | g, or make significant | changes in now it con | ducts, any program | ⊤Yes ▼ No |
| | If "Ye | s," describe these changes on | Schedule O. | | | , 100 110 |
| 4 | Descr exper | be the organization's program | service accomplishme L(c)(4) organizations a | are required to report t | ee largest program services, as the amount of grants and allocat | measured by tions to others, |
| 4a | AND IDEN | RESERVE AND PROMOTE SPACE HISTO THROUGH THE MUSEUM. OUR COLLEC | DRY AND HONOR THOSE W TIONS DEPARTMENT IS IN IATIONAL MUSEUM STANDA | THE PROCESS OF BEING A |) (Revenue \$ E PROGRAM THROUGH OUR MONUMEN' CCESSIONED,NUMBERED, PHOTOGRAP B PROCESS THAT ISRAISING THE PROFI | HED, AND PROPERLY |
| 4b | (Cod | e:) (Expenses | \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
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| | - | | | | | |
| | - | | | | | |
| | | | | | | |
| 4c | (Cod | e:) (Expenses | \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | - | | | | | |
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| | _ | | | | | |
| | | | | | | |
| |) | | | | | |
| | 3 | | | | | |
| | - | | | | | |
| 4d | Othe | r program services (Describe i | n Schedule O) | | | |
| T-4 | | enses \$ | including grants of | · \$ |) (Revenue \$ | Ñ |

288,701

4e

Total program service expenses ▶

Form **990** (2022)

) (Revenue \$

| Part IV Checklist of | Required Schedules |
|----------------------|---------------------------|
|----------------------|---------------------------|

| | | | Yes | No |
|------------|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | | 2 | Yes | |
| 3 | | 3 | | Νο |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 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 | | Νο |
| 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 Schedule D,Part | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | Yes | |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Νο |
| 10 | Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Νo |
| 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. | | | X |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 😼 | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Νo |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Νο |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Νo |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Νο |
| | 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)? | 11f | | Νο |
| 12a | ប៉ាជី ^Y មាទ "अथुष्ठमिष्टिम् किनिष्ठविष्टिन Pseparate Adependent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | Νο |
| | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Νο |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νο |
| L4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Νο |
| 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 | | Νο |
| L5 | 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 |
| l 6 | 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 | | Νο |
| L7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | No |
| .8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| .9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Νο |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Νο |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 1 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 928 |
| | | | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|------|-------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Νο |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | N o |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | N o |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part! | 25a | | Νο |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? | 26 | | Νο |
| 27 | BidYese" अधिवाहिक्स विभिन्निपरित वे भूरियोग or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | N o |
| 20 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | - 1 | MC X | |
| 28 | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | 1215 | Νο |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Νο |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | Νο |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? | 30 | | Νo |
| 31 | ਰਿੰਕ"ਜ਼ਿੰਕ" ਰਾਪੂਸ਼ੀਇਸ਼ ਤਿਸੀਜ਼ਿੰਧੀਰ ਮੈਂਦ, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Νο |
| 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? | 33 | | Νο |
| 34 | Wases and Part V, line 1 | 34 | | Νo |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Νo |
| | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Νο |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Νo |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | 8 % | |
| | Check it deficulted contains a response of metal to any line in time and the same and the same as the same as | | Yes | No |
| 1= | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | 1,18 | Salis |
| b | The state of the s | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | Yes | 929 |

| Pa | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | |
|-----|---|----------|-------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered | | |
| | by this return | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | No |
| 3а | Did the organization have unrelated business gross income of $$1,000$ or more during the year? | 3a | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | |
| | 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 | 4a | No |
| Ь | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| а | 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 | N o |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| е | 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. | | |
| а | 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: | 1 81 1 | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b | 5 0 | |
| 11 | Section \$01(c)(12) organizations. Enter: | | 536 |
| | Gross income from members or shareholders | Syeries. | |
| | 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 | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | |
| | year. | F. A. S. | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | en-visi | |
| а | 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. | | |
| | 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 | 614 | |
| | Enter the amount of reserves on hand | 0 | ME 143 P. |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | |
| 13 | excess parachute payment(s) during the year? | 15 | No |
| | I 6 tYesphgaeizbtionstruetioostiondifilesFituri o47இமிற்கcheddulleeNsection 4968 excise tax on net investment income? | 16 | No |
| 17 | If "Yes," complete Form 4720, Schedule O. 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 | 930 |

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

| Se | ction A. Governing Body and Management | | | |
|--------|---|--------|----------|-------------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax 13 | .5" | No. | |
| | Yethere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee | | | |
| b | or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are | 46 | | |
| 2 | independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any | | | |
| 3 | other officer, director, trustee, or key employee? | 2 | | No. |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | N o |
| 4 5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was bild the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No. |
| _ | Did the organization have members or stockholders? | 6 | | No |
| 6 | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | H | | -110 |
| | more members of the governing body? | 7a | | No |
| Ь | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | N o |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νο |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ie Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νο |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | - |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | /II 10 | | H |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | - |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | | No |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | 12c | | No |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Νο |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions, | 100 | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | S ruital | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► FL | | | |
| 18 | Section 6104 requires an organization to make its 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. | | | |
| 46 | 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. | .2 | | 004 |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record ▶THE ORGANIZATION 308 PINE STREET TITUSVILLE,FL32796(321) 264-0434 | 5: | | 931 |

Part VII

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

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.

T 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 | u | (C) ition (do not check mor nless person is both an director/truste | offi | cer | and a | (D) Reportable compensation from the | (E) Reportable compensation from related | other | |
|---|--|-----------------------------------|---|---------|--------------|------------------------------|--------------------------------------|--|---|--|
| | any hours for related organizations below dotted line) | Individual trustee or director | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099- MISC/1099- NEC) | organizations (W-2/1099- MISC/1099- NEC) | compensation from the organization and related organizations |
| (1) LARY OSTARLY | 2,00 | × | | x | | | | | 0 | |
| CHAIRMAN | *** | _ ^ | | ^ | | | | | O O | |
| (2) TROY PROST VICE CHAIR | 2.00 | x | | × | | | | 0 | 0 | 0 |
| (3) STEVE LLOYD | 2,00 | × | | × | | | | 0 | | |
| SECRETARY | ••• | ^ | | Î | | | | 9 | 10 | 0 |
| (4) BONNIE KING TREASURER | 2,00 | х | | × | | | | 0 | .0 | 0 |
| (5) KARIN CONKLIN | 40,00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | X | | Х | | | | 56,385 | 0 | 0 |
| (6) BOB SIECK | 2,00 | | | | | | | | | |
| EXECUTIVE MEMBER AT LARGE | | X | | | | | | 0 | Q | 0 |
| (7) LEE SOLID EXECUTIVE MEMBER AT LARGE | 2.00 | x | | | | | | O | 0 | 0 |
| (8) DR AL KOLLER | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (9) DR STEPHANY SHERBIE BOARD MEMBER | 2.00 | х | | | | | | 0 | 0 | 0 |
| (10) DAVID MANDERNACK | 2,00 | | | | | | | | | - |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (11) DR WENDELL MURRAY | 2.00 | | | | | | | | | |
| BOARD MEMBER | *** | Х | | | | | | 0 | 0 | 0 |
| (12) CHARLES MARS PAST CHAIR | 2,00 | x | | | | | | a | 0 | 0 |
| (13) DICK BEAGLEY | 2.00 | | | | П | | | | | |
| PAST CHAIR | | X | | | | | | 0 | 0 | 0 |
| - | | | | | | | - | | | |
| | | | | | | | | | | |
| | | | | | | | \dashv | | | 932 |
| <u> </u> | | | | _ | Ш | | | | Form 900 (2) | |

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

| (A) Name and | (B) Average hours per week (list | | (C) tion (do not check mor nless person is both an director/trust | offi | | (D) Reportable compensation from the organization | (E) Reportable compensation from related | (F) Estimated amount of other compensation from the | | | | |
|-------------------------------|---|--|---|--|----------|---|--|---|----------------------------------|---|----------------|------------------------------|
| | | any hours for related organizations below dotted line) | Individual trustae or director | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC/1099- NEC) | organizations (W-2/1099- MISC/1099- NEC) | organ and r | ization elated zations |
| | | | | | | | | - | | | | |
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| | | | | | - | | | | | | | |
| | | | | | | H | | H | | | | |
| 1b Sub-Total . c Total from c | continuatio | n sheets to Par | - | | <u> </u> | | A A | | 56,385 | 0 | | |
| | | | | not limited to those listent to the organization > 0 | ed a | ove | e) who | rec | eived more than | | | |
| | | 1: 1 | - 66! | d: | | | | a - b: | | od amplayes | Yes | No |
| on line 1a | ? If "Yes," o | complete Schedu | le J foi | , director or trustee, ke - such individual • • sum of reportable comp | • | • | | | | 3 | | No |
| | ion and rela | | | ater than \$150,000? If | | | | | | 4 | | No |
| | | | | accrue compensation f es," complete Schedule | | | | | | | | No |
| | | dent Contra | | | | | | | | | | INO |
| 1 Complete | this table f | or your five hig | hest c | ompensated independe t compensation for the | | | | | | | | r. |
| | | Name a | (A) nd busin | ess address | | | | | Descript | (B) ion of services | | C) ensation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | endent contracto | - | | | | | | | | | |

| | | hedule O contains a r | | | (A) Total revenue | (B) Related exem function reven | or ot on | (C) Unrelated business revenue | Rev exclud tax und | (D) venue ded from er sections - 514 |
|-------------------------|-----------------------|---|--|---------------------|--|---|----------------|---|--------------------------|--|
| Contr | ibutions, Gifts, Gran | its, and OtherAmt Si | milar Amounts | | | | 1a | | 1 | |
| | | | | | embership dues | | 1b | | | |
| | | | | | ndraising events lated organizatio | | 1c | | | |
| | | | | | vernment grants (cor | | 1e | 29,167 | | |
| | | | | f All | other contributions, o | gifts, grants, | | | | |
| | | | | l ab | d similar amounts not ove ncash contributions ir | | 1f | 74,251 | | |
| | | | | lin | es 1a - 1f:\$ | | 1g | | | |
| | | | | 4 | tal. Add lines 1a- | -1f | | | 103,418 | |
| | | | Business (| | 37,644 | | 37,644 | | | |
| a | 2a ADMISSIONS/EDUC | ATIONAL | 9 | 00099 | | | | | | |
| le le | b MEMBERSHIP DUES | 5 | 4 | 59420 | 15,791 | | 15,791 | | | |
| æ | | | _ | - | | | _ | | + | |
| vice | c | | | | | | | | | |
| Ser | d | | | | | | | | | |
| am | - | | + | \dashv | | | | | | |
| Program Service Revenue | е | | | _ | | | | | | |
| -1 | f All other progra | ım service revenue. | | | | | | | | |
| | 9 Total. Add line | s 2a-2f | | 53,435 | | E-145. | | | | |
| | | other 49medaremownistes 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or | | <i>i</i> (a) | bond proceeds (ii) Personal | - | | | | |
| Revenue | | d (Ness)ental incon | | | | | | | | |
| | | 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses | 7a (i) Sect | urities | (ii) Other | | | | | |
| eve | | c Gain or (loss) | 7c | | | | | | | |
| Ē | | d Net gain or (los | | | | | | | | |
| Other | | Sa Gross income from f (not including \$ contributions reporte See Part IV, line 18 b Less: direct exp c Net income or (lo | undraising events o d on line 1c) enses | 8a 8b | 566,6: 409,5i | 20 | 57,115 | | | 157,11 |
| | | 9a Gross income fro activities. See Part IV, line b Less: direct exp c Net income or (le | 19 enses | 9a 9b ing act | | | | | | |
| | | 10a Gross sales of in returns and allow b Less: cost of go c Net income or (l | vances ods sold | 10a 10l | 39,7 | 37 | 18,253 | 18,253 | | |
| | | 11a BRICK SALES | & ENGRAVIN | | Business Cod | _ | 1,093 | 1,093 | 35.0 | |
| | | b COUNTY WATE | R DISC | | 9000 | 099 | 60 | 60 | | |
| Oth | erRevenueMiscAmt | c | | | | | | | | |
| | | d All other revenue | | | | | - | at a land | | |
| | | e Total. Add lines | | | | _ | 1,153 | | | Man - |
| | | 12 Total revenue. S | ee instruction | S . | | 110 | 33,794 | 72,841 | ı | 157,11 |

Form **990** (2022)

Part IX Statement of Functional Expenses

| _ | Section 501(c)(3) and 501(c)(4) organizations mus | | | | |
|-----|---|-----------------------|-----------------------------|---------------------------------|----------------------|
| _ | Check if Schedule O contains a response or note to | | (B) | (c) | ✓ |
| | o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| T: | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | 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. | | | | |
| 2 | Benefits paid to or for members | | 1 | The Assessment P | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 56,384 | 36,650 | 11,277 | 8,457 |
| 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 | 96,834 | 77,467 | 19,367 | |
| | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | · | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 11,019 | 8,059 | 2,314 | 646 |
| 11 | Fees for services (non-employees): | | | | |
| i | a Management | | | | |
| - 1 | b Legal | | | | |
| • | Accounting | 6,941 | | 6,941 | |
| • | d Lobbying | | | | |
| • | Professional fundraising services. See Part IV, line 17 | | 1 | THE REPORT OF | |
| - 1 | Investment management fees | | | | |
| Ś | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) | 84,479 | 5,142 | 233 | 79,104 |
| 12 | Advertising and promotion | 16,368 | 16,368 | | |
| 13 | Office expenses | 6,050 | 1,864 | 4,186 | |
| 14 | Information technology | 2,842 | | 2,842 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 23,311 | 22,145 | 1,166 | |
| 17 | Travel | | | | |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| | Conferences, conventions, and meetings | | | | |
| | Interest | 6,495 | 6,170 | 325 | |
| | Payments to affiliates | 34,890 | 27,912 | 6.070 | |
| | Depreciation, depletion, and amortization | 6,856 | 6,513 | 6,978 | |
| | 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 | 3,030 | 0,313 | 343 | T. |
| | line 24e expenses on Schedule O.) a MUSEUM EXPENSE | 57,620 | 57,620 | | |
| | b EDUCATIONAL EXPENSES | 20,901 | 20,901 | | |
| | c PROFESSSIONAL DUES | 1,435 | 1,435 | | |
| | d EMPLOYEE RELATIONS | 805 | 425 | 380 | |
| | e All other expenses | 505 | 30 | 475 | |
| | Total functional expenses. Add lines 1 through 24e | 433,735 | 288,701 | 56,827 | 88,207 |
| | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or | note to | any line in this Part IX | (A) Beginning of year | | (B) End of year |
|-----------------------------|-----|--|----------|---------------------------|-----------------------|------|--|
| | 1 | Cash-non-interest-bearing | | | 253,034 | 1 | 135,743 |
| | 2 | Savings and temporary cash investments | | | 162,228 | 2 | 162,309 |
| | 3 | Pledges and grants receivable, net | | – | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| Assets | 5 | Loans and other receivables from any current | or forr | mer officer, director, | | N E | |
| | | trustee, key employee, creator or founder, su | | | 5 | | |
| | 6 | controlled entity or family member of any of t Loans and other receivables from other disqu | | DVXCE! | | | |
| | " | under section $4958(f)(1)$), and persons desc | | 6 | | | |
| | 7 | Notes and loans receivable, net | | 7 | | | |
| | 8 | Inventories for sale or use | | | | 8 | — |
| | 9 | Prepaid expenses and deferred charges . | | | | 9 | |
| | 10a | | | | | 9 8 | |
| | | other basis. Complete Part VI of Schedule D | 10a | 510,008 | | - XI | |
| | b | Less: accumulated depreciation | 10b | 127,186 | 393,498 | 10c | 382,822 |
| | 11 | Investments—publicly traded securities . | | | | 11 | |
| | 12 | Investments—other securities. See Part IV, li | ne 11 | | | 12 | |
| | 13 | Investments—program-related. See Part IV, li | ne 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets: Add lines 1 through 15 (must ed | qual lir | ne 33) | 808,760 | 16 | 680,874 |
| | 17 | Accounts payable and accrued expenses . | 32,900 | 17 | 21,320 | | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| ŝ | 21 | Escrow or custodial account liability. Complet | e Part | IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or for | mer of | ficer, director, trustee, | | | |
| abil | | key employee, creator or founder, substantial controlled entity or family member of any of t | | | 22 | | |
| \exists | 23 | Secured mortgages and notes payable to unre | lated 1 | third parties | 261,181 | 23 | 244,829 |
| | 24 | Unsecured notes and loans payable to unrelat | ed thii | d parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, parties, and other liabilities not included on li Complete Part X of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 . | | | 294,081 | 26 | 266,149 |
| S. | | Organizations that follow FASB ASC 958, chec | | ■ w and complete | | | |
| 꺌 | | lines 27, 28, 32, and 33. | | (4) | | | |
| ᇛ | 27 | Net assets without donor restrictions | | L | 514,679 | 27 | 414,725 |
| Net Assets or Fund Balances | 70 | Not accets with depar restrictions | | Ĩ | Ŷ | 20 Î | |
| | 28 | Net assets with donor restrictions | | . – | a commençante de | 28 | 200 CO 10 |
| | | Organizations that do not follow FASB ASC 95 | 8, che | ck nere ► and | | | |
| | 29 | complete lines 29 through 33. Capital stock or trust principal, or current fund | ds . | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or | | ent fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| | 32 | Total net assets or fund balances | · | | 514,679 | 32 | 414,725 |
| ž | 33 | Total liabilities and het assets/fund balances | | | 808,760 | 33 | 680,874 |
| | | | | | | | |

Form **990** (2022)

Form 990 (2022)

Part XI Reconcilliation of Net Assets

Page **12**

| (CC)(C) 000 (CC)(S) | _ | |
|---------------------|----|--|
| | 3b | 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. |
| 0 2 | 3a | 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? |
| | | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. |
| | 2c | 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? |
| | | Separate basis Consolidated basis Both consolidated and separate basis |
| | | 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: |
| N o | 2p | b Were the organization's financial statements audited by an independent accountant? |
| | | F Separate basis F Consolidated basis F Both consolidated and separate basis |
| | | 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: |
| 0 N | 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? |
| | | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. |
| | | Accounting method used to prepare the Form 990: 🔽 Cash 🦵 Accrual 🦵 Other |
| Yes No | | |
| | | Check if Schedule O contain |
| 414,725 | | 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column 10 Dans XIII Einancial Statements and Donarting |
| 0 | | d balances (explain in Schedule 0) |
| -13 | | 8 Prior period adjustments |
| | | 7 Investment expenses |
| | | 6 Donated services and use of facilities |
| | | 5 Net unrealized gains (losses) on investments |
| 514,679 | | 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) |
| -99,941 | | 3 Revenue less expenses. Subtract line 2 from line 1 |
| 433,735 | | 2 Total expenses (must equal Part IX, column (A), line 25) |
| 333,794 | | 1 Total revenue (must equal Part VIII, column (A), line 12) |
| L • | | Check if Schedule O contains a response or note to any line in this Part XI |

Software ID:

Return to Form

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

| | | ne organization ALK OF FAME FOUNDATION I | INC | | | | Employer identifica | ition number | |
|-------|-------------|--|----------------------------------|--|--------------------------------------|---------------------------|-------------------------------------|----------------------------------|--|
| JJ J1 | ACL W | ALK OF TAPIL FOUNDATION I | | | | | 59-3267408 | | |
| | rt I | Reason for Publi | | | | | | ons. | |
| The | organi: | zation is not a private f | oundation beca | ause it is: (For lines 1 | through 12, ch | eck only one bo | x.) | | |
| 1 | | A church, convention | of churches, o | r association of churc | hes described in | n section 170(b |)(1)(A)(i). | | |
| 2 | | A school described in | section 170(b |)(1)(A)(ii). (Attach S | chedule E (Forn | n 990).) | | | |
| 3 | | A hospital or a cooper | ative hospital | service organization (| described in sec | tion 170(b)(1)(| (A)(iii). | | |
| 4 | ٢ | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section | | | | | | | |
| 5 | Γ | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . | | | | | | | |
| 6 | | | | | described in se | ection 170(b)(1) |)(A)(v). | | |
| 7 | | An organization that n described in section 1 | • | · · | | om a governmen | tal unit or from the g | general public | |
| 8 | | A community trust de | scribed in sect | ion 170(b)(1)(A)(vi) | (Complete Par | t II.) | | | |
| 9 | Γ | An agricultural researd university or a non-lar | | | | | | | |
| 10 | ~ | An organization that n receipts from activitie from gross investment organization after June | s related to its income and u | exempt functions—sinrelated business tax | ubject to certair able income (le | n exceptions, an | d (2) no more than 3 | 33 1/3% of its suppor | |
| 11 | | An organization organ | ized and opera | ted exclusively to test | t for public safe | ty. See section : | 509(a)(4). | | |
| 12 | | An organization organi one or more publicly s the box on lines 12a tl | upported orgai | nizations described in | section 509(a) | (1) or section 5 0 | 09(a)(2). See section | 509(a)(3). Check | |
| а | Γ | Type I. A supporting o supported organization organization. You mus | n(s) the power | to regularly appoint o | r elect a majorii | | | | |
| b | Γ | Type II. A supporting management of the su must complete Part IV | pporting organ | ization vested in the | | | | | |
| C | _ | Type III functionally is supported organization | _ | | • | , | , , | grated with, its | |
| d | Γ | Type III non-function not functionally integral (see instructions). You | ated. The orga | nization generally mu | st satisfy a dist | ribution require | | | |
| e | | Check this box if the o | - | | | | a Type I, Type II, T | ype III functionally | |
| f. | Entor | integrated, or Type III the number of support | | , | | | | | |
| g | LIILEI | Provide the following is | | | | | | | |
| | (i) N | ame of supported | (ii) EIN | (iii) Type of | | organization | (v) Amount of | (vi) Amount of | |
| | | organization | | organization (described on lines | listed in you docum | r governing | monetary support (see instructions) | other support (see instructions) | |
| | | | | 1- 10 above (see instructions)) | Yes | No | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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.)

| S | ection A. Public Support | | | | | | |
|-----|---|----------------------|--|---|---|--|----------------|
| | endar year | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | fiscal year beginning in) 🟲 | (4)2010 | (0) 2313 | (0) = 0 = 0 | 107-11- | - | <u> </u> |
| 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 | | | | | | |
| - | The value of services or facilities | | | | | | |
| - | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | | | | | | |
| | The portion of total contributions by | | | a him was received. | | 10013-5111-0 | |
| 5 | each person (other than a | No locale B. April | | | | | |
| | governmental unit or publicly | English State of the | | | | THE RESERVE | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the | | | 100000000000000000000000000000000000000 | | | |
| | amount shown on line 11, column (f) | | DIAST TIPE | | Mark 1881 . 7 . 44. | | |
| | * * | | THE STATE OF THE S | | | | |
| 6 | Public support. Subtract line 5 from | | | | 0 0 0 0 0 0 | | |
| | line 4. | | e men | | | | |
| S | ection B. Total Support | | | | ., | | |
| Cal | endar year | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| (or | fiscal year beginning in) 🟲 | (-, | (-, | 1.7 | | | |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | il. | II. | |
| | and income from similar sources | | | | | | |
| _ | Neb is some from uppelated | | 1 | | | | |
| 9 | Net income from unrelated | | | | | | |
| | business activities, whether or not the business is regularly carried on | | | | | | |
| | the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | 1 | | | | |
| 10 | 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 | s, etc. (see instr | ructions) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for t | the organization's | s first second th | nird, fourth, or fif | th tax vear as a s | ection 501(c)(3) | organization, |
| | check this box and stop here | ine organization : | o mac, accoma, c | | | | , |
| _ | | | | | | | |
| | ection C. Computation of Pul | | | | | | |
| 14 | Public support percentage for 2022 (| | | | | 14 | |
| | Public support percentage for 2020 | | | | | 15 | |
| 16a | 33 1/3% support test—2022. If the o | organization did r | not check the bo | x on line 13, and | line 14 is 33 1/3% | or more, check | this box |
| | and stop here. The organization qua | lifies as a publicl | y supported orga | anization | | | ▶□ |
| b | 33 1/3% support test—2021. If the | organization did | not check a box | on line 13 or 16 | a, and line 15 is 3 | 33 1/3% or more, | check this |
| _ | box and stop here. The organization | n qualifies as a p | ublicly supported | d organization . | | | ▶□ |
| 170 | 10%-facts-and-circumstances test— | | | | | | |
| 1/a | and if the organization meets the "f | acts-and-circums | stances" test, ch | eck this box and | stop here. Explai | n in Part VI how | the |
| | organization meets the "facts-and-o | circumstances" t | est. The organize | ation qualifies as | a publicly suppor | ted organization | |
| | | | | , | , | - | |
| | | | ianization did co | t check a how on | line 13 165 16h | or 17a and lin | e 15 is 10% or |
| b | 10%-facts-and-circumstances test- more, and if the organization meets | -zuzi. If the org | riscumstances" (| tect check thic b | nne 13, 10d, 10D | , or 17a, dilu illi Evolain in Part ' | VI how the |
| | organization meets the "facts-and- | s tile Tacts-and- | test The organi | ration qualifies a | e a nublicty suppo | rted organization | 7 110W CHE |
| | | -circumstances" | test, the organiz | Lacron quannes a | за равнету зарро | a coa organizaciói | • |
| | | | | | | | |
| 18 | Private foundation. If the organizat | ion did not check | a box on line 1 | 3, 16a, 16b, 17a | , or 17b, check th | is 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.)

| Se | ection A. Public Support | | | | | | | |
|-------|--|-------------------|--------------------------|----------------------|--------------------|------------|-----------|--|
| | ndar year | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | | (f) Total |
| • | fiscal year beginning in) | | , | .,, | | ,==== | | |
| 1 | Gifts, grants, contributions, and | 70 006 | 110 300 | 48,021 | 102,871 | | 103,418 | 452,496 |
| | membership fees received. (Do not | 79,806 | 118,380 | 40,021 | 102,071 | | 103,410 | 432,490 |
| 2 | include any "unusual grants.") . Gross receipts from admissions, | | | | | | | |
| 2 | merchandise sold or services | | | | | | | |
| | performed, or facilities furnished in | 295,365 | 417,208 | 578,702 | 800,778 | | 678,045 | 2,770,098 |
| | any activity that is related to the | 255,505 | 117,209 | 370,702 | 000,770 | | 0, 0,0 .0 | 2,770,030 |
| | organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that | | | | | | | |
| 3 | are not an unrelated trade or | | | | | | | |
| | business under section 513 | | | | | | | |
| | * * * 3 * | | | | | | | |
| 4 | Tax revenues levied for the | | | | | | | |
| • | organization's benefit and either | | | | | | | |
| | paid to or expended on its behalf | | | | | | | |
| | 2 2 3 | | | | | | | |
| 5 | The value of services or facilities | | | | | | | |
| _ | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | 375,171 | 535,588 | 626,723 | 903,649 | | 781,463 | 3,222,594 |
| 7a | Amounts included on lines 1, 2, | | | | | | | |
| | and 3 received from disqualified | | | | | | | 0 |
| | persons | | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | | |
| | received from other than | | | | | | | |
| | disqualified persons that exceed | | | 1 | | | | 0 |
| | the greater of \$5,000 or 1% of the | | | | | | | |
| | amount on line 13 for the year. | | | | | | | |
| C | Add lines 7a and 7b | | | | | | | 0 |
| 8 | Public support. (Subtract line 7c | X | | | | | | 3,222,594 |
| | from line 6.) | | - 11 TI - 15 IS | 1 i same | Minter Street | | | 5,222,554 |
| Se | ection B. Total Support | | | | | | | |
| Cale | ndar year | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | | (f) Total |
| (or f | iscal year beginning in) 🟲 | (a) 2010 | (0) 2019 | (6) 2020 | (4) 2021 | (6) 2022 | | (1) Total |
| 9 | Amounts from line 6 | 375,171 | 535,588 | 626,723 | 903,649 | | 781,463 | 3,222,594 |
| 10a | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | 91 | |
| | securities loans, rents, royalties | 86 | 407 | 645 | 2,030 | i | 420 | 3,588 |
| | and income from similar sources | | | | | | | |
| | (20 · 9) | | | | | | | |
| b | Unrelated business taxable | | | | | | | |
| | income (less section 511 taxes) | | | | | | | |
| | from businesses acquired after | | | | | | | |
| | June 30, 1975. | 86 | 407 | 645 | 2.020 | | 420 | 2 500 |
| С | Add lines 10a and 10b. | 80 | 407 | 043 | 2,030 | | 420 | 3,588 |
| 11 | Net income from unrelated | | | | | | | |
| | business activities not included on | | | | | | | |
| | line 10b, whether or not the | | | | | | | |
| 13 | business is regularly carried on. Other income. Do not include gain | | | | | | | |
| 12 | or loss from the sale of capital | | 25,000 | 43,732 | 1,355 | | 1,153 | 71,240 |
| | assets (Explain in Part VI.) | | | | | | _, | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | | |
| 10 | 11, and 12.). | 375,257 | 560,995 | 671,100 | 907,034 | | 783,036 | 3,297,422 |
| 14 | First 5 years. If the Form 990 is for t | he organization's | first, second, th | ird, fourth, or fift | th tax vear as a s | ection 501 | L(c)(3) | organization, |
| | check this box and stop here | _ | | | | | | ARMED IN COLUMN TO A STATE OF THE STATE OF T |
| | | | | | | | | |
| | ction C. Computation of Publ | | | | | | | |
| 15 | Public support percentage for 2022 (| line 8, column (f |) divided by line | 13, column (f)) . | | 15 | | 97.730 % |
| 16 | Public support percentage from 202 | 1 Schedule A, Pa | art III, line 15 . | | 9 9 90 E 6 8 | 16 | | 97.390 % |
| Se | ction D. Computation of Inve | estment Inco | me Percenta | ae | | | | |
| 17 | Investment income percentage for 2 | | | | n (f)) | . 17 | | 0.110 % |
| | Investment income percentage from | | | | | | | 0451 (14.54) (4.55) |
| 18 | | | | | | 18 | | 0.120 % |
| 19a | | | | | | | | |
| | more than 33 $1/3\%$, check this box a | | | | | | | |
| b | 33 1/3% support tests—2021. If the | organization did | not check a box | on line 14 or line | : 19a, and line 16 | is more t | han 33 | 1/3% and line 18 |
| | is not more than 33 1/3%, check this | box and stop he | re. The organizat | ion qualifies as a | a publicly suppor | ted organi | zation | 941 |
| | | | | | | see instr | | 341 |

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.)

| S | ection A. All Supporting Organizations | | | |
|----|--|----------|------------------|--------------|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | <u>1</u> 194 |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes. | 4c | | |
| 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 | | | |
| b | amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the | 5a | | |
| С | organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5b 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | Edi | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a) (1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | Tel ¹ | |
| 0a | 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). | 10a | | YK |
| | | LUD I | | |

| Pa | rt IV Supporting Organizations (continued) | | | |
|--|--|---------|--------|-------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | E Year | 100 | |
| а | 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 | | |
| ь. | | 11b | | |
| b | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in | 11c | | |
| | Part VI | | | |
| <u>_</u> | ection B. Type I Supporting Organizations | | Yes | No |
| | 2/14/ office a discrete two transferred and an arrangement of any arrangement of a second of a | E V | 163 | 140 |
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) | | | |
| | that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| _ | ection C. Type II Supporting Organizations | | | |
| | cotion of type 11 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 | TW. | | |
| | es 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 | | l | |
| _5 | ectใช้ที่ ^z ชี. ๊ฟ้ที่ 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 | T TO | | |
| 1 | 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 | 1 | | 1411 |
| 2 | ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ganization's governing documents in effect on the date of notification, to the extent not previously provided? ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ganization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the ganization maintained a close and continuous working relationship with the supported organization(s). | | | |
| 2 | | | | |
| | - | 2 | | |
| 3 | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or | | | |
| | assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations | 3 | | |
| S | ection E. Type TII 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 ins | tructio | ns): | |
| | 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. | | | |
| | The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions) | (see | | |
| 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 | | | 500 |
| | supported organizations and explain how these activities directly furthered their exempt purposes, how the | | | |
| | | 2a | | |
| | 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 | | | 18 |
| | 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 | | | 300 |
| | organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | E CENT | |
| | 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 | | | 97.61 |
| Its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. | | | | |

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

Page 6

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

| | | (optional) |
|--|--|--------------------------------|
| Net short-term capital gain | | |
| 2 Recoveries of prior-year distributions | | |
| 3 Other gross income (see instructions) | | |
| 4 Add lines 1 through 3 | | |
| Depreciation and depletion | | |
| 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) | | |
| Other expenses (see instructions) | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | | |
| Section B - Minimum Asset Amount | (A) Prior Year | (B) Current Year (optional) |
| 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 | | |
| b Average monthly cash balances | | |
| c Fair market value of other non-exempt-use assets | | |
| d Total (add lines 1a, 1b, and 1c) | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| Acquisition indebtedness applicable to non-exempt use assets | | |
| Subtract line 2 from line 1d | | |
| Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see anstructions). | | |
| Net value of non-exempt-use assets (subtract line 4 from line 3) | | |
| Multiply line 5 by 0.035 | | |
| Recoveries of prior-year distributions | | |
| Minimum Asset Amount (add line 7 to line 6) | | |
| Section C - Distributable Amount | The state of the s | Current Year |
| Adjusted net income for prior year (from Section A, line 8, Column A) | | |
| Enter 85% of line 1 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | | |
| Enter greater of line 2 or line 3 | | |
| Income tax imposed in prior year | | |
| Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (continued) | | | | | |
|---|----|--------------|--|--|--|
| Section DOP BASTABLIABLE | | 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 | | | | |
| | | | | | |

| 10 Line 8 amount divided by Line 9 amount | | 10 | |
|---|-----------------------------|--|---|
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). | | | |
| See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022: | | | San Street San San |
| a From 2017 | | | |
| b From 2018 | | | TO VENINOUS RESERVE |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | TATE OF THE STATE |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI | | | |
| See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | STANDARD TO YOUR |
| c Excess from 2020. | | | HEALTH WINES |
| d Excess from 2021 | | | well before bester |
| e Excess from 2022. | | | 94 |

Schedule A (Form 990) 2022

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 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, Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; additional information. (See instructions). Part VI

Facts And Circumstances Test

Explanation Return Reference

Schedule A (Form 990) 2022

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2022

(Form 990) Department of the Treasury Internal Revenue Service ► Attach to Form 990, 990-EZ, or 990-PF.

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

Name of the organization
US SPACE WALK OF FAME FOUNDATION INC

Employer identification number

59-3267408

| Organization type (check one): | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | 501(c)() (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 | | | | | | | |
| Note: Only a section 501(c)(7) | covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | | | |
| General Rule | | | | | | | | |
| | ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | | | |
| Special Rules | | | | | | | | |
| under sections 509(a)(received from any one | scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Form 990-EZ, line 1, Complete Parts I and II. | | | | | | | |
| during the year, total co | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. | | | | | | | | |
| 990-EZ, or 990-PF), but it mus | isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ he 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, | | | | | | | |

990-EZ, or 990-PF).

Name of organization
US SPACE WALK OF FAME FOUNDATION INC

Employer identification number 59-3267408

| Part I Contributors | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| RESTRICTED | | \$ RESTRICTED | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 647 | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| S S | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| ē. | | \$_ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

| Schedule B | Schedule B (Form 990) (2022) | | Page 3 |
|---------------------------|---|--|------------------------------|
| Name of or US SPACE | Name of organization US SPACE WALK OF FAME FOUNDATION INC | Employer identification number | number |
| | | 59-3267408 | |
| Part II | Noncash Property (see instructions), Use duplicate copies of Part II if additional space is needed. | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| Rins | | <i>6</i> 5. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| X • S | | Ø | |
| (a) No. from Part I | (b) Description of noncash property given | (C) FMV (or estimate) (See instructions) | (d) Date received |
| æ. | | ь | |
| (a) No. from Part I | (b) Description of noncash property given | (C) FMV (or estimate) (See instructions) | (d) Date received |
| * | | 69 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | 9 | |
| (a) No. from Part l | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| ((#2) | | 8 | |
| | | | Schedule B (Form 990) (2022) |

| | organization | | Employer identification number |
|---------------------------|--|---|---|
| US SPAC | E WALK OF FAME FOUNDATION INC | | 59-3267408 |
| Part III | total more than \$1,000 for the year from line entry. For organizations completing | ontributions to organizations described in any one contributor. Complete columns g Part III, enter the total of exclusively relis information once. See instructions.) ► space is needed. | s (a) through (e) and the following igious, charitable, etc., contributions |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, and a | (e) Transfer of gift ZIP 4 Relationshi | p of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| s | | | |
| | Transferee's name, address, and 2 | (e) Transfer of gift ZIP 4 Relationshi | p of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | | |
| | Transferee's name, address, and a | (e) Transfer of gift ZIP 4 Relationshi | o of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| 8 | | | |
| | Transferee's name, address, and 2 | (e) Transfer of gift ZIP 4 Relationshi | p of transferor to transferee |
| | | | |

Software ID:

Software Version:

SCHEDULE D

Department of the Treasury

Name of the organization

Internal Revenue Service

(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 <u>www.irs.gov/Form990</u> for instructions and the latest information,

OMB No. 1545-0047

Employer identification number

2022

Open to Public Inspection

| ACE WALK OF FAME FOUNDATION INC | 59-3267408 |
|--|---|
| Organizations Maintaining Donor Advised Funds or Other Similar | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| (a) Donor advised funds | (b) Funds and other accounts |
| otal number at end of year | |
| ggregate value of contributions to (during year) | |
| ggregate value of grants from (during year) | |
| ggregate value at end of year | _ |
| Did the organization inform all donors and donor advisors in writing that the assets held in do the organization's property, subject to the organization's exclusive legal control? | |
| Did the organization inform all grantees, donors, and donor advisors in writing that grant func charitable purposes and not for the benefit of the donor or donor advisor, or for any other pur mpermissible private benefit? | pose conferring |
| Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| Purpose(s) of conservation easements held by the organization (check all that apply). | |
| Preservation of land for public use (e.g., recreation or education) Preservation of a | an historically important land area |
| Protection of natural habitat Preservation of a | a certified historic structure |
| Preservation of open space | |
| Complete lines 2a through 2d if the organization held a qualified conservation contribution in | the form of a conservation |
| easement on the last day of the tax year. | Held at the End of the Year |
| otal number of conservation easements | 2a |
| otal acreage restricted by conservation easements | 2b |
| THE REPORT OF THE PROPERTY OF | 2c |
| lumber of conservation easements included in (c) acquired after 7/25/06, and not on a istoric structure listed in the National Register | 2d |
| Number of conservation easements modified, transferred, released, extinguished, or terminal ax year | ted by the organization during the |
| Number of states where property subject to conservation easement is located > | |
| Does the organization have a written policy regarding the periodic monitoring, inspection, ha violations, and enforcement of the conservation easements it holds? | |
| Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfo year | rcing conservation easements during the |
| Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing \$ | conservation easements during the year |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of s (B)(i) and section 170(h)(4)(B)(ii)? | |
| n Part XIII, describe how the organization reports conservation easements in its revenue a palance sheet, and include, if applicable, the text of the footnote to the organization's finance to the organization of the property of the proper | nd expense statement, and cial statements that describes |
| the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | , or Other Similar Assets. |
| f the organization elected, as permitted under FASB ASC 958, not to report in its revenue soft art, historical treasures, or other similar assets held for public exhibition, education, or reservice, provide, in Part XIII, the text of the footnote to its financial statements that describ | search in furtherance of public |
| f the organization elected, as permitted under FASB ASC 958, to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or rese provide the following amounts relating to these items: | ement and balance sheet works of earch in furtherance of public service, |
| Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · · | |
| Assets included in Form 990, Part X | |
| f the organization received or held works of art, historical treasures, or other similar assets following amounts required to be reported under FASB ASC 958 relating to these items: | |
| Revenue included on Form 990, Part VIII, line 1 | e n e n e n ▶\$ |
| Assets included in Form 990. Part X | |

| Par | 1911 Organizations Maintaining | Collectio | ns of Art, | Histo | rical | Treasu | res, or | Other Sir | nilar Ass | ets (c | ontinued |
|-----|--|---------------|---------------|-----------|---------|-----------|------------|---------------------------|--------------|--------------------|----------------|
| 3 | Using the organization's acquisition, acce collection items (check all that apply): | ession, and o | ther records | , check | any of | the follo | wing tha | t are a signi | ficant use o | fits | |
| а | Public exhibition | | | d | Loan | or exch | ange pro | grams | | | |
| b | Scholarly research | | | еГ | Othe | :г | | ********* | | | |
| c | ✓ Preservation for future generations | | | | | | | | | | |
| 1 | Provide a description of the organization's | s collections | and explain | how the | y furth | er the o | rganizatio | on's exempt | purpose in | | |
| | Part XIII. | | | | | | | | | | |
| 5 | During the year, did the organization solic assets to be sold to raise funds rather tha | | | | | | | | ∀ Yes | No | |
| Pa | rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21. | | | m 990, | Part | IV, line | 9, or re | ported an | amount or | n Forn | n 990, |
| 1a | Is the organization an agent, trustee, cus included on Form 990, Part X? | | | | | | | | Yes | ┌ No | |
| ь | If "Yes," explain the arrangement in Part | XIII and cor | nnlete the fo | llowina | table | | | | mount | | - 2 |
| c | Beginning balance | | • | _ | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | _ |
| e | Distributions during the year | | | | | | 1e | | | | _ |
| f | Ending balance | | | | | | 1f | | | | |
| | • | | | | | | | | | No | |
| 2a | Did the organization include an amount o | n Form 990, | Part X, line | 21, for (| escrow | or custo | odial acco | unt liability | ?i tes | NO | |
| b | If "Yes," explain the arrangement in Part | XIII. Check | here if the e | explanati | on has | been pi | rovided in | Part XIII | 厂 | | |
| Pa | rt V Endowment Funds. | | | | | | | | | | |
| | Complete if the organization a | | | | | | | T | 127 | | |
| _ | Reginging of year balance | (a) Curr | ent year | (b) Prior | year | (c) Iwo | years back | (d) Three ye | ars back (e) | Four ye | ars back |
| | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | | | | | |
| C | Net investment earnings, gains, and losses | s | | | | | | | | | |
| d | Grants or scholarships | Î | 1 | | i | | | 1 | 1 | | |
| | Other expenditures for facilities and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| | End of year balance | | | | | | | | | | |
| _ | Provide the estimated percentage of the c | urrent vear | end balance | (line 1a | colun | nn (a)) h | eld as | | | | |
| а | Board designated or quasi-endowment | | | (| coran | (3), | 0.0 05. | | | | |
| b | Permanent endowment > | | | | | | | | | | |
| c | Term endowment | 50 | | | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c | should equal | I 100%. | | | | | | | | |
| а | Are there endowment funds not in the pos | session of th | ne organizati | on that a | are hel | d and ac | lministere | ed for the | | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | • | | | | 3a(i) | | |
| _ | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on 3a(ii), are the related organization | ations listed | as required | on Sche | Jule K | • | | | 3b | | |
| | Describe in Part XIII the intended uses of | the organiza | ation's endo | wment f | unds. | | | | | | |
| ar | t VI Land, Buildings, and Equipr | | | | | | | | | | |
| | Complete if the organization at Description of property (a) Cost or of (investment) | ther basis | (b) Cost or o | | | | | e Form 99 depreciation | | line 1 ook valu | |
| a . | Land | | | | 42,799 | | THE STATE | | | | 42,799 |
| | Buildings | | | | 416,364 | | | 76,341 | | | 340,023 |
| | Leasehold improvements | | | | | | | . 5,5 12 | | | , , , , |
| | Equipment | | | | | | | | | | |
| | Other | | | | 50,845 | 1 | | 50,845 | | | - |

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

| Part VII | Investments - Other Securities. Complete if the organization answered "Yes" on Form 9 | 90 Part | IV line 11h Se | e Form 990 I | Part X. line 12. |
|--|---|----------|------------------|-----------------------------------|----------------------|
| - | (a) Description of security or category | (b) Bo | ok | (c) Method of v or end-of-year | aluation: |
| (1) Financi | (including name of security) | value | Cost | or enu-or-year | marker value |
| | -held equity interests | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | + | | | |
| (G) | | | | | |
| (H) | | - | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 12, | | | 1 - 2 / 2 | |
| Part | Investments - Program Related. | | | 5 000 | D. 4 W. U. 42 |
| VIII | Complete if the organization answered 'Yes' on Form 9 (a) Description of investment | 90, Part | (b) Book value | (c) Met | hod of valuation: |
| (1) | | | | Cost or end- | of-year market value |
| | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Company of the Compan | nn (b) must equal Form 990, Part X, col.(B) line 13.) | | | | |
| Part IX | Other Assets. Complete if the organization answered 'Yes' on Form 99 | 0, Part | IV, line 11d. Se | e Form 990, Pa | |
| (1) | (a) Description | | | | (b) Book value |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | _ | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 99 | 0. Part | IV, line 11e or | 11f. | |
| 1. | See Form 990, Part X, line 25. (a) Description of liabil | | | | (b) Book value |
| | income taxes | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col (B) line 25.) | | | | |

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Pa | rt XI Reconciliation of Revenue per Audited Financial Sta | itements With Revenue | per | 1090 |
|-----|--|-----------------------|-----------|--------|
| | Return. | Deat IV line 12e | | |
| 1 | Complete if the organization answered 'Yes' on Form 990, Total revenue, gains, and other support per audited financial statements | | 1 1 | |
| _ | | | D-10 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | T - T | | |
| а | 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 | | |
| | * ** * * * * * * * * * * * * * * * * * | | 1 - 1 | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | a. 8 | | |
| а | 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 | |
| Par | t XII Reconciliation of Expenses per Audited Financial St | | es per Re | eturn. |
| | Complete if the organization answered 'Yes' on Form 990, | | | |
| 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 190 | 1 | |
| а | Donated services and use of facilities | 2a | | |
| ь | Prior year adjustments | 2b | 128 | |
| c | Other losses | 2c | 4 (21) | |
| d | Other (Describe in Part XIII.) | 2d | E. nei | |
| | | 11/11 | | |
| е | 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: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 435 E | |
| | | N NAX | | |
| b | Other (Describe in Part XIII.) | 4b | 14 = 3 | |
| | 200 34 00 000 00 00 00 00 00 00 00 00 00 00 0 | | 1 1 | |
| C | Add lines 4a and 4b | 14 W 166 N W 168 | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 2 18.) | 5 | |
| Par | t XIII | | | |

Supplemental Information

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

| Return Reference | Explanation |
|-------------------|--|
| PART III, LINE 4: | WE HOLD A COLLECTION OF SPACE PROGRAM RELATED MEMORABILIA THAT SERVES THE PURPOSE OF PRESERVING THE HISTORY INVOLVED THERE AND GIVING US THE OPPORTUNITY AS A MUSEUM TO SHARE THESE ITEMS WITH THE PUBLIC AND HOPEFULLY INSPIRE FURTHER ENDEAVORS. |

Schedule D (Form 990) 2021

Software ID:

Software Version:

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2022

Open to Public Inspection

| Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | | |
|--|---|---|--------------------------|---|---------|---------------------------------|-----------------|--|---|
| | ne of the organization | COUNT ATTOM THE | | | | | | Employer id | entification number |
| | SPACE WALK OF FAME F | OUNDATION INC | | | | | | 59-326740 | 8 |
| Pa | | ctivities. Comple | | | | | s" on Form | 990, Part I | V, 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. | | | | | | | | |
| а | Mail solicitations e Solicitation of non-government grants | | | | | | | | |
| b | f Solicitation of government grants | | | | | | | | |
| c | Phone solicitations | | | | gſ | Special fundra | ising events | | |
| d | In-person solicitation | ıs | | | | | | | |
| 2a | Did the organization have | e a written or oral a | areemen | t with an | v indi | vidual (including c | officers direct | ctore truetooe | |
| | or key employees listed i | in Form 990, Part V | II) or en | tity in co | nnect | ion with professio | nal fundraisi | ing Ty | es No |
| b | services? If Yes, list the 10 highe to be compensated at lea | est paid individuals of ast \$5,000 by the or | or entitie rganizati | s (fundra on. | aisers) |) pursuant to agre | ements und | er which the f | undraiser is |
| (1 | i) Name and address of individual or entity (fundraiser) | (ii) Activity | fundrai custo cont | Did ser have ody or rol of outions? | | Gross receipts from activity | (or ret | unt paid to tained by) er listed in ol. (i) | (vi) Amount paid to (or retained by) organization |
| 1 | | | Yes | No | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | = | | | |
| 0 | | | | | | | | | |

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.

| | art II Fundraising Events. Comp | | | | |
|-----------------|---|----------------------------|--|-------------------------|--|
| | more than \$15,000 of fundra events with gross receipts gr | | tions and gross incom | ie on Form 990-EZ, li | nes 1 and 6b. List |
| | | (a) Event #1 | (b) Event #2 | (c)Other events | (d) Total events |
| | | AUCTION 18/19 | AUCTION 20 | 5 | (add col. (a) through col. (c)) |
| | | (event type) | (event type) | (total number) | |
| | | | | | |
| | | | | | |
| | | | | | |
| Revenue | | | | | |
| Ver | | | | | |
| Re | | | | | |
| | | | | | |
| | 1 | | | | 200,000 |
| | 1 Gross receipts | 102,980 | 155,041 | 308,599 | 566,620 |
| | 2 Less: Contributions . | | | | |
| | 3 Gross income (line 1 minus line 2) | 102,980 | 155,041 | 308.599 | 566,620 |
| | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| မွ | 1. | | | | |
| Direct Expenses | 6 Rent/facility costs | | | | |
| 8 | 7 Food and beverages | | | | |
| ğ | 8 Entertainment | | | | |
| 품 | 9 Other direct expenses | 4,438 | 66,457 | 338,610 | 409,505 |
| | 10 Direct expense summary. Add lines 4 | through 9 in column (d |) 40 44 54 46 | a a a a . | 409,505 |
| | 11 Net income summary. Subtract line 10 | 0 from line 3, column (d | 1) | | 157,115 |
| Pai | rt III Gaming. Complete if the org | | "Yes" on Form 990, P | art IV, line 19, or rep | |
| - | \$15,000 on Form 990-EZ, lin | e 6a. | | | |
| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
| 3Ve | | | bingo/progressive bingo | | cor.(a) through cor.(c)) |
| ~ | 1 Gross revenue | | | | |
| န္ | | | | | |
|)SUE | 2 Cash prizes | | | | |
| Expenses | 3 Noncash prizes | | | | |
| ぜ | 4 Rent/facility costs | | | | |
| Direct | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | | Yes% | Yes%_ | Yes% | |
| | 6 Volunteer labor | No | □ No | No | |
| | Birrat consumation and discussion | 46 | ` | | |
| | 7 Direct expense summary. Add lines 2 | through 5 in column (a |) 96 8 8 9 96 | K K K K K K | |
| | 8 Net gaming income summary. Subtrac | t line 7 from line 1, colu | umn (d) | . | <u></u> |
| 9 | Enter the state(s) in which the organiza | tion conducts gaming a | ctivities: | | |
| а | Is the organization licensed to conduct | | | | 「Yes |
| b | If "No," explain: | | | | |
| | *************************************** | | | | |
| 10a | Were any of the organization's gaming li | | | | 「Yes 「No |
| b | If "Yes," explain: | | | | |

| Sche | Page dule G (Form 990) 2022 | ge 3 |
|------|---|---------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | |
| 12 | İs the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | |
| 13 | Indicate the percentage of gaming activity conducted in: | |
| а | The organization's facility | % |
| b | An outside facility | % |
| 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? | |
| Ь | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | |
| С | If "Yes," enter name and address of the third party: | |
| | Name • | " |
| | Address | 27.1 |
| 16 | Gaming manager information: Name ▶ | |
| | Gaming manager compensation ▶ \$ | |
| | Description of services provided | 88 1 0 |
| | Director/officer Employee Independent contractor | |
| 17 | Mandatory distributions: | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| ь | retain the state gaming license? | |
| | in the organization's own exempt activities during the tax year > \$ | |
| Par | 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) 2022 | · · |
| Ad | ditional Data Return to Form | |

Software ID: Software Version:

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization US SPACE WALK OF FAME FOUNDATION INC

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

9-3267408

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Software ID:

Software Version:

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000114

Entity Name: U.S. SPACE WALK OF FAME FOUNDATION, INC.

FILED Jan 16, 2024 **Secretary of State** 7063779330CC

Current Principal Place of Business:

308 PINE ST

TITUSVILLE, FL 32796

Current Mailing Address:

308 PINE STREET

TITUSVILLE, FL 32796 US

FEI Number: 59-3267408

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURDINE, T 410 INDIAN RIVER AVE TITUSVILLE, FL 32796 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

CHAIRMAN OF THE BOARD

Title

TREASURER

Name

OSTARLY, LARRY

Name

KING, BONNIE

Address

3758 IMPERATA DRIVE

Address

1945 HOLT DR.

City-State-Zip: ROCKLEDGE FL 32955

City-State-Zip:

MERRITT ISLAND FL 32952

Title

EXECUTIVE DIRECTOR

Title

VICE CHAIRMAN

Name

CONKLIN, KARAN

Name

POST, TROY

Address

211 CORONADO BLVD

Address

5533 YAUPON HOLLY DRIVE

City-State-Zip: TITUSVILLE FL 32780

City-State-Zip:

COCOA FL 32927

Title

SECRETARY

Name Address STEVE, LLOYD

190 S. SYKES CREEK PKWY STE. 3

City-State-Zip: MERRITT ISLAND FL 32952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARAN CONKLIN

DIRECTOR

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | Brevard Symphony Orchestra | |
|------------------------------|----------------------------|--|
| Applicant Event Name: | Year-round programming | |

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

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

| Cranis, Peter | Digitally signed by Cranis, Peter Date: 2024.10.17 11:07:41 -04'00' | |
|---------------|--|--|
|---------------|--|--|

Peter Cranis, Executive Director

FY 2024-2025 Warketing Support Program application

Response ID:28 Data

2. (untitled)

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

Signature of: Laura Sayer

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Brevard Symphony Orchestra

Organization address

780 S Apollo Blvd. Suite 218

State

FL

City

Melbourne

Zip

32901

Primary contact name

Laura Sayer

Primary contact phone number

(321) 345-5052

Primary contact email LSayer@brevardsymphony.com Secondary contact name Diane Van Aman Secondary contact phone number (321) 345-5052 Secondary contact email dvanaman@brevardsymphony.com Organization website address brevardsymphony.com 5. (untitled) 4. Which best describes your organization? 501(C)(3) 6. (untitled) 5. What is your Federal Employee ID number? 59-1149727 7. (untitled) 6. Are you completing this questionnaire for an event or year-round programming? Year-round programming - theater, symphony, concerts, museum, etc. 8. (untitled) 1. E7 ENT INFORMATION Name of event

Event website address Vf different from organization website(

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Direct mail

Radio

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

Social hashtags

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

TV/Video

Other - Please be specific: Google Ads and Meta ads with Paciolan and the King Center

13. (untitled)

9. What are your social media handles?

Facebook: https://www.facebook.com/BrevardSymphony/Instagram: https://www.instagram.com/brevardsymphony/

YouTube: https://www.youtube.com/@BrevardSymphonyOrchestra

14. (untitled)

,. What hashtags do you use?

#yourbso #brevardsymphonyorchestra #christopherconfessore #bsointhenews and will begin to impliment #musiconthespacecoast and #symphonyonthespacecoast

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Direct mail

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Social media post

Website/blog

17. (untitled)

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

IRS_Determination_Letter.pdf

18. (untitled)

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

Form_990_2021-22.pdf

19. (untitled)

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

20. (untitled)

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

Detail_by_Entity_Name.pdf

21. (untitled)

15. Upload your completed Checklist.

BSO_MSP_applicant_checklist_10-3-2024.pdf

22. (untitled)

16.

ATTESTATION

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

Dom Sener

Signature of: Laura Sayer

23. Thank You!

New Send Email

Oct 03, 2024 14:58:42 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Internal Revenue Service

District Director

DATE: February 13, 1996

Brevard Symphony Orchestra Inc. 1500 Highland Ave Melbourne, FL 32935-6521 Department of the Treasury

Returns Program Management Staff - Taxpayer Assistance 401 West Peachtree St., NW C-1130, Stop 520-D Atlanta, GA 30365

Date of Inquiry:
02/01/96
Person to Contact:
F. Pressley
Telephone Number:
404 331-3006

EIN: 59-1149727

Dear Taxpayer:

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

Our records indicate your organization was granted exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code by our letter dated December 1966. You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 509(a)(2).

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

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

Thank you for your cooperation.

Sincerely,

J. Pressley

Exempt Organizations
Coordinator

TPA4401tr

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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/Form990 for instructions and the latest information.

Open to Public Inspection

| A | For th | e 2021 calendar year, or tax year beginning $JUL~1~,~2021~$ and e | ending J | UN 30, 2022 | | | | |
|-------------------------|-----------------------|--|---------------------|----------------------------------|-----------------------------|--|--|--|
| В | Check if applicab | C Name of organization | | D Employer identification number | | | | |
| | Addre | BREVARD SIMPHONI ORCHESTRA, INC. | | and a | | | | |
| | Name | Doing business as | | 59-1149727 | | | | |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) Roo | | E Telephone number | | | | |
| | Final | P.O. BOX 361965 | | 321-242-2024 | | | | |
| | termi ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,128,835. | | | |
| | Amer | MELBOURNE, FL 32930 | | H(a) Is this a group return | | | | |
| | Appli tion pend | F Name and address of principal officer: DAVID BCITIBILIARMER | | for subordinates | | | | |
| | | P.O. BOX 301905, MELBOURNE, FL 32930 | | H(b) Are all subordinates in | | | | |
| | | empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or | r 527 | If "No," attach a | list. See instructions | | | |
| | | te: WWW.BREVARDSYMPHONY.COM | | H(c) Group exemptio | | | | |
| | | forganization: X Corporation Trust Association Other | L Year | of formation: 1966 | State of legal domicile: FL | | | |
| P | art I | | | | | | | |
| a | 1 | efly describe the organization's mission or most significant activities: CLASSICAL MUSIC FOR COMMUNITY, | | | | | | |
| anc | | FAMILY CONCERTS & MUSICAL EDUCATION. | | | | | | |
| Activities & Governance | 2 | Check this box if the organization discontinued its operations or dispose | | iii aad | | | | |
| õ | 3 | | | 3 | 27 | | | |
| <u>ح</u> | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 4 | | | |
| ties | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 230 | | | |
| Ĕ | 6 | Total number of volunteers (estimate if necessary) | | 7a | 0. | | | |
| Ac | / a | Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | |
| _ | | Net unrelated business taxable income from Form 550-1, Fart1, line 11 | ····· | Prior Year | Current Year | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 270,516. | 525,051. | | | |
| ë | 9 | | | 259,713. | 482,180. | | | |
| Revenue | 10 | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 9. | 59,339. | | | |
| æ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 45,700. | 52,217. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 575,938. | 1,118,787. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | |
| 70 | 45 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 196,738. | 232,784. | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | |
| pen | b | | 0. | | | | | |
| Щ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 593,839. | 836,260. | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 790,577. | 1,069,044. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -214,639. | 49,743. | | | |
| 10% | | | Be | ginning of Current Year | End of Year | | | |
| Sets | 20 | Total assets (Part X, line 16) | | 2,157,925. | 2,322,892. | | | |
| ABS | 21 22 | Total liabilities (Part X, line 26) | | 225,491. | 188,704. | | | |
| 2 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1000000 | 1,932,434. | 2,134,188. | | | |
| $\overline{}$ | art II | Signature Block | | | | | | |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedules a | | | knowledge and belief, it is | | | |
| true. | corre | t, and complete. Declaration of preparer (other than officer) is based on all information of which | ch preparer | has any knowledge. | | | | |
| | | Signature of officer | Date | | | | | |
| Sig | | | | | | | | |
| Her | е | DAVID SCHILLHAMMER , EXECUTIVE DIRECTOR Type or print name and title | ζ | | | | | |
| _ | | | In | Date Check C | PTIN | | | |
| De!- | | Print/Type preparer's name ROMAN G CARRAWAY, CPA ROMAN G CARRAWAY | | 5/15/23 self-employ | | | | |
| Paid Preparer | | GIPP PEGGG - THEPTH FIG | | 72-1396621 | | | | |
| | Only | Firm's address 215 BAYTREE DRIVE | FRIII S EIN | 12 1330021 | | | | |
| JOE | Jilly | MELBOURNE, FL 32940 | | Phone no 32 | 1-255-0088 | | | |
| May | the II | RS discuss this return with the preparer shown above? See instructions | THE ALCH ENVIOLENCE | Training 10, 5 Z | X Yes No | | | |

| | | | | Form 99 | 0 (2021) |
|----|--|---|------------------------------|---------------------|----------|
| 4e | (Expenses \$ include Total program service expenses ▶ | 775,030. |) (Revenue \$ |) | |
| 4d | Other program services (Describe on Schedule | · | \ | 20 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | A | | | | |
| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenu | ue \$ |) |
| |) | | | | |
| | 5 | | | | |
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| | · · · · · · · · · · · · · · · · · · · | | | ,\ <u></u> | |
| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Reven | ue\$ |) |
| | · | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | CHILDREN'S CONCERTS AND | | | T THOUGHTING | |
| 4a | (Code:) (Expenses \$ 77.5 SYMPHONY CONCERTS ATTEN | 5,030. including grants of \$ |) (Reven | | L78. |
| | revenue, if any, for each program service repo | orted. | | | |
| 4 | Describe the organization's program service a Section 501(c)(3) and 501(c)(4) organizations | | | | d |
| | If "Yes," describe these changes on Schedule | | | emananananan araban | |
| 3 | Did the organization cease conducting, or ma | | ducts, any program services? | Yes | X No |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Sch | edule O | | Yes | X No |
| 2 | Did the organization undertake any significan | t program services during the year w | hich were not listed on the | | |
| | | | | | |
| | | | | | |
| 1 | Briefly describe the organization's mission: CLASSICAL MUSIC FOR COM | MUNITY, FAMILY CON | CERTS & MUSICAL | EDUCATION. | |
| - | Check if Schedule O contains a respon | se or note to any line in this Part III | | | |
| Pa | rt III Statement of Program Servic | e Accomplishments | | | |
| | n 990 (2021) BREVARD S | YMPHONY ORCHESTRA, | INC. | 59-1149727 | Page 2 |

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|--------|---|------------|-------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| U | | 8 | | x |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | Ü | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | x |
| 40 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 4. | х | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Α | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, | | | |
| | as applicable. | | 27 | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | 7.7 | |
| | Part VI | 11a | Х | _ |
| Ь | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | 17 | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | - |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | ,, |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | l |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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 | | | ľ |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| ., | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | х |
| 10 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| 18 | | 18 | x | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 10 | | |
| 19 | | 10 | | X |
| 00- | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> </u> |
| | 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 | | | x |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 Form | gan | (2021) |
| 100000 | 10.00.01 | | - JJU | 1/11/11 |

Form 990 (2021) BREVARD SYMPHONY ORCHESTRA, INC.
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|--------|---|------------|---------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | _ | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | _ | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? /f "Yes," complete | | | ., |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | v |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | - | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | х |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | 774 | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | | - | - |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 00- | | х |
| _ | "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | -21 |
| C | | 28c | | x |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 30 | | 30 | | x |
| 31 | contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | - 5, | | <u> </u> |
| J_ | | 32 | | х |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | UL. | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| • | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | TOTAL TOTAL SERVICES OF THE STATE WAS INDUSTRAL. | 38 | Х | |
| Par | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | | | y |
| | Check if Schedule O contains a response or note to any line in this Part V | | evere . | |
| | <i>y</i> 2 | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 124 | -8 5 | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | i ir | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 13 | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 122004 | 12-00-21 | Form | 990 | (2021) |

| _ | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 141 | | age C |
|-----|---|-------|----------|---------|
| Га | Statements Regarding Other INS Fillings and Tax Compliance (continued) | | V | N. |
| | | | 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. | | 1000 | |
| | med for the daterial year ording with or within the year developed by the retain. | 1 | v | 120 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | 12 man | V |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | | 3b | | - |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | ٠,, |
| | 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 | 8 8 | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 12.00 | | 1 |
| 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 | | | 1 |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 455 | | |
| а | 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 | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | | Y :3 | |
| е | 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 | | Х |
| 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 | | New York | |
| · | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | 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: | NE. | 100 | 1 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | 337 |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | 520 | |
| 11 | Section 501(c)(12) organizations. Enter: | -57 | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| Ь | =30701 | in a | | Hall. |
| 120 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12.0 | in di | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | Ti g | | 100 |
| 13 | | 13a | | |
| а | 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. | 104 | 1000 | |
| | | S A | 118 | |
| 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 | | | 110 |
| | | 100 | | 100 |
| C | Enter the amount of reserves on hand | 44- | | Х |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u></u> |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | 1 |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | v |
| | excess parachute payment(s) during the year? | 15 | 196 | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | - | 100 | v |
| 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. | | 10000 | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | 1 | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | _ | - |

If "Yes," complete Form 6069.

BREVARD SYMPHONY ORCHESTRA, INC. Form 990 (2021) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 27 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. 27 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 8a a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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.) 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 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? X a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed __ 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. X Upon request Other (explain on Schedule O) ___ Another's website 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.

DAVID SCHILLHAMMER - 321-345-5052

State the name, address, and telephone number of the person who possesses the organization's books and records

PO BOX 361965, MELBOURNE, FL

Form 990 (2021)

132006 12-09-21

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year,
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

| Name and title | Check this box if neither the organization (A) | (B) | T | IIIZa | | C) | ipei | isati | (D) | (E) | (F) |
|--|--|--------------------------|-------------------|---------|--------|--------|-----------|-------|-----------|--------------|---------------|
| Nour per Nour per Nour per Nour per Nour per Nour for | • • | | | | Pos | itior | 1 | | | · · · | |
| Office area of area for the control from the organizations (W-2/1099-MISC) The organizations (W-2/ | | | box | unle | ss per | rson i | s both | han | · . | ' | |
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| (1) DAVID SCHILLHAMMER | | (list any | sclor | | | | | | the | | compensation |
| (1) DAVID SCHILLHAMMER | | | or dire | | | | led | | | l ' | |
| (1) DAVID SCHILLHAMMER | | 10.0 | stee | ruste | | | bensa | | 1 ' | 1099-NEC) | _ |
| (1) DAVID SCHILLHAMMER | | THE SECOND CONTRACTOR OF | la tru | onal t | | ploye | com se | | 1099-NEC) | | |
| (1) DAVID SCHILLHAMMER | | | dividu | stituti | ficer | sy em | ghest | ia ii | | | organizations |
| X | (1) DAVID SCHILLHAMMER | 15(1)976 | 5 | = | 10 | Ϋ́ | 포등 | 요 | | | |
| (2) KEVIN SMITH | EXECUTIVE DIRECTOR | | 1 | | х | | | | 98,000. | 0. | 0. |
| CHAIR ELECT | (2) KEVIN SMITH | 3.00 | | | | | Г | | 50,000 | | |
| 33 | CHAIR ELECT | | x | | х | | | | 0. | 0. | 0. |
| (4) DEBBIE CALDWELL 3.00 X X X 0. 0. 0. 0. | (3) PHILIP ZIES | 3.00 | | | | | | | | | |
| Director X | VICE CHAIR | | x | | X | | | | 0. | 0. | 0. |
| Secretary | (4) DEBBIE CALDWELL | 3.00 | | | | | | | | | |
| SECRETARY | DIRECTOR | | Х | | Х | | | | 0. | 0. | 0. |
| TREASURER | (5) DR. NANCY J JOHNSON | 3.00 | | | | | | | | | |
| TREASURER | SECRETARY | | X | | X | | | | 0. | 0. | 0. |
| O | (6) TRAVIS PROCTOR | 3.00 | | | | | | | | | |
| DIRECTOR X | | | X | | X | | | | 0. | 0 - | 0. |
| (8) DR. JASON WIESELER 3.00 CHAIR X X 0. 0. 0. (9) ANDY ROMINE 3.00 0. 0. 0. 0. 0. DIRECTOR X 0.< | | 3.00 | | | | | | | | | |
| CHAIR | | | X | | | | | | 0. | 0 . | 0. |
| Solution | | 3.00 | | | | | | | _ | _ | |
| DIRECTOR X | | | X | | X | | | | 0. | 0. | 0. |
| (10) GERALDINE BLANCHARD | | 3.00 | | | | | | | _ | | _ |
| DIRECTOR X | | | X | Ш | Щ | | | | 0. | 0 | 0. |
| 11 | | 3.00 | | | | | | | | | 220 |
| DIRECTOR X | | | X | | | | | | 0. | 0. | 0. |
| 12 YVONNE CLAYBORNE 3.00 | | 3.00 | | | | | | | | | |
| DIRECTOR X | | 2.00 | X | | _ | | _ | | 0. | 0. | 0. |
| Columbia | | 3.00 | ,, | | | | | | | 0 | 0 |
| DIRECTOR X | | 2.00 | X | | | | | | 0. | 0. | 0. |
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| DIRECTOR X | | 2.00 | Δ. | | | | | | 0. | 0. | 0. |
| Column | | 3.00 | . I | | | | | | 0 | 0 | 0 |
| DIRECTOR X 0. 0. 0. (16) LAURI HART 3.00 X 0. 0. 0. (17) TESS HUGHES 3.00 | | 3 00 | ^ | | - | _ | Н | - | 0. | 0. | 0. |
| (16) LAURI HART | | 3.00 | y | | | | | | n | n | 0 |
| DIRECTOR X 0. 0. 0. (17) TESS HUGHES 3.00 | | 3.00 | * | | | | | | 0. | 0. | 0. |
| (17) TESS HUGHES 3.00 | | 3.00 | $ _{\mathbf{x}} $ | | | | | | 0 - | 0 | 0. |
| | | 3.00 | | | | | | | | | |
| | GUILD REP | | x | | | | | | 0. | 0 | 0. |

132007 12-09-21

Form 990 (2021)

| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees, | and | d Hi | ghes | st C | ompensated Employee | s (continued) | |
|--|------------------------|------------|-----------------------|--|---------------|------------------------------|--------|---------------------------------|---------------------|--------------------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | not c | | itior more | | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rsoni | is botl | h an | compensation | compensation | amount of |
| | week | - | çer ar | io a o | Irecto | JI/UUS | Tee) | from | from related | other |
| | (list any hours for | director | | | | | 1 | the | organizations | compensation |
| | related | Ιä | a) | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | organizations | Irustee | Irust | | و ا | bens | | (W-2/1099-MISC/ | 1099-NEC) | organization and related |
| | below | nal tr | ional | | ploye | 50 93 | | 1099-NEC) | | organizations |
| | line) | Individual | Institutional trustee | Officer | Кеу етріоуее | Highest compensated employee | Former | | | organizations |
| (18) JOANNA JOBSON | 3.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (19) DARCIA JONES FRANCEY | 3.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (20) MARILYN KITCHEL | 3.00 | | | | | | П | | | |
| DIRECTOR | | X | | | | | L | 0. | 0. | 0. |
| (21) SASHA KORCZYNSKI | 3.00 | | | | | | | | _ | _ |
| MUSICIAN | | X | | | | _ | _ | 0. | 0. | 0. |
| (22) DR. ROBERT LAMB | 3.00 | | | | | | | | | |
| DIRECTOR | | X | | | | _ | _ | 0. | 0. | 0. |
| (23) CHRISTOPHER MCALPINE | 3.00 | | | | | | | | | |
| DIRECTOR | 2 22 | X | _ | _ | _ | | | 0. | 0. | 0. |
| (24) LISA MCALPINE BSYO REP | 3.00 | 7. | | | | | | , | 0. | _ |
| (25) CHARLES NASH | 3.00 | X | - | _ | _ | | - | 0. | 0. | 0. |
| PAST CHAIR | 3.00 | x | | | | | | 0. | 0. | 0. |
| (26) HUGH NORMILE | 3.00 | ^ | | _ | _ | | - | 0. | | 0 |
| DIRECTOR | 3.00 | x | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | _ | _ | | <u> </u> | | | 98,000. | 0. | 0. |
| c Total from continuation sheets to Part VII | Section A | | | | 00000 | 2000 | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | • | 98,000. | 0. | 0. |
| Total number of individuals (including but no | | | | | | | o re | | 000 of reportable | |
| compensation from the organization | | | | | | | | | | 0 |
| The state of the s | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, | director, truste | ee, k | ey e | mple | oye | e, or | high | nest compensated empl | oyee on | |
| line 1a? If "Yes," complete Schedule J for si | | | | | | | | | | 3 X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | |
| and related organizations greater than \$150 | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | |
| rendered to the organization? If "Yes." com | plete Schedule | Jfo | or su | ch r | ers | on . | | ******************************* | | 5 X |
| Section B. Independent Contractors | | | | | | | | | | |
| 1 Complete this table for your five highest cor | npensated ind | epei | nder | ıt co | ontra | actor | s th | at received more than \$ | 100,000 of compensa | tion from |
| the organization. Report compensation for t | he calendar ye | ear e | ndin | g wi | ith o | r wit | thin | the organization's tax ye | ear. | |
| (A) | | | | _ | | | | (B) | | (C) |
| Name and business | aduress | NC | NE | <u>i </u> | | | + | Description of s | er vices C | Compensation |
| | | | | | | | | | | |
| | | _ | | _ | | | + | | | |
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| | | | | | - | _ | - | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (in | icludina but na | t lir | ited | to t | thos | e list | ted : | above) who received mo | ore than | Sylve de la |
| \$100,000 of compensation from the organiz | - NO 30 | | | -5 (| 0 | | | | | Eller State |
| SEE PART VII, SECTION | | IN | UA' | ric | ON | SI | HE | ETS | | Form 990 (2021) |

132008 12-09-21

| Form 990 BREVARD S | SYMPHONY | | RC | HE | ST | 'RA | , | INC. | 59-114 | 9727 |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------|----------------------------------|--------------------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | | ition | | | Reportable | Reportable | Estimated |
| | hours | (c | heck | all | that | арр | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week (list any | 50 | | | | ploye | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | hours for | direc | | | | E p | | (W-2/1099-MISC) | (11 2) 1005 (11100) | organization |
| | related | lee or | aatsr | | | ensate | | , | | and related |
| | organizations | l trus | nal tri | | loyee | ad woo | | | | organizations |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | line) | 르 | lus | 110 | Ke | 물 | ъ. | | | |
| (27) JACKIE PANTELLO | 3.00 | ٠,, | | | | | | 0 | 0 | 0 |
| DIRECTOR | 2 00 | Х | | | | | _ | 0. | 0. | 0. |
| (28) CAROL REEVE | 3.00 | х | | | | | | 0. | 0. | 0. |
| DIRECTOR (29) DAVID FREDERICKS | 3.00 | Δ | | _ | | | | 0. | 0. | 0. |
| DIRECTOR | 3.00 | х | | | | | | 0. | 0. | 0. |
| (30) KENDALL MARTIN | 3.00 | ^ | | | | | - | U. | 0. | 0 |
| DIRECTOR | 3.00 | х | | | | | | 0. | 0. | 0. |
| (31) DR. MARY HELEN MCCAY | 3.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0 . |
| (32) ANITA JUILIANNA | 3.00 | | | | | | | | | |
| MUSICIAN | | Х | | | | | | 0. | 0. | 0 |
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| 8 | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |
| The state of the s | | ***** | ***** | | ***** | ****** | | | | |

Form 990 (2021) BREVARD SYMPHONY ORCHESTRA, INC.
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response | or note to any lin | e in this Part VIII | | | |
|--|---|--|--------------------|--|--|-------------------------------|------------------------------------|
| | | | | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | lunction revenue | business revenue | sections 512 - 514 |
| क्र | 1 : | Federated campaigns 1a | | | The state of the s | | Red III Page |
| Contributions, Gifts, Grants and Other Similar Amounts | ı | Membership dues 1b | | - m - m - 24 | | | |
| @ E | ١, | Fundraising events 1c | | | | | |
| Ifts | 1 | Related organizations 1d | | | | CONTRACT OF | |
| 25 | | Government grants (contributions) 1e | 308,131. | | | | |
| Si iz | | All other contributions, gifts, grants, and | | | | | |
| ξĒ | | similar amounts not included above 1f | 216,920. | | | | |
| E C | , | | , | | 21.6 | | |
| , S | ١, | Total. Add lines 1a-1f | • | 525,051. | 100 | | |
| | | Total 7 de mies la l'illininininininininininininininininini | Business Code | None and the | | | |
| • | 2 2 | SELF FUNDED INCOME EVE | 711190 | 230,863. | 230,863. | | |
| Š | _ t | DEDECRIVE THEORY | 711190 | 169,757. | 169,757. | | |
| Ser | ١. | SPONSORED EVENTS | 711190 | 69,381. | 69,381. | | |
| E | | SPONSORSHIPS | 711190 | 9,950. | 9,950. | | |
| gra | | OTHER INCOME | 711190 | 2,229. | 2,229. | | |
| Program Service Revenue | ١ | All other program service revenue | | 2,225. | 2,225. | | |
| _ | | E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 482,180. | NI Karatan | | |
| + | 3 | Investment income (including dividends, intere | | 402,100. | | | |
| | , | , , , | | 38,341. | | | 38,341. |
| | 4 | other similar amounts) Income from investment of tax-exempt bond processes the second processes of the | | 30,341. | | | 30,341. |
| | 5 | Royalties | | | | | |
| | 9 | (i) Real | (ii) Personal | 11 3 3 3 5 7 7 1 | | | V - 10 = 1 178 |
| | | | iii) i ci soriai | STATE OF THE PARTY OF | | | |
| | | Gross rents 6a | | | | | |
| | b Less: rental expenses 6b c Rental income or (loss) 6c | | | | | 10 10 10 10 | |
| | | Not vental income as floor | | | | | |
| | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | / a | 00.000 | (ii) Other | | | | |
| | | assets other than inventory Less: cost or other basis | | | | Act of the same | |
| a | U | | | | | | |
| Other Revenue | | and sales expenses 7b 0. Gain or (loss) 7c 20,998. | | | | | |
| ě | 4 | Net gain or (loss) | | 20,998. | 20,998. | | |
| <u>بر</u> | | Net gain or (loss) Gross income from fundraising events (not | | 20,550. | 20,550. | | |
| 풀 | оа | | | 2007 10 10 10 | | | |
| ١ | | of contributions reported on line 1c). See | | | | | |
| | | | 62,265. | | | 3, 12, 3, 3, 3 | |
| | L | | 10,048. | | ESP LETER | VIETE I | |
| - 1 | | | ▶ | 52,217. | | | 52,217. |
| | | Gross income from garning activities. See | | JETETT | | Carrier Control | JETELIA |
| | <i>3 a</i> | | | | | 71se 731 2 31 3 | |
| | h | Part IV, line 19 9a Less: direct expenses 9b | | A 14 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| | | Note the second | | | | | |
| | | Gross sales of inventory, less returns | | | | 8-11-11-12 | |
| | iu a | and allowances 10a | | 188 | | | |
| | b | Less: cost of goods sold 10b | | ye ne i alian | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| - | C | The modifie of glossy motifi sales of inventory | Business Code | | | | illa Codo |
| S I | 11 - | | _aameaa Quue | | | | |
| e a | 11 a | | | | | | |
| Ken | b | · | | | | | |
| Miscellaneous Revenue | ч С | All other revenue | | | | | |
| ž | | Total. Add lines 11a-11d | • | | I THE | | |
| | 12 | Total revenue. See instructions | | L,118,787. | 503,178. | 0. | 90,558. |
| | 14 | TOTAL TETERIOR. OGG HISTI UGUUNS | | -,0,,0,, | JUJ;±/U• | 0 • [| Form QQD (2021) |

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (B) (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 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 Compensation of current officers, directors, trustees, and key employees 98,000. 98,000. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 116,500. 116,500. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 18,284. 18,284. Payroll taxes 10 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 297,707. 297,707 column (A), amount, list line 11g expenses on Sch O.) 34,121. 34,121. Advertising and promotion 12 Office expenses 13 Information technology 3,134. 3,134. 14 Royalties 15 52,643. 38,956. 13,687. Occupancy 16 45,833. 45,833. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,293. 1,293. Depreciation, depletion, and amortization 22 4,403. 4,403. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 328,458. 328,458. CONCERT/PERFORMANCE EXP OFFICE SUPPLIES/EQUIPME 20,050. 27,466. 7,416. c SECURITY 10,253. 10,253. 404. d MERCHANT DISCOUNT SERVI 8,085. 7,681 10,589. 12,275. 22,864. e All other expenses 775,030. 294,014. 0. 1,069,044. Total functional expenses. Add lines 1 through 24e <u>25</u> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 182,849. 158,592. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 14,000. 0. 4 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 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 Notes and loans receivable, net 7 Inventories for sale or use 8 16,096. 14,699. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 74.134. 10b 63,450. 11,977. 10,684. b Less: accumulated depreciation 10c 1,956,890. 789,981. Investments - publicly traded securities 11 11 1,324,290. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 370. 389. Other assets. See Part IV, line 11 15 15 2,157,925. 2,322,892. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 12,312. Accounts payable and accrued expenses 13,822. 17 17 Grants payable 18 18 213,179. 174,882. Deferred revenue 19 19 Tax-exempt bond liabilities 20 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, Liabilities 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 Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25 225,491. 188,704. 26 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,332,434. 1,534,188. Net assets with donor restrictions 600,000. 600,000. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 1,932,434. 2,134,188. 32 32 2,322,892. Total liabilities and net assets/fund balances 2,157,925.

Form 990 (2021)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2021)

Х



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Not For Profit Corporation
BREVARD SYMPHONY ORCHESTRA, INC.

Filing Information

 Document Number
 710274

 FEI/EIN Number
 59-1149727

 Date Filed
 01/28/1966

State FL

Status ACTIVE

Last Event AMENDED AND RESTATEDARTICLES/NAME CHANGE

Event Date Filed 01/26/1998
Event Effective Date NONE

Principal Address 780 S Apollo Blvd

Suite 218

Melbourne, FL 32901

Changed: 01/29/2021

Mailing Address
PO Box 361965

Melbourne, FL 32936-1965

Changed: 06/04/2020

Registered Agent Name & Address

Brevard Symphony Orchestra, Inc.

780 S Apollo Blvd

Suite 218

Melbourne, FL 32901

Name Changed: 01/25/2022

Address Changed: 01/29/2021

Officer/Director Detail
Name & Address

Title Board Chair

Zies, Philip PO Box 361965 Melbourne, FL 32936-1965

Title Board Vice Chair

Forrer, Janet PO Box 361965 Melbourne, FL 32936-1965

Title Treasurer

Proctor, Travis PO Box 361965 Melbourne, FL 32936-1965

Title CEO

Schillhammer, David W PO Box 361965 Melbourne, FL 32936-1965

Title Board Vice Chair

Johnson, Nancy, Dr. PO Box 361965 Melbourne, FL 32936-1965

Title Board Vice Chair

Caldwell, Debbie PO Box 361965 Melbourne, FL 32936-1965

Title Board Secretary

Allen, Dorothy PO Box 361965 Melbourne, FL 32936-1965

Title Director

Anderson, J. Patrick PO Box 361965 Melbourne, FL 32936-1965

Title Director

Anderson, Roger PO Box 361965 Melbourne, FL 32936-1965 Title Director

Apelgren, Christina PO Box 361965 Melbourne, FL 32936-1965

Title Director

Blanchard, Geraldine PO Box 361965 Melbourne, FL 32936-1965

Title Director

Brush, Ann-Marie PO Box 361965 Melbourne, FL 32936-1965

Title Director

Clayborne, Yvonne PO Box 361965 Melbourne, FL 32936-1965

Title Director

Fanelli, Alfredo, Dr. PO Box 361965 Melbourne, FL 32936-1965

Title Director

Guirola, Pedro PO Box 361965 Melbourne, FL 32936-1965

Title Director

Hart, Lauri PO Box 361965 Melbourne, FL 32936-1965

Title Director

Hughes, Tess PO Box 361965 Melbourne, FL 32936-1965

Title Director

Jobson, Joanna PO Box 361965 Melbourne, FL 32936-1965

Title Director

Jones Francey, Darcia PO Box 361965 Melbourne, FL 32936-1965

Title Director

Kitchel, Marilyn PO Box 361965 Melbourne, FL 32936-1965

Title Director

Korczynski, Sasha PO Box 361965 Melbourne, FL 32936-1965

Title Director

Lamb, Robert, Dr. PO Box 361965 Melbourne, FL 32936-1965

Title Director

McAlpine, Christopher PO Box 361965 Melbourne, FL 32936-1965

Title Director

Nash, Charles PO Box 361965 Melbourne, FL 32936-1965

Title Director

Normile, Hugh PO Box 361965 Melbourne, FL 32936-1965

Title Director

Ramirez, Alexies, Dr. PO Box 361965 Melbourne, FL 32936-1965

Detail by Entity Name

Title Director

Reeve, Carol PO Box 361965 Melbourne, FL 32936-1965

Title Director

McApline, Lisa PO Box 361965 Melbourne, FL 32936-1965

Title Director

Simons, Rebecca PO Box 361965 Melbourne, FL 32936-1965

Title Director

Wieseler, Jason, Dr. PO Box 361965 Melbourne, FL 32936-1965

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2022 | 01/25/2022 |
| 2023 | 04/06/2023 |
| 2024 | 04/01/2024 |

Document Images

| 04/01/2024 - ANNUAL REPORT | View image in PDF format |
|----------------------------|--------------------------|
| 04/06/2023 - ANNUAL REPORT | View image in PDF format |
| 01/25/2022 ANNUAL REPORT | View image in PDF format |
| 01/29/2021 - ANNUAL REPORT | View image in PDF format |
| 06/04/2020 ANNUAL REPORT | View image in PDF format |
| 03/26/2019 – ANNUAL REPORT | View image in PDF format |
| 02/27/2018 ANNUAL REPORT | View image in PDF format |
| 03/17/2017 ANNUAL REPORT | View image in PDF format |
| 03/07/2016 ANNUAL REPORT | View image in PDF format |
| 03/03/2015 ANNUAL REPORT | View image in PDF format |
| 03/05/2014 ANNUAL REPORT | View image in PDF format |
| 04/18/2013 ANNUAL REPORT | View image in PDF format |
| 04/04/2012 – ANNUAL REPORT | View image in PDF format |
| 03/18/2011 ANNUAL REPORT | View image in PDF format |
| 04/15/2010 ANNUAL REPORT | View image in PDF format |
| 04/21/2009 ANNUAL REPORT | View image in PDF format |
| 04/30/2008 – ANNUAL REPORT | View image in PDF format |
| | |

Detail by Entity Name

| 05/01/2007 ANNUAL REPORT | View image in PDF format | |
|--|--------------------------|--|
| 04/14/2006 ANNUAL REPORT | View image in PDF format | |
| 03/23/2005 – ANNUAL REPORT | View image in PDF format | |
| 03/16/2004 ANNUAL REPORT | View image in PDF format | |
| 04/07/2003 – ANNUAL REPORT | View image in PDF format | |
| 04/30/2002 ANNUAL REPORT | View image in PDF format | |
| 04/19/2001 ANNUAL REPORT | View image in PDF format | |
| 04/14/2000 ANNUAL REPORT | View image in PDF format | |
| 04/26/1999 ANNUAL REPORT | View image in PDF format | |
| 04/30/1998 ANNUAL REPORT | View image in PDF format | |
| 01/26/1998 — Amended/Restated Article/NC | View image in PDF format | |
| 05/20/1997 ANNUAL REPORT | View image in PDF format | |
| 03/25/1996 ANNUAL REPORT | View image in PDF format | |
| 04/28/1995 ANNUAL REPORT | View image in PDF format | |
| | | |
| | | |
| | | |

For TDO use: PROJECT #- C11_YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Harry T and Harriett V Moore Cultural Complex Inc |
|---|
| Year-round programming |
| |

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

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

Cranis, Peter

Digitally signed by Cranis, Peter Date: 2024.10.17 11:08:54 -04'00'

Peter Cranis, Executive Director

| Response | ID:79 | Data |
|----------|-------|------|
| U62DOU26 | 10.75 | Dala |

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|------|-----|-----|---|----|---|----|
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| ∠. ≀ | ··· | ,,, | u | ш | | u |

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



Signature of: William E (Bill) Gary

- 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

HARRY T AND HARRIETTE V MOORE CULTURAL COMPLEX INC

Organization address

P. O. Box 817

State

FL

City

Mims

Zip

32754

Primary contact name

William E. Gary

Primary contact phone number

3217208933

Primary contact email GWEG1999@AOL.COM Secondary contact name Gloria Bartley Secondary contact phone number 321 693-3817 Secondary contact email gwb1980@brighthouse.com Organization website address www.harryharriettemoore.org 5. (untitled) 4. Which best describes your organization? 501(C)(3) 6. (untitled) 5. What is your Federal Employee ID number? 59-3756228 7 (untitled) 6. Are you completing this questionnaire for an event or year-round programming? Year-round programming - theater, symphony, concerts, museum, etc. 8. (untitled) 1. E7 ENT INFORMATION Name of event Event website address Vf different from organization website(**Event location** 9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Social hashtags

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

Other - Please be specific: Flyers, Direct contact emails

13. (untitled)

9. What are your social media handles?

Facebook: Harry T. & Harriette V. Moore Cultural Complex

YouTube : Harry T. & Harriette V Moore

14. (untitled)

,. What hashtags do you use?

#MooreCulturalCenter

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Apparel/promotion items (event t-shirts, giveaways, etc.)

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Social media post

Website/blog

17. (untitled)

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

MCC_501_C_3_IRS_LETTER2007.pdf

18. (untitled)

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

990_N__2023_(1).pdf

19. (untitled)

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

20. (untitled)

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

sun_biz_doc.pdf

21. (untitled)

15. Upload your completed Checklist.

CheckList_Office_of_Tourism_Grantt-.pdf

22. (untitled)

16.

ATTESTATION

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

William E. Morm

Signature of: William E. Gary

23. Thank You!

New Send Email

Oct 11, 2024 17:55:02 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCOLETI CHAPPOI

Date:

HARRY T AND HARRIETTE V MOORE CULTURAL COMPLEX INC PO BOX 817 MIMS, FL 32754-0817 Employer Identification Number:
59-3756228
DLN:
17053321703027
Contact Person:
EDWINA O PERKINS ID# 31229
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated April 2002, 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)

| Form 990-N | Electronic Notice (e-Postcard) | OMB No. 1545-2085 |
|--|---|---------------------------|
| Department of the Treasury Internal Revenue Service | for Tax-Exempt Organization not Required to File Form 990 or 990-EZ | 2023 |
| A For the 2023 Calendar year o | A For the 2023 Calendar year or tax year beginning 2023-01-01 and ending 2023-19-31 | Open to Public Inspection |
| B Check if available | C Name of Organization: HARRY TAND HARRIETTE V MOORE D Employee Identification | nplovee Identification |
| ☐ Terminated for Business ☐ Gross receipts are normally \$50,000 or less | | Number <u>59-3756228</u> |
| | 32754 | |
| E Website: | F Name of Principal Officer: WILLIAM GARY | |
| | <u>P O BOX 817, MIMS, FL, US, 32754</u> | |

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.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002670

Entity Name: THE HARRY T. AND HARRIETTE V. MOORE CULTURAL

COMPLEX, INC.

Current Principal Place of Business:

2180 FREEDOM AVENUE MIMS, FL 32754

Current Mailing Address:

P.O. BOX 817 MIMS, FL 32754

FEI Number: 59-3756228

Certificate of Status Desired: No

FILED Feb 17, 2024

Secretary of State

3002735461CC

Name and Address of Current Registered Agent:

GARY, WILLIAM E 3705 BELLE ARBOR CIRCLE TITUSVILLE, FL 32780 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: WILLIAM E GARY

02/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

Р

Title

S

Name

GARY, WILLIAM E

Name

City-State-Zip:

BARTLEY, GLORIA W

Address

3705 BELLE ARBOR CIRCLE

Address

1320 HOBBS AVENUE TITUSVILLE FL 32796

City-State-Zip:

TITUSVILLE FL 32780

Title

D

Name

Title

EDWARDS, ARTHUR

Name

FLETCHER, JAMES

Address

5325 AMY WAY

DIRECTOR

Address

530 CRISAFULLI RD.

City-State-Zip:

MIMS FL 32754

City-State-Zip:

MERRITT ISLAND FL 32953

Title

DIRECTOR

Title

DIRECTOR ARON, JOYCE

Name Address ABRAHAM, DELORES M

Name Address

1767 AYSHIRE DRIVE

City-State-Zip:

1682 S. PARK AVENUE TITUSVILLE FL 32780

City-State-Zip:

TITUSVILLE FL 32796

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E. GARY

PRESIDENT

02/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

For TDO use: PROJECT #- C22-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: _ | The Historic Cocoa Village Playhouse, Inc | |
|--------------------------------|---|--|
| Applicant Event Name: | Year-round programming | |
| | | |

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

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

| Cranis, Peter | Digitally signed by Cranis, Peter **Date: 2024.10.17 11:09:20 -04'00** |
|---------------|---|
| | |

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:67 Data

| 2. (| untitled | ١ |
|------|----------|---|
| | | |

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

the server

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

Christopher Beavers

Primary contact phone number

3215432723

Primary contact email chris@cocoavillageplayhouse.com Secondary contact name Dr. Anastacia Hawkins-Smith Secondary contact phone number 3216365050 Secondary contact email dramamamacvp@hotmail.com Organization website address www.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 questionnaire for an event or year-round programming? Year-round programming - theater, symphony, concerts, museum, etc. 8. (untitled) 1. E7 ENT INFORMATION Name of event Event website address Vf different from organization website(**Event location**

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Direct mail

Radio

TV/Video

13. (untitled)

9. What are your social media handles?

Facebook: HistoricCocoaVillagePlayhouse

Instagram : historic_cvp YouTube : HistoricCVP

14. (untitled)

,. What hashtags do you use?

HistoricCVP

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Apparel/promotion items (event t-shirts, giveaways, etc.)

Billboards

Direct mail

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.) Social media post TV/Video Website/blog

17. (untitled)

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

IRS_Determination_Letter_(Original).pdf

18. (untitled)

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

8083 2022 Tax Return.pdf

19. (untitled)

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

20. (untitled)

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

GetDocument.pdf

21. (untitled)

15. Upload your completed Checklist.

SKMBT_C45424100919420.pdf

22. (untitled)

16.

ATTESTATION

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



Signature of: Chris Beavers

23. Thank You!

New Send Email

Oct 09, 2024 18:54:37 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

District Director

C - 1130 ATLANTA, GA 30301

Date:

AUG 1 3 1990

COCOA VILLAGE PLAYHOUSE INC 300 EREVARD AVENUE COCOA, FL 32922 Employer Identification Number: 59-2612709 Contact Person: ROBERTA VAN METER Contact Telephone Number:

Our Letter Dated:
July 25, 1986
Addendem Applies:

(404) 331-0185

__Dear Applicant:

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

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

Harris, Miller & Bernhardt, P.A. 976 Brevard Ave Ste A Rockledge, FL 32955 321-433-1191

September 5, 2023

CONFIDENTIAL

THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC. 300 BREVARD AVENUE COCOA, FL 32922-7969

Dear DIRECTORS:

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,

Harris, Miller & Bernhardt, P.A.

Filing Instructions

THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2023

Date Due:

May 15, 2024

Remittance:

None is required. Your Form 990 for the tax year ended 6/30/23 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:

Harris, Miller & Bernhardt, P.A.

976 Brevard Ave Ste A Rockledge, FL 32955

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.

Name of filer

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

7/01 , 2022, and ending 6/30, 20 23

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

Go to www.irs.gov/Form8879TE for the latest information. For calendar year 2022, or fiscal year beginning

THE HISTORIC COCOA VILLAGE

EIN or SSN E0-2612700

| CHAIRPERSON 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 |
|--|
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) |
| 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b |
| 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b |
| 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b |
| 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b |
| 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) |
| 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b |
| 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) |
| 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b |
| Part II Declaration and Signature Authorization of Officer or Person Subject to Tax |
| Under penalties of perjury, I declare that I am an officer of the above entity or (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353 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 |
| agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. |
| Signature of officer or person subject to tax Date |
| Part III Certification and Authentication |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 50438297697 Do not enter all zeros |
| I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> 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 990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23 THE HISTORIC COCOA VILLAGE D Employer identification number C Name of organization Check if applicable: PLAYHOUSE, INC. Address change 59-2612709 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 321-636-5050 300 BREVARD AVENUE Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminaled 2,185,414 COCOA FL 32922-7969 Amended return Name and address of principal officer H(a) Is this a group return for subordinates Application pending BARBARA GARRETT H(b) Are all subordinates included? 300 BREVARD AVENUE If "No," attach a list. See instructions FL 32922 COCOA X 501(c)(3) 527 501(c)) (insert no.) 4947(a)(1) or Tax-exempt status WWW.COCOAVILLAGEPLAYHOUSE.COM H(c) Group exemption number Website: Year of formation: 1985 M State of legal domicile: FL Form of organization: X Corporation Trust Association Summary Part I 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AFFORDABLE COMMUNITY THEATER AND PROMOTE LIFELONG EDUCATION IN Activities & Governance THE PERFORMING ARTS FOR BREVARD COUNTY RESIDENTS AND VISITORS. 2 Check this box | | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 50 5 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 0 7aTotal unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year **Current Year** 267,777 314,788 8 Contributions and grants (Part VIII, line 1h) Revenue 1,741,343 1,196,005 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 291,083 162, 540 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,801,876 2,171,660 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 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) 757,677 944.627 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16aProfessional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 673,300 815,597 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,760,224 430,977 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 370,899 411,436 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 5 2,082,323 2,164,422 20 Total assets (Part X, line 16) 327,777 21 Total liabilities (Part X, line 26) 657,114 425,209 ,836,645 22 Net assets or fund balances. Subtract line 21 from line 20 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. Date Signature of officer Sign CHAIRPERSON Here BARBARA GARRETT Type or print name and title Preparer's signature Date Check Print/Type preparer's name Paid 09/05/23 self-employed P02199425 LUCAS CONAWAY 59-3669880 Preparer Harris, Miller & Bernhardt, Firm's EIN Firm's name **Use Only** 976 Brevard Ave Ste A 321-433-1191 Rockledge, FL 32955 Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

| m 990 (2022) THE HISTORIC COCOA VILLAGE | 59-2612709 | Page 2 |
|--|---|--|
| art III Statement of Program Service Accomplishment | S | |
| Check if Schedule O contains a response or note to | any line in this Part III | |
| Briefly describe the organization's mission: | | |
| O PROVIDE AFFORDABLE COMMUNITY THEAT | ER AND PROMOTE LIFELO | ONG EDUCATION IN |
| HE PERFORMING ARTS FOR BREVARD COUNT | Y RESIDENTS AND VISI: | rors. |
| F | | |
| - Profile Wilder (1826) (1977) William Control | | |
| Did the organization undertake any significant program services during the | | 77 N |
| prior Form 990 or 990-EZ? | - 1727 - 1824 - 1 | Yes X No |
| If "Yes," describe these new services on Schedule O. | | |
| Did the organization cease conducting, or make significant changes in how | | Yes X No |
| services? | | res in the |
| If "Yes," describe these changes on Schedule O. | its three largest program conjugations as ma- | scured by |
| Describe the organization's program service accomplishments for each of expenses. Section 501(c)(3) and 501(c)(4) organizations are required to re- | and the amount of grants and allocations | to others |
| | | to others, |
| the total expenses, and revenue, if any, for each program service reported | 1. | |
| (Code:) (Expenses \$ 1,751,755 including grants | of\$) (Revenu | e \$) |
| - Middle State of the Control | | |
| THE PLAYHOUSE CONTINUES TO PROVIDE ED POUNG THROUGH ITS STARS OF TOMORROW P.8 PARTICIPATED IN THE STARS OF TOMOR 2018-2019. THROUGH THIS PROGRAM THEY PARTICIPATE IN THE CHILDREN SERIES PRARTS SERIES DISTRIBUTED OVER 2,000 TISROUPS THAT PROVIDE SERVICE TO VULNER REVARD RESIDENTS. | ROGRAM. OVER 250 CH: ROW PROGRAM DURING F: LEARN THEATER TECHN: ODUCTIONS. THE CHILI CKETS WHICH INCLUDES | ILDREN AGES 7 TO ISCAL YEAR IQUES AND DREN'S PERFORMII TICKETS FOR |
| T.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| (Code) \(\sum_{\text{Cappage}} \text{Cappage} \text{Cappage} \(\text{Cappage} \) | s of\$) (Revenu | e \$ |
| (Code:) (Expenses \$ including grants /A | S DIQ *********************************** | |
| | | |
| | | |
| | | |
| | ******************* | |
| FTS:2023104FT3,414.1123V14414.444.04FF146FT44FT.000.0000.0000.0000.0000.0000.0000 | | |
| | | |
| | ###################################### | |
| | | |
| | | |
| | | |
| 1 ************************************* | | ******************************* |
| Other program services (Describe on Schedule O.) | | |
| (Expenses \$ including grants of\$ |) (Revenue \$ |) |
| Total program service expenses 1 . 752 . 755 | | |

Checklist of Required Schedules No Yes 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 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 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 X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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," 11a X complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11e X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b 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

| | | | Yes | No |
|----------|---|------------|-----|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | ٠,, |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | *1 | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 240 | | x |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a 24b | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 240 | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24c | | |
| | to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| 234 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| ~ | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | 0 | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | l | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 28a | | x |
| L | "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| b | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 200 | | |
| С | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| • | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | _ | | |
| | or IV, and Part V, line 1 | 34 | | X |
| 35a | | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 256 | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | - |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 36 | | x |
| 27 | related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| - | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | |
| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part V | | | X |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29 | - | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | - | 1.5 | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 10 | | |
| | regordable daming (damping) withings to prize withers! | 10 | 1 | |

| Form | 990 (2022) THE HISTORIC COCOA VILLAGE 59-2612 | | | | age 5 |
|--------|--|--|----------|-----|---------------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (con | tinued) | | 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 50 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax re | eturns? | 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 Sched | ule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | er authority over, | 1.1 | | 7, |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial | cial 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 Financia | | | | v |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year | 2300 12 1100 1000 1000 | 5a 5b | _ | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans | saction? | | _ | |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 1 - 175 - 174 154 164 - 165 - 166 16 16 16 16 16 16 16 16 16 16 16 16 | 5c | | - |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and di | d the | 6- | | x |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | - | - |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contrib | utions of | 6b | | |
| | gifts were not tax deductible? | ********* | 90 | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | ior goods | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly | or goods | 7a | | x |
| | and services provided to the payor? | | 7b | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | hwae | | | $\overline{}$ |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which i | t was | 7c | | x |
| | required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | υ. | |
| d | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene- | | 7e | | X |
| e | Did the organization receive any turids, directly of indirectly, to pay premiums on a personal benefit of | intract? | 7f | | X |
| f | If the organization received a contribution of qualified intellectual property, did the organization file | Form 8899 as required? | 7g | | |
| g | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | nization file a Form 1098-C? | 7h | | |
| h 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain | ained by the | | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | THE RESIDENCE SHOULD SHOULD SHOULD SHOULD SHOW THE SHOULD SHOW THE SHOULD SHOUL | 8 | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | ECHT PROCESS TO STATE ST | | | |
| а | 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: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | 100 | 10 | (J) |
| 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: | IV. | | | 127 |
| а | Gross income from members or shareholders | 11a | | 100 | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | 100 | |
| | against amounts due or received from them.) | 11b | 1 | | 100 |
| 12a | | orm 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. | | 42- | - | - |
| а | 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. | | 150 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 401 | | | |
| | the organization is licensed to issue qualified health plans | 13b | 100 | | R |
| С | Enter the amount of reserves on hand | | 14a | _ | x |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | adula O | 14b | _ | - |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch | uneration of | 140 | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem | | 15 | | x |
| | excess parachute payment(s) during the year? | | | | |
| 40 | If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investry | nent income? | 16 | | x |
| 16 | | TOTAL MODITION | | | |
| 47 | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any | activities | | | |
| 17 | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | AS 18 AND AS AS A SITURE NAME OF THE PROPERTY OF THE PARTY. | 17 | | |
| | | | | | |
| | If "Yes," complete Form 6069. | | _ | | - |

Form **990** (2022)

59-2612709 Form 990 (2022) THE HISTORIC COCOA VILLAGE Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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. 19 Enter the number of voting members included on line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X 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? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? b Each committee with authority to act on behalf of the governing body? 8b 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. Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 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? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 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," X 12c describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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) 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. State the name, address, and telephone number of the person who possesses the organization's books and records

300 BREVARD AVENUE

COCOA

ANASTACIA HAWKINS-SMITH

Form 990 (2022) THE HISTORIC COCOA VILLAGE

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.

X 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 | box | , unle cer ar | ss pe | ition more rson | than one is both an or/trustee) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|---------------------------------------|---|--------------------------------|-----------------------|----------|-----------------------|---|---|---|--|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Former Highest compensated employee | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1)DAVID BARNHART | 0.00 | | | | | | | | |
| MEMBER | 2.00 | x | | | | | 0 | 0 | 0 |
| (2) ANDREA BEYEL | | | | | | | | | |
| MEMBER | 2.00 | x | | | | | 0 | o | 0 |
| (3) ROBERT CARMAN | | | | | | | | | |
| PAST CHAIRPERSON | 2.00 | x | | | | | 0 | 0 | 0 |
| (4) LISA CRITES | 0.00 | 1 | | | | | <u> </u> | | |
| VICE-CHAIRPERSON | 4.00 | x | | | | | 0 | o | 0 |
| (5) ILENE DAVIS | 0.00 | A | | \vdash | | | | | |
| MEMBER | 2.00 | x | | | | | 0 | 0 | 0 |
| (6) JAMES DWIGHT | 0.00 | - | | | | | | | |
| MEMBER | 2.00 | x | | | | | 0 | o | 0 |
| (7) NINA GADODIA | | | | | | | | | |
| MEMBER | 2.00 | x | | | | | 0 | o | 0 |
| (8) BARBARA GARRETT | | | | | | | | | |
| CHAIRPERSON | 4.00 0.00 | x | | x | | | 0 | o | 0 |
| (9) DEWEY HARRIS | | | | | | | | | |
| . 1, . 1 | 4.00 | , | | ,, | | | 0 | 0 | 0 |
| TREASURER (10) DR. MAXWELL KIN | 0.00 | X | | X | _ | | 0 | 0 | |
| (10)DR. MAXWELLI KIN | 2.00 | | | | | | | | |
| DIRECTOR EMERITUS | 0.00 | x | | | | | 0 | 0 | 0 |
| (11) STACY LANDON | 2.00 | | | | | | | | |
| MEMBER | 0.00 | x | | | | | 0 | 0 | |
| · · · · · · · · · · · · · · · · · · · | | | | | | ****** | | | Form 990 (2022) |

Form 990 (2022) THE HISTORIC COCOA VILLAGE 59-2612709

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

| Part VII Section A. Officer | s, Directors, 1 | usu | -cs, | ney | LII | ipioy | 003 | , and riighest compens | ated Employees (comme | 100) | | | |
|--|---|-----------------------------------|-----------------------|------------------------|------------------|---------------------------------|--------------|--|--|----------|---------------------------------------|---------------|----------|
| (A) Name and title | (B) Average hours per week | offi | k, unle | Pos check ess pe | erson directe | than o | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related | | (F) imated a of othe ompensa | er ation | |
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensaled employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | | from th ganizatio ed organ | n and | \$ |
| (12) ROBI ROBERTS | | T | | | | l " | | | | | | | |
| | 2.00 | | | | | | | | | | | | 0 |
| MEMBER (13) DEBORAH SCHE | 0.00 | X | | | | H | - | 0 | 0 | | | | |
| (13) DEBORAH SCHE | 2.00 | | | | | | | | | | | | |
| MEMBER | 0.00 | x | | | | | | 0 | 0 | | | | 0 |
| (14) KATHI SCHILL | | | | | | | | | | | | | |
| SECRETARY | 4.00 0.00 | x | | x | | | | 0 | o | | | | 0 |
| (15) RASHMI SHAH | 0.00 | 1 | | - | | \vdash | | · | | | | | |
| | 2.00 | | | | | | | | | | | | |
| MEMBER | 0.00 | X | | _ | | | | 0 | 0 | | | | 0 |
| (16) DELORES SPEA | | | | | | | | | | | | | |
| MEMBER | 2.00 0.00 | x | | | | | | 0 | o | , | | | 0 |
| (17) MARY LU TOMB | | | E | ł | | H | | | _ | | | | |
| | 2.00 | | | | | | | | | | | | |
| MEMBER | 0.00 | X | _ | | | | | 0 | 0 | | | | 0 |
| (18) LORI WASDIN | 0.00 | | | | | | | | | | | | |
| MEMBER | 2.00 0.00 | x | | | | | | 0 | 0 | | | | 0 |
| (19) SUSIE WASDIN | | 1 | | | | | | | | | | | |
| (41) 20111 11111111 | 2.00 | | | | | | | | | | | | |
| EMERITUS | 0.00 | X | | _ | _ | | | 0 | 0 | | _ | | 0 |
| c Total from continuation sh | | l, Se | ctio | n A | | | *** | | | | | | |
| d Total (add lines 1b and 1c) Total number of individuals (| including but no | at lim | itad | to th | | licto | d ak | ove) who received more | than \$100 000 of | L | | _ | - |
| Total number of individuals (in reportable compensation from the reportable compensation from | n the organizat | ion | 0 | to tr | | IISIC | u ai | gove/ with received more | | | | Yes | No |
| 3 Did the organization list any | former officer, | direc | tor, | trust | ee, | key e | mp | loyee, or highest compen- | sated | | | | |
| employee on line 1a? If "Yes | ." complete Scl | hedu | le J | for s | uch | indiv | idua | əl | | | 3 | | <u>x</u> |
| 4 For any individual listed on li organization and related organization | ne 1a, is the su anizations grea | m or ter th | repo nan 9 | oπar 6150 | oie d).00(| :ompe)? <i>If</i> ' | ensa "Ye: | ation and other compensa s." complete Schedule J fe | or such | | Fig | | |
| individual | | | | | | | | | con train and a series when the series were series | erentet. | 4 | | <u> </u> |
| 5 Did any person listed on line for services rendered to the | 1a receive or a proanization? <i>If</i> | rccru F"Ye. | e co | mpe omo | ensa lete | Sche | rom edul | any unrelated organization | on or individual | | 5 | | x |
| Section B. Independent Contrac | tors | | | | | | | | | | | | |
| 1 Complete this table for your | five highest con | npen | sate | d in | dep | ende | nt c | ontractors that received m | nore than \$100,000 of | tay year | ž. | | |
| compensation from the organ | (A) t business address | con | nper | isatii | on it | or the | Ca | endar year ending with or | (B) otion of services | tax year | Co | (C) mpensa | tion |
| Name and | 1 business address | | _ | | | | ┢ | Descri | DUDIT OF Services | | COI | препаа | 0011 |
| | | | | | | | | | | | | | |
| | | | | | | | Г | | | | | | |
| | | | | | | _ | - | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | _ | | 1 | | | | | | |
| | | | | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | |
| - T. 1 | | | in - 1 | | - I | i4- | <u></u> | those listed shave) whe | | | = = | Par F | |
| 2 Total number of independent received more than \$100,00 | i contractors (in 0 of compensat | iciud ion f | rom | the | orga | mizat | ion | mose iisteu above) wiio | 0 | or | | | 1016 |
| DAA | | | | | | | | | | | n | 990 | 1016 |

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded (B)
Related or exempt function revenue (A) Total revenue from tax under sections 512-514 business revenue , Grants 1a Federated campaigns 1a b Membership dues 1b Gifts, ilar An c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 189,344 Contributions, and Other Sim 1e f All other contributions, gifts, grants, 78,433 and similar amounts not included above 1f g Noncash contributions included in 34,372 1g lines 1a-1f 267,777 h Total. Add lines 1a-1f ... Business Code 1,529,242 1,529,242 711190 Program Service Revenue 2a TICKET SALES 711190 149,611 149,611 b CONCESSION SALES 711190 34,645 34,645 C STARS OF TOMORROW REVENUE 15,245 711190 15,245 d ADVERTISING REVENUE 14,690 711190 14,690 e DANCE CLASSES -2,090 -2,090 f All other program service revenue 1,741,343 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 7a other than inventory Other Revenue **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 18 174,186 8a 13,754 b Less: direct expenses 8b 160,432 160,432 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 **Business Code** scellaneous Revenue 1,273 1,273 11a COSTUME RENTAL INCOME 835 b REIMBURSEMENTS d All other revenue 2,108 e Total. Add lines 11a-11d 162,540 1,741,343 2,171,660 12 Total revenue. See instructions .

Form 990 (2022)

Form 990 (2022) THE HISTORIC COCOA VILLAGE

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 (D) Fundraising (C) Management and general expenses (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 861,630 Other salaries and wages 861,630 Pension plan accruals and contributions (include 7,004 7,525 7,004 section 401(k) and 403(b) employer contributions) 7,525 Other employee benefits 68,468 68,468 10 Payroll taxes Fees for services (nonemployees): a Management b Legal 6,741 6,741 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 97,982 97,982 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 11,660 11,660 728 167,057 166,329 13 Office expenses 14 Information technology 199,773 199,773 15 Royalties 8,622 8,622 16 Occupancy 4,723 4,723 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 7,351 7,351 20 Interest Payments to affiliates 59,096 59,096 22 Depreciation, depletion, and amortization 46,909 46,909 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.) 64,491 64,491 PRODUCTION/THEATRICAL SUP 40,084 40,084 h CONCESSION EXPENSES 34,372 34,372 IN KIND EXPENSE 16,461 16,461 INCENTIVES 50,275 50,275 e All other expenses 7,469 0 1,760,224 1,752,755 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) ^{m 990} 1018

| | | 120,0024 | | (A) Beginning of year | | (B) End of year |
|-----|--|---------------|---|--------------------------|--------|-----------------------------|
| 1 | Cash—non-interest-bearing | | | 1,015,069 | 1 | 1,156,263 |
| 2 | Savings and temporary cash investments | | | 505 | 2 | 505 |
| 3 | Pledges and grants receivable, net | KKK 100 - 100 | CECTAC CO. 101 101 101 111 111 111 111 111 111 11 | | 3 | |
| 4 | Accounts receivable, net | | | | 4 | |
| 5 | Loans and other receivables from any current or form | ner officer. | director. | | | |
| • | trustee, key employee, creator or founder, substantia | | | | | |
| | controlled entity or family member of any of these per | | | | 5 | |
| 6 | Loans and other receivables from other disqualified p | | | | | |
| - | under section 4958(f)(1)), and persons described in s | | | | 6 | |
| 7 | Notes and loans receivable, net | | | | 7 | |
| 8 | | | | | 8 | |
| 9 | Prepaid expenses and deferred charges | | | 1,183 | 9 | 1,183 |
| | Land, buildings, and equipment: cost or other | Т Т | | | | |
| | basis. Complete Part VI of Schedule D | 10a | 1,556,918 | | | |
| l h | Less: accumulated depreciation | 10b | 583,022 | 1,032,991 | 10c | 973,896 |
| 11 | | | | 32,575 | 11 | 32,575 |
| 12 | | | | | 12 | |
| 13 | | | | | 13 | |
| 14 | Intangible assets | | | | 14 | |
| 15 | Off - 1- D - D - 1 N / C - 44 | | | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line | = 33) | | 2,082,323 | 16 | 2,164,422 |
| 17 | Accounts payable and accrued expenses | | | 16,503 | 17 | 11,335 |
| 18 | Grants payable | | | | 18 | |
| 19 | Deferred revenue | | | | 19 | |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| | Escrow or custodial account liability. Complete Part I | V of Sched | lule D | | 21 | |
| | Loans and other payables to any current or former of | | 10000 000000000000000000000000000000000 | | in the | |
| | trustee, key employee, creator or founder, substantia | | | | | |
| 1 | controlled entity or family member of any of these pe | | | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated t | | | 644,974 | 23 | 320,026 |
| | Unsecured notes and loans payable to unrelated third | | | | 24 | * |
| | Other liabilities (including federal income tax, payable | | | | | |
| 23 | parties, and other liabilities not included on lines 17-2 | (4) Comple | ete Part X | | | |
| 1 | of Schedule D | | | -4,363 | 25 | -3,584 |
| 26 | | | ************************************** | 657,114 | | 327,777 |
| 20 | Organizations that follow FASB ASC 958, check h | | | | | |
| 1 | and complete lines 27, 28, 32, and 33. | 1010 | | | | |
| 27 | | | | 1,275,209 | 27 | 1,686,645 |
| | F44. 1 FE4164 CE41 EE | | | 150,000 | | 150,000 |
| 20 | Net assets with donor restrictions Organizations that do not follow FASB ASC 958, | chack hai | ************ | | | |
| 1 | and complete lines 29 through 33. | CHECK HE | | | 73/10 | |
| 20 | · · · · · · · · · · · · · · · · · · · | | | | 29 | |
| 29 | 11000 1000 | ent fund | | | 30 | |
| 30 | Retained earnings, endowment, accumulated income | | funds | | 31 | |
| 31 | | | 572 CO CO CO CO CO CO CO CO CO CO CO CO CO | 1,425,209 | | 1,836,645 |
| 32 | Total liabilities and net assets/fund balances | | | 2,082,323 | | 2,164,422 |
| 33 | Total liabilities and het assets/fund balances | | | 2,002,020 | | Form 990 (202 |

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

Form **990** (2022)

1020

| Part VII Section A. Officer | s, Directors, Ti | rust | ees, | Key | Em | ipioy | ees | , and Highest Compens | ated Employees (contin | T T | | | - |
|---|---|---------------|---------------|----------------------|--------------|----------------------------------|--------------|---|--|-----------|---|-------------|-----|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box | k, unle | Pos heck ss pe | rson | than is both Highest compensaled | n an | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | co | of othe mpens from the anization | ation ne | ā |
| (20) BOB WETZEL | | F | | | | - 8 | | | | | | | |
| MEMBER | 0.00 | x | | | | | | О | C | | | | 0 |
| | | | | | | | | | | | | | |
| ************************ | | | | | | | | | | | | | |
| *************************************** | *********** | | | | | | | | | | | | |
| IR HANGE KAR KITTU STRUKTUUR DR FÖST KUUR KUSTES | | | | | | | | | | | | | |
| | nata rostatotea | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal c Total from continuation she d Total (add lines 1b and 1c) 2 Total number of individuals (i | eets to Part VII | , Se | ction | 1 A . | | | :: ::: | ove) who received more | than \$100 000 of | | | | |
| reportable compensation from 3 Did the organization list any t | n the organizati | on lirec | tor, t | rust | ee, l | кеу е | mpl | oyee, or highest compens | sated | | 3 | Yes | No |
| employee on line 1a? If "Yes For any individual listed on lin organization and related orga individual | ne 1a, is the sur anizations great | n of er th | repo an \$ | rtab 150 | le c ,000 | ompe ? <i>If</i> ' | ensa "Yes | ition and other compensa ," complete Schedule J fo | ition from the or such | | 4 | | H |
| 5 Did any person listed on line for services rendered to the | | | | | | | | | | | 5 | | |
| ection B. Independent Contract Complete this table for your f | | nen | sate | d inc | lene | nder | at co | intractors that received m | ore than \$100 000 of | | | | _ |
| compensation from the organ | (A) business address | com | pen | satio | n fo | r the | cal | endar year ending with or | within the organization's (B) otion of services | tax year. | Cor | (C) | ion |
| Name and | business address | | | | | | | Descrip | OUON OF SERVICES | | COI | Препов | OH |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total number of independent | contractors (inc | cludi | ng b | ut n | ot lir | nited | to t | hose listed above) who | | | D)- | | |
| received more than \$100,000 | | | | | | | | | | For | m | 990 | 102 |

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Open to Public Inspection Go to www.irs.gov/Form990 for instructions and the latest information.

THE HISTORIC COCOA VILLAGE

Employer identification number

| Name | of th | e organization | | COCOA VILLAGE | i. | | | er identification 261270 | |
|------|----------|------------------|---|---|---------------------|--------------------------|---|-----------------------------|----------------------------------|
| _ | | | PLAYHOUSE, I | NC . Status. (All organization | one mus | t compl | | | |
| Pa | ırt | Reas | on for Public Charity | Status. (All organizations de la constant | 12 chook | only one | boy) | ilisti uctioi | 13. |
| | orga | inization is not | a private foundation becau | use it is: (For lines 1 through | 12, check | only one | ουχ.) 5\/4\/Δ\/i) | | |
| 1 | H | | | sociation of churches describ | | | ٥)(١)(٨)(١). | | |
| 2 | \vdash | A school des | cribed in section 1/U(D)(1) | (A)(ii). (Attach Schedule E (f | coction (| . <i>)</i> L70/6\/4\/ | Δ\/iii\ | | |
| 3 | Н | A hospital or | a cooperative nospital serv | rice organization described in ed in conjunction with a hosp | ital describ | ed in sec | | Enter the ho | spital's name. |
| 4 | Ш | city, and state | | su in conjunction with a nosp | ital ucsoni | oca iii set | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , |
| 5 | | An organizati | ion operated for the benefit | of a college or university ow | ned or ope | rated by | a governmental unit de | escribed in | |
| 3 | Ш | _ | b)(1)(A)(iv). (Complete Pa | | | , | • | | |
| 6 | П | | | governmental unit described | in section | 170(b)(1 |)(A)(v). | | |
| 7 | | An organizati | ion that normally receives a section 170(b)(1)(A)(vi). | substantial part of its suppo | rt from a g | overnmei | ntal unit or from the ge | neral public | |
| 8 | | A community | trust described in section | 170(b)(1)(A)(vi). (Complete | Part II.) | | | | |
| 9 | П | An agricultur | al research organization de | scribed in section 170(b)(1) | (A)(ix) ope | erated in o | conjunction with a land | grant colleg | е |
| | _ | | or a non-land-grant college | of agriculture (see instruction | ns). Enter | the name | , city, and state of the | college or | |
| | - | university: | | 1) more than 33 1/3% of its s | unned fr- | m contrib | utions membership for | es and ares | **************** |
| 10 | X | An organizat | ion that normally receives (| mpt functions, subject to cert | ain except | ions: and | (2) no more than 331/ | 3% of its | , |
| | | support from | gross investment income a | and unrelated business taxab | le income | (less sec | tion 511 tax) from busi | nesses | |
| | | acquired by t | he organization after June | 30, 1975. See section 509(a | ı)(2). (Con | iplete Pai | t III.) | | |
| 11 | | An organizat | ion organized and operated | exclusively to test for public | safety. Se | e sectio | n 509(a)(4). | | |
| 12 | | An organizati | ion organized and operated | l exclusively for the benefit of | f, to perfor | m the fun | ctions of, or to carry of | of the purpos | es of Check |
| | | the box on lir | nes 12a through 12d that de | ations described in section 5 escribes the type of supporting | ig organiza | ation and | complete lines 12e, 12 | t, and 12g. | |
| | а | Type I. A | supporting organization of | perated, supervised, or contro | olled by its | supporte | d organization(s), typic | cally by givin | g |
| | | the supp | orted organization(s) the po | ower to regularly appoint or e | lect a majo | ority of the | directors or trustees | of the | |
| | | supportin | ig organization. You must | complete Part IV, Sections | A and B. | Jate Same | | , by baying | |
| | b | Type II. | A supporting organization s | upervised or controlled in co- orting organization vested in t | nnection w | ntn its sup | pported organization(s) | he supporte | 4 |
| | | control of | r management of the suppt | e Part IV, Sections A and C | ine same i | Jeraona u | izi control or manage t | o ospporto | - |
| | С | Type III | functionally integrated, A | supporting organization oper | rated in co | nnection | with, and functionally i | ntegrated wit | :h, |
| | · | its suppo | rted organization(s) (see in | structions). You must comp | lete Part | V, Section | ns A, D, and E. | | |
| | d | Type III | non-functionally integrate | ed. A supporting organization | operated | in connec | tion with its supported | organization | 1(s) |
| | | that is no | t functionally integrated. The | ne organization generally mus | st satisfy a | distributi | on requirement and ar | attentivene | SS |
| | | requirem | ent (see instructions). You | must complete Part IV, Sec eceived a written determination | on from the | IDS that | uran.v. itisa Tynel Tynelli | Type III | |
| | е | functions | is box if the organization re illy integrated, or Type III n | on-functionally integrated sup | porting or | ganizatio | 1. | . , po | |
| | f | | mber of supported organiza | | | | | ********** | |
| | g | Provide the f | ollowing information about | the supported organization(s |). | | 140 5-3700 19 HELLENGER, BOOK | SCHOOL IN ASSAULT | |
| (i | Nam | e of supported | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetar | | (vi) Amount of |
| | or | ganization | | (described on lines 1–10 above (see instructions)) | | ur governing ment? | support (see instructions) | | other support (see instructions) |
| | | | | above (ace mondenome)) | Yes | No | | | |
| (A) | | | | | | | | | |
| (14) | | | | | | | | | |
| (B) | | | | | | | | | |
| (-) | | | | | | | | | |
| (C) | | | | | | | | | |
| | | | | | - | | | | |
| (D) | | | | | | | | | |
| (E) | _ | | | | | | | | |
| | | | | | | - | | | |
| - | 1.04 | | | | | | | | |

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

Schedule A (Form 990) 2022

59-2612709 THE HISTORIC COCOA VILLAGE Page 2 Schedule A (Form 990) 2022 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 (c) 2020 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2022 (f) Total (b) 2019 (c) 2020 (d) 2021 (a) 2018 Calendar year (or fiscal year beginning in) Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 | 日本五 | |
|-----|--|---|---------|
| 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 | | |
| | | 14 | % |
| 14 | Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) | 15 | % |
| 15 | Public support percentage from 2021 Schedule A, Part II, line 14 | | 70 |
| 16a | | inis | |
| | box and stop here. The organization qualifies as a publicly supported organization | | |
| b | 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, cl | neck | |
| | this box and stop here. The organization qualifies as a publicly supported organization | | 221/21 |
| 17a | | | |
| | 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 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line | | 410,000 |
| b | 10%-facts-and-circumstances test—2021. If the organization during clean above the least the least and the least the least and the least the least and the least the least and the least the least and the least the leas | | |
| | 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 | 1 | |
| | organization | 69 - 30 (6 (6 (6 (6 (6 (6 (6 (6 (6 (| **** |
| 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 | ross true rossesses | |

1023 DAA

Schedule A (Form 990) 2022 Part III

Section A. Public Support

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.)

| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|--|--|--|---|---|--|------------------------------|
| 1 | Gifts, grants, contributions, and membership fees | 100 000 | 61 645 | 254 077 | 214 700 | 267 777 | 1 154 103 |
| | received. (Do not include any "unusual grants.") | 138,001 | 81,640 | 351,977 | 314,788 | 267,777 | 1,154,183 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | 1,483,571 | 1,359,794 | 812,262 | 1,196,005 | 1,741,343 | 6,592,975 |
| | organization's fax-exempt purpose | 1,403,371 | 1,559,194 | 012,202 | 1,150,003 | 1,741,545 | 0,002,010 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 130,819 | 227,673 | 187,903 | 291,914 | 174,186 | 1,012,495 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 1,752,391 | 1,669,107 | 1,352,142 | 1,802,707 | 2,183,306 | 8,759,653 |
| 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.) | | | | | | 8,759,653 |
| | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 1,752,391 | 1,669,107 | 1,352,142 | 1,802,707 | 2,183,306 | 8,759,653 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 374 | 195 | | | | 569 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 6,397 | 11,269 | 1,187 | | | 18,853 |
| С | Add lines 10a and 10b | 6,771 | 11,464 | 1,187 | | | 19,422 |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | 9,414 | | 1,212 | 2,004 | 1,108 | 13,738 |
| | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| 12 13 | Other income. Do not include gain or | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) | 1,768,576 | 1,680,571 | 1,354,541 | 1,804,711 | 2,184,414 | 8,792,813 |
| 13 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the company of the same of | rganization's first, | | | | | 8,792,813 |
| 13 14 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the corganization, check this box and stop he | rganization's first, re | second, third, fou | | ar as a section 50 | 11(c)(3) | 8,792,813 |
| 13 14 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop hetition C. Computation of Public St. | rganization's first, re Support Perce | second, third, fou | rth, or fifth tax yea | ar as a section 50 | 11(c)(3) | |
| 13 14 Sec | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop hetion C. Computation of Public Security Public support percentage for 2022 (line) | organization's first, ore Support Perce 8, column (f), divid | second, third, foundation in the second seco | rth, or fifth tax yea | ar as a section 50 | 11(c)(3) | 99.62% |
| 13 14 Sec 15 16 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop hetion C. Computation of Public Section 2022 (line Public support percentage from 2021 Sci | rganization's first, re Support Perce 8, column (f), divided nedule A, Part III, l | second, third, fountage ded by line 13, column 15 | rth, or fifth tax yea | ar as a section 50 | 11(c)(3) | |
| 13 14 Sec 15 16 Sec | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the corganization, check this box and stop hetion C. Computation of Public Security Public support percentage for 2022 (line Public support percentage from 2021 Sction D. Computation of Investments | organization's first, ore oupport Perce 8, column (f), divid nedule A, Part III, I ent Income Po | second, third, fountage ded by line 13, coluine 15 ercentage | rth, or fifth tax yea | ar as a section 50 | 11(c)(3) 15 16 | 99.62% |
| 13 14 Sec 15 16 Sec 17 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop hetion C. Computation of Public Sepublic support percentage for 2022 (line Public support percentage from 2021 Scition D. Computation of Investment income percentage for 2022 | organization's first, ore Support Perce 8, column (f), dividendule A, Part III, lent Income Percentage (line 10c, column (| ntage ded by line 13, colubre 15 ercentage (f), divided by line | rth, or fifth tax yea | ar as a section 50 | 11(c)(3) 15 16 | 99.62 % 99.48 % |
| 13 14 Sec 15 16 Sec 17 18 In | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the corganization, check this box and stop hetion C. Computation of Public Service Public support percentage for 2022 (line Public support percentage from 2021 Scition D. Computation of Investment income percentage from 2022 (vestment income percentage from 2021 Scition D. Computation of Investment income percentage from 2021 Scition D. Computation of Investment income percentage from 2021 Scition D. Computation of Investment income percentage from 2021 Scition D. Computation of Investment income percentage from 2021 Scition D. Computation of Investment income percentage from 2021 Scition D. Computation of Investment income percentage from 2021 Scition D. Computation of Investment income percentage from 2021 Scition D. Computation of Investment income percentage from 2021 Scition D. Computation of Investment Income percentage from 2021 Scition D. Computation of Investment Income percentage from 2021 Scition D. Computation of Investment Income percentage from 2021 Scition D. Computation of Investment Income percentage from 2021 Scition D. Computation of Investment Income percentage from 2021 Scition D. Computation of Investment Income percentage from 2021 Scition D. Computation of Investment Income percentage from 2021 Scition D. Computation of Investment Income percentage from 2021 Scition D. Computation Investment Investmen | organization's first, ore Support Perce 8, column (f), dividendule A, Part III, lent Income Percentage (line 10c, column (schedule A, Part II | ntage led by line 13, column 15 ercentage (f), divided by line 17 | umn (f)) | ar as a section 50 | 11(c)(3) 15 16 17 18 | 99.62% |
| 13 14 Sec 15 16 Sec 17 18 In | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop hetion C. Computation of Public Sepublic support percentage from 2022 (line Public support percentage from 2021 Scition D. Computation of Investment income percentage from 2022 (vestment income percentage from 2021 Scition 3 1/3% support tests—2022. If the org | organization's first, ore Support Perce 8, column (f), dividended A, Part III, lent Income Percentage (line 10c, column (schedule A, Part II anization did not column (schedule A) | ntage led by line 13, column 15 ercentage (f), divided by line 17 theck the box on li | umn (f)) 13, column (f) ne 14, and line 15 | ar as a section 50 | 11(c)(3) 15 16 17 18 1/3%, and line | 99.62 % 99.48 % % |
| 13 14 Sec 15 16 Sec 17 18 In | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop hetion C. Computation of Public Support percentage for 2022 (line Public support percentage from 2021 Scition D. Computation of Investment income percentage from 2021 servestment income percentage from 2021 states 133 1/3% support tests—2022. If the org | organization's first, ore Support Perce 8, column (f), divided to the column (f), divided to the column (f), divided to the column (f), | ntage led by line 13, column 15 ercentage (f), divided by line 17 theck the box on lie. The organization | umn (f)) 13, column (f)) ne 14, and line 15, qualifies as a pu | ar as a section 50 5 is more than 33 blicly supported | 11(c)(3) 15 16 17 18 1/3%, and line organization | 99.62 % 99.48 % % |
| 13 14 Sec 15 16 Sec 17 18 In | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop hetion C. Computation of Public Support percentage for 2022 (line Public support percentage from 2021 Scition D. Computation of Investment income percentage from 2021 six 1/3% support tests—2022. If the org 17 is not more than 33 1/3%, check this is 33 1/3% support tests—2021. If the org | organization's first, are Support Perce 8, column (f), dividended A, Part III, lent Income Perce Schedule A, Part III anization did not coox and stop here anization did not consider the coox and stop here anization did not consider the coox and stop here | ntage led by line 13, coldine 15 ercentage (f), divided by line I, line 17 check the box on line The organization check a box on line | umn (f)) 13, column (f)) ne 14, and line 15 ne qualifies as a pue 14 or line 19a, a | ar as a section 50 5 is more than 33 ablicly supported and line 16 is more | 11(c)(3) 15 16 17 18 1/3%, and line organization e than 33 1/3%, a | 99.62 % 99.48 % % % |
| 13 14 Sec 15 16 Sec 17 18 In | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop hetion C. Computation of Public Support percentage for 2022 (line Public support percentage from 2021 Scition D. Computation of Investment income percentage from 2021 servestment income percentage from 2021 states 133 1/3% support tests—2022. If the org | reganization's first, are Support Perce 8, column (f), divided to the percent of the percent o | ntage led by line 13, coldine 15 ercentage (f), divided by line I, line 17 check the box on line theck a box on line here. The organization | umn (f)) 13, column (f)) ine 14, and line 15, qualifies as a pue 14 or line 19a, a ation qualifies as | 5 is more than 33 ablicly supported and line 16 is more a publicly suppor | 11(c)(3) 15 16 17 18 1/3%, and line organization e than 33 1/3%, a ted organization | 99.62 % 99.48 % % % |

Schedule A (Form 990) 2022

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

- 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.
- 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.
- 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.
- 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.)

| | Yes | No |
|--------------|-----|----|
| | | |
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3с | | |
| 4a | | |
| 4b | | |
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| | | |
| 5a | | |
| 5b | | |
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| 6 | #i | |
| 7 | 47 | |
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| 10a | | |
| 10b ule A | | |

| | tle A (Form 990) 2022 THE HISTORIC COCOA VILLAGE 59-261270 | 9 | | Page 5 |
|------|---|---------|----------|--------|
| Par | t IV Supporting Organizations (continued) | | Yes | No |
| | | | 162 | NO |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | 11a | | |
| | 11c below, the governing body of a supported organization? | 11b | | |
| D | A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | T D T | 3031 | |
| С | provide detail in Part VI. | 11c | | |
| Sect | on 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 | 527 | 12.1 | |
| NEX | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | 186 | 533 | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | 97 | | |
| | 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 | | 11/11 | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | 2.5 | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | THE | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | ion C. Type II Supporting Organizations | | 4. | N . |
| | | | Yes | No_ |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 2021 | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | 100 | 100 | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | ion D. All Type III Supporting Organizations | - | Yes | No |
| _ | and the fifth month of the | | | -113 |
| 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 | 1 | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| _ | By reason of the relationship described on line 2, above, did the organization's supported organizations have | | | |
| 3 | 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 | | |
| Sect | ion 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 instruc | tions). | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instru | ctions). | |
| 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 | | | |
| u | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | and the state of the control of the state of the property of the property of the property of the state of the property of the state of the property of the state | | = 1 | |
| -7 | 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 | | |

3a

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

(see instructions).

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations |
|--|
| Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Vi). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income |
| 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 Ye (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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 Potter expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Ye (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 1 b Average monthly value of securities 1 c Tair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 9 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) |
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| see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 |
| |
| 6 Multiply line 5 by 0.035. |
| 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. |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 |
| 4 Enter greater of line 2 or line 3. |
| 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). |
| 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization |

DAA 1027

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Section D, line 7:

Part VI. See instructions.

Breakdown of line 7:
a Excess from 2018
b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

a Applied to underdistributions of prior years
 b Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.

Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

| Schedule A (For | m 900/ 2022 | THE HT | STORIC | COCOA | VILLAG | 2 | 59-261 | L2709 | Page 8 |
|--|--|---|---|---|--|--|--|------------------------------|--|
| Part VI | Supplemental Inf III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V lines 2, 5, and 6. A | ormation. F , Section A, Part IV, Secti | Provide the lines 1, 2, 3 on C, line 1 | explanations 3b, 3c, 4b 1; Part IV, B. line 16 | ons require , 4c, 5a, 6, Section D, e: Part V, S | d by Part II, lin 9a, 9b, 9c, 11a lines 2 and 3; ection D, lines | a, 11b, and Part IV, S 5, 6, and | ection E, lir 8; and Part | rv, Section res 1c, 2a, 2 |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2022 Open to Public

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

Inspection

| Vame (| of the organization | | Employer identification number |
|--------|--|--|--|
| TF | HE HISTORIC COCOA VILLAGE | | 50 0610700 |
| PI | AYHOUSE, INC. | 01 0: 11 Td- | 59-2612709 |
| Pa | rt I Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" o | n 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) | | |
| | 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 e | xclusive legal control? | Yes X No |
| 6 | Did the organization inform all grantees, donors, and donor advisors | in writing that grant funds can be used | 1 |
| | only for charitable purposes and not for the benefit of the donor or d | onor advisor, or for any other purpose | Yes X No |
| | conferring impermissible private benefit? | | Tes No |
| Pa | rt II Conservation Easements. Complete if the organization answered "Yes" or | n Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (che | eck all that apply). | |
| • | Preservation of land for public use (for example, recreation or ed | ducation Preservation of a historical | |
| | Protection of natural habitat | Preservation of a certified l | nistoric structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified cor | nservation contribution in the form of a | conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Tear |
| а | Total number of conservation easements | ** ******* * *** ********************** | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic structure | included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after Ju | | 24 |
| | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, | extinguished, or terminated by the org | anization 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 n | nonitoring, inspection, nandling of | Yes No |
| | violations, and enforcement of the conservation easements it holds | g. agraz. semi-mercentenenenenenenenenenen | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handlin | ig of violations, and emorcing conserva | ation easements during the your |
| | total research itsi | violations, and enforcing conservation | easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of | violations, and emorcing conservation | casemente damig me yee. |
| | Does each conservation easement reported on line 2(d) above satisfied to the conservation can be conserved as a second conservation and conservation can be conserved as a second conservation conservation can be conserved as a second conserv | of the requirements of section 170(h)(| 4)(B)(i) |
| 8 | and section 170(h)(4)(B)(ii)? | ary the requirements of section c()(| Yes No |
| _ | In Part XIII, describe how the organization reports conservation eas | sements in its revenue and expense sta | atement and |
| 9 | 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. | | |
| P | Organizations Maintaining Collections of A | rt, Historical Treasures, or Of | ther Similar Assets. |
| | Complete if the organization answered "Yes" of | 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 | palance sneet works |
| | of art, historical treasures, or other similar assets held for public ex | nibition, education, or research in further | statice of public |
| | service, provide in Part XIII the text of the footnote to its financial st | atements that describes these items. | ance sheet works of |
| Ь | If the organization elected, as permitted under FASB ASC 958, to r | epon in its revenue statement and bar | ance of public service |
| | art, historical treasures, or other similar assets held for public exhib | muon, education, or research in furthera | and of public convicts, |
| | provide the following amounts relating to these items: | | \$ |
| | (i) Revenue included on Form 990, Part VIII, line 1 | TOTAL CALL CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE | \$ |
| _ | (ii) Assets included in Form 990, Part X | or other similar assets for financial da | ain, provide the |
| 2 | If the organization received or held works of art, historical treasures | plating to these items. | end brosses are |
| | following amounts required to be reported under FASB ASC 958 re | stating to these items. | THE PARTS OFFICE OF STREET AND A STREET AND |
| а | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X Paperwork Reduction Act Notice, see the Instructions for Form | | S |
| For | Paperwork Reduction Act Notice. see the Instructions for Form | 990. | Schedule D (Form 990) |
| For | Paperwork Reduction Act Notice, see the Instructions for Form | 990. | 1030 |

| Schedule D (Form 990) 2022 THE HISTORIC COCOL |
|---|
|---|

| P | art III Organizations Maintaining | Collections | ot Aπ, Historical | reasures, or C | Miler Similar Ass | iera (continued) |
|------|---|--|---------------------------|---|--|---------------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply): | ion, and other reco | ords, check any of the | following that make | significant use of its | |
| а | Public exhibition | d 🗌 | Loan or exchange pro | gram | | |
| b | - | e | Other | | | |
| c | Preservation for future generations | | | | | |
| 4 | Provide a description of the organization's c | ollections and exp | lain how they further th | ne organization's exe | empt purpose in Part | |
| | XIII. | | | | | |
| 5 | | | | | ar | П. П. |
| | assets to be sold to raise funds rather than t | o be maintained a | s part of the organizat | ion's collection? | | Yes No |
| P | art IV Escrow and Custodial Arr | angements. | | D - 4 D / F 0 | | ount on Form |
| | Complete if the organization 990, Part X, line 21. | n answered "Y | es" on Form 990, | Part IV, line 9, o | r reported an amo | |
| 1a | Is the organization an agent, trustee, custod | lian or other intern | nediary for contribution | s or other assets no | | |
| | | | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XII | and complete the | following table: | | | |
| | | | | | | Amount |
| c | Beginning balance | | OF THE SECRETARIES | ******** | 1c | |
| c | Additions during the year | SK 1001 EAST 120101 1 1 530 | ********** | | | |
| e | Distributions during the year | 0 - 0.00 t 1.00 t 1.00 t 1.00 t 1.00 t 1.00 t 1.00 t 1.00 t 1.00 t 1.00 t 1.00 t 1.00 t 1.00 t 1.00 t 1.00 t 1 | ******** | | 1e | |
| f | Ending balance | ess consequent | union riginalista (1990). | | 1f | Yes No |
| 2 | a Did the organization include an amount on F | form 990, Part X, | line 21, for escrow or o | custodial account liat | ollity? | Tes No |
| | If "Yes," explain the arrangement in Part XII | I. Check here if the | e explanation has beer | n provided on Part X | 111 | |
| Р | art V Endowment Funds. Complete if the organization | n annuared "V | os" on Form 990 | Part IV line 10 | | |
| _ | Complete II the organization | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 4. | - Besievies of wear belongs | (a) Current year | 32,575 | 32,575 | | |
| | a Beginning of year balance | | 32/3/3 | | | |
| | Contributions Net investment earnings, gains, and | | | | | |
| • | | | | | 195 | 373 |
| | losses d Grants or scholarships | | | | | |
| | Other expenditures for facilities and | | | | | |
| • | | | | | | |
| 4 | programs f Administrative expenses | | | | | |
| | End of year balance | | 32,575 | 32,575 | 32,575 | 32,380 |
| 2 | | rent vear end bala | ance (line 1g, column (| a)) held as: | | |
| | Board designated or quasi-endowment | | , - | | | |
| | b Permanent endowment % | | | | | |
| | Term endowment % | | | | | |
| | The percentages on lines 2a, 2b, and 2c sh | ould equal 100%. | | | | |
| 3 | a Are there endowment funds not in the possi | | nization that are held a | and administered for | the | |
| | organization by: | | | | | Yes No |
| | (i) Unrelated organizations | | | | | 3a(i) X |
| | (ii) Related organizations | | | 191010111111111111111111111111111111111 | | 3a(ii) X |
| | b If "Yes" on line 3a(ii), are the related organiz | zations listed as re | equired on Schedule R | ? | ******* | 3b |
| _4 | Describe in Part XIII the intended uses of the | | ndowment funds. | | | |
| P | art VI Land, Buildings, and Equ | ipment. | " E 000 | DSSENT E 446 | Can Farm 000 | Dort V line 10 |
| _ | Complete if the organizatio | | | | | (d) Book value |
| | Description of property | (a) Cost or other | | | Accumulated lepreciation | (u) Book value |
| _ | | (investment | | | icpi colanoli | 100,000 |
| | a Land | | | 00,000 17,287 | 302,948 | 744,339 |
| | b Buildings | | 1,04 | 21,201 | 302,340 | 122,000 |
| | c Leasehold improvements | | | | | |
| | d Equipment | | | | | |
| | e Other al. Add lines 1a through 1e. (Column (d) mus | t agual Form 900 | Part Y column (R) lin | e 10c) | | 844,339 |
| ı ot | al. Add lines Ta inrough Te. (Column (d) musi | equal Fulli 990, | i aren, column (b), iin | | A CONTRACTOR OF THE CONTRACTOR | |

| Schedule D (Form 990) 2022 THE HISTORIC COCOF Part VII Investments – Other Securities. | | 200 |
|---|--------------------------|--|
| Complete if the organization answered "Y | es" on Form 990, Part I\ | V, line 11b. See Form 990, Part X, line 12. |
| (a) Description of security or category | (b) Book value | (c) Method of valuation: |
| (including name of security) | | Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | in inci | |
| (C) | | |
| (D), | MAAA | |
| (E) | Warre Land | |
| (F) | \$4000E | |
| (G) | reixe | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII Investments - Program Related. | | 4 P 44 O F 000 P 4 W F 40 |
| | | V, 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.) | 2.63 | |
| Part IX Other Assets. | | |
| Complete if the organization answered "Y | es" on Form 990, Part I | V, line 11d. See Form 990, Part X, line 15. |
| (a) Descriptio | n | (b) Book value |
| (1) | | |
| (2) | | |
| _(3) | | |
| _(4) | | |
| (5) | | |
| (6) | | |
| | | |

(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,

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) SIMPLE LIABILITY | 807 |
| (3) LEGAL SHIELD LIABILITY | 1.1 |
| (4) PAYROLL LIABILITIES | -4,402 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | 2 50/ |
| Total (Column (h) must equal Form 990, Part X, col. (B) line 25.) | -3,584 |

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.

(8)

| Schedule D | Form 990) 2022 | THE H | ISTORIO | COCOA | VILLAG | E | 59-2612709 | Page 5 |
|---------------------------------------|----------------|---------------------------|---|-------------------------------|--|--------|--|--|
| Part XIII | Suppleme | ntal Infor | mation (co | ntinued) | | | | |
| 7 1710 7 2 3100 | | | | | | | | |
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SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. THE HISTORIC COCOA VILLAGE

Employer identification number

| | PLAYHOUSE, | INC. | | | | | 59-26127 | |
|--------------------------|---|-------------------------|--|----------------|-----------------------------|--------------------------------------|--|----------------------------------|
| Part I | Fundraising Activities Form 990-EZ filers are | . Complete not required | to complete | this p | art. | | | line 17. |
| 1 Indicate | whether the organization raise | d funds throug | h any of the follo | wing a | ctiviti | es. Check all that app | oly. | |
| a 🗌 Mail | solicitations | | e 🗌 Solicitatio | n of no | n-gov | ernment grants | | |
| b linte | rnet and email solicitations | | f 🗌 Solicitatio | n of go | vernr | nent grants | | |
| c Pho | ne solicitations | ! | g 🗌 Special fu | ındrais | ing ev | vents | | |
| d In-p | erson solicitations | | | | | | | |
| 2a Did the | organization have a written or | oral agreement | with any individu | ual (ind | ludin | officers, directors, to | rustees, | Yes No |
| b If "Yes," | employees listed in Form 990, F list the 10 highest paid individual stated at least \$5,000 by the or | uals or entities | y in connection v (fundraisers) pur | with prosumers | ofessi to agr | eements under which | the fundraiser is to b | |
| compen | isated at least \$5,000 by the of | garnzanon. | | (iii) Di | d fund- r have | | (v) Amount paid to | (vi) Amount paid to |
| | (i) Name and address of individual or entity (fundraiser) | | (ii) Activity | custo | ody or rol of utions? | (iv) Gross receipts from activity | (or retained by) fundraiser listed in col. (i) | (or retained by) organization |
| | | | | 1000000 | No | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
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| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| Total | | | | | | | | |
| 3 List all s registra | states in which the organization tion or licensing. | n is registered o | 24312122212222 | | | ions or has been noti | | an estas drassastas saci |
| * ************ | | | | ***** | | | | ******************* |

| nedule (| 5 (Form 990) 2022 | THE | HISTORIC | COCOA | ATTTWGE | | 2012/09 | | 1 - 3 - |
|----------|-------------------|---------|-------------------|-------------|------------------|---------------|----------------|--------------|------------------|
| art II | Fundraising | Events | . Complete if the | ne organiz | ation answered | "Yes" on Form | n 990, Part IV | , line 18, c | r reported more |
| | than \$15,000 | of fund | raising event c | ontribution | ns and gross inc | come on Form | 990-EZ, lines | 1 and 6b. | List events with |

| | gross receipts g | greater than \$5,000. | | | |
|-----------------|---|---|----------------------------------|---------------------------|--|
| | | (a) Event #1 | (b) Event #2 | (c) Other events | All Total accepts |
| | | CAPITAL CAMPAIG | LEGACY FOUNDAT I | None (total number) | (d) Total events (add col. (a) through col. (c)) |
| ine | | (event type) | (GVOIN TYPE) | | |
| Revenue | 1 Gross receipts | 44,925 | 20,150 | | 65,075 |
| | 2 Less: Contributions | | | | - |
| | 3 Gross income (line 1 minus | 44 025 | 20,150 | | 65,075 |
| _ | line 2) | 44,925 | 20,130 | | 00/010 |
| | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| enses | 6 Rent/facility costs | | | | |
| Direct Expenses | 7 Food and beverages | | | | |
| قَ | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary | r. Add lines 4 through 9 in columr | ı (d) | | |
| | | the of the 40 form line 2 majores | AN | | 65,075 |
| P | art III Gaming. Com | plete if the organization ar orm 990-EZ, line 6a. | iswered "Yes" on Form 99 | U, Part IV, line 19, or i | eported more than |
| | \$15,000 011 F0 | ini 990-EZ, inie oa. | (b) Pull tabs/instant | | (d) Total gaming (add |
| Revenue | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Seve | | | | | |
| _ | 1 Gross revenue | | | | |
| nses | 2 Cash prizes | | | | |
| Direct Expenses | 3 Noncash prizes | | | | |
| Direc | 4 Rent/facility costs | | | | |
| _ | 5 Other direct expenses | | 0/ | V 9/ | |
| | 6 Volunteer labor | Yes % | Yes % | Yes % No | |
| | 7 Direct expense summary | y. Add lines 2 through 5 in colum | n (d) | | : |
| | 8 Net gaming income sum | mary. Subtract line 7 from line 1, | column (d) | ************ | |
| | | | | | |
| | Is the organization licensed | ne organization conducts gaming to conduct gaming activities in ea | ach of these states? | | Yes No |
| b | If "No," explain: | | | | |
| | 1 4 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | *************************************** | | | devices and a surgence of the engineers of the engineers |
| | If "Yes," explain: | n's gaming licenses revoked, sus | pended, or terminated during the | tax year? | Yes No |
| | | | | | |
| | | | | | |

| Schodulo C | (Form 990) 2022 | THE HISTOR | IC COCOA VILLAGE | 59-2612709 | | Pag | ge 3 |
|------------------|--|--|--|--|--|-----------|-----------------|
| | | | with nonmembers? | | | Yes | No |
| 2 Is the | ne organization a grantor | r heneficiary or truste | ee of a trust, or a member of a partners | hip or other entity | ALCOHOL: E | | _ |
| former | l to administer charita | hle gaming? | | | | Yes | No |
| | | jaming activity conduc | | | 15 727 | | |
| a The or | ganization's facility | , , , | · · · · · · · · · · · · · · · · · · · | | 13a | | %_ |
| h An out | side facility | | | E E Eller a l'entrateur | 13b | | % |
| 4 Enter | he name and address | s of the person who p | prepares the organization's gaming/spe | ecial events books and | | | |
| record | | | | | | | |
| Name | 333442344344444444 | | *************************************** | | **** | ×*69 | |
| | | | | | | 9.876 | |
| reveni | ie? | | d party from whom the organization red | | | Yes | No |
| b If "Yes | " enter the amount o | f gaming revenue rec | eived by the organization \$ | and the | | | |
| amou | nt of gaming revenue | retained by the third p | party \$ | | | | |
| c If "Yes | s," enter name and ad | dress of the third part | ty: | | | | |
| | | | | | | | |
| Name | | | | | | A 2222 | |
| | | | | | | | |
| Addre | ss | | | *********************************** | in militare | **** | |
| | | | | | | | |
| l 6 Gamir | ng manager information | on: | | | | | |
| Name | | | | | | | |
| ivame | 7217144134444444444444444444444444444444 | 40.000.000.000.000.000.000.000.000.000 | | | Secure | | |
| Camir | a manager compens | ation \$ | | | | | |
| Gairiii | ig manager compens | ation w | SE - SESSE | | | | |
| Descr | intion of services prov | vided | | | | | |
| 2000. | , | 3 million 1 of the 1 of 1 of 1 of 1 of 1 of 1 of 1 of 1 o | 14.10.10.11.10.11.11.10.10.10.10.10.10.10. | | | | |
| | irector/officer | Employee | Independent contractor | | | | |
| | | | _ | | | | |
| 17 Mand | atory distributions: | | | | | | |
| a Is the | organization required | I under state law to m | ake charitable distributions from the ga | aming proceeds to | II. | — r | ٦ |
| retain | the state gaming lice | nse? | color en illi wo by tare of | VV | | Yes | _ No |
| b Enter | the amount of distribu | utions required under | state law to be distributed to other exe | empt organizations or | | | |
| spent | Manager Manager and Control of the C | and the state of t | during the toy year \$ | | - /iii\ on: | d (v): on | 4 |
| Part IV | Supplementa | I Information. Pr | rovide the explanations require | d by Part I, line 2b, column | S (III) and | u (v), am | u |
| | | | 5c, 16, and 17b, as applicable. | Also provide any additiona | 11 1111011116 | alion. | |
| | See instruction | | | | | | |
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Schedule G (Form 990) 2022

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Employer identification number Name of the organization 59-2612709 PLAYHOUSE, INC. Part I Types of Property (c) (d) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1q Art - Works of art Art — Historical treasures 2 Art — Fractional interests 3 4 Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities — Publicly traded 9 Securities - Closely held stock 10 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous 12 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 34,372 Other (25 26 Other (27 Other (28 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 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? **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard X contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2022

describe in Part II.

| Schedule M (F | orm 990) 2022 THE HISTORIC | COCOA VI | LLAGE | 59-2612 | 709 | Page 2 |
|--|---|--|--|--|--|--|
| Part II | Supplemental Information. the organization is reporting or a combination of both. Als | Provide the info in Part L column | ormation requi | ber of contributions, | the number of item | nd whether is received, |
| | of a combination of both the | o complete and | , | | | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2022

Department of the Treasury Internal Revenue Service

Name of the organization THE HISTORIC COCOA VILLAGE

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

59-2612709 PLAYHOUSE. INC. Form 990, Part V, Line 3b - Form 990-T Not Filed Explanation TAXPAYER NO LONGER RENTS FACILITIES TO THE PUBLIC. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND ACCEPTANCE PRIOR TO FILING. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy BOARD MEMBERS MUST REPORT ANY CONFLICTS THAT MAY ARISE AT BOARD MEETINGS. ANNUAL CERTIFICATION IS RECEIVED FROM EACH BOARD MEMBER. Form 990, Part VI, Line 15a - Compensation Process for Top Official THE EXECUTIVE DIRECTOR'S COMPENSATION WAS DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. Form 990, Part VI, Line 15b - Compensation Process for Officers THE COMPENSATION OF KEY EMPLOYEES WAS DETERMINED BY THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST.

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

Department of the Treasury Internal Revenue Service Name(s) shown on return

THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC.

Identifying number 59-2612709

| Busir | ness or activity to which this form rel | lates | | | | | | |
|---------------|--|--------------------------------|--|-------------------|---|---|----------|----------------------------|
| _I; | ndirect Deprecia | ation | | | | | | |
| Pa | art I Election To Exp | ense Certain Pro | perty Under Sect | ion 179 | | | | |
| | Note: If you have | e any listed prope | rty, complete Part \ | / before yo | ou complete | Part I. | | 1 000 000 |
| 1 | Maximum amount (see instruc | | S1010100111111111111111111111111111111 | | | | 1 | 1,080,000 |
| 2 | Total cost of section 179 prope | | | | | | 2 | |
| 3 | Threshold cost of section 179 | property before reduct | ion in limitation (see ins | tructions) | ****** | | 3 | 2,700,000 |
| 4 | Reduction in limitation. Subtraction | | | | *********** | | 4 | |
| _5 | Dollar limitation for tax year. Subtra- | ct line 4 from line 1. If zero | | | | | 5 | |
| 6_ | (a) Descrip | tion of property | (b) C | ost (business use | only) (c) | Elected cost | \dashv | |
| | | | | | | | - | |
| | | | | | | | \dashv | |
| 7 | Listed property. Enter the amo | | | | 7 | | _ | |
| 8 | Total elected cost of section 17 | | | | | CC2001000000000000000000000000000000000 | 8 | |
| 9 | Tentative deduction. Enter the | | | | | | 9 | |
| 10 | Carryover of disallowed deduc | | | | | | 10 | |
| 11 | Business income limitation. En | | | | | ictions | 11 | |
| 12 | Section 179 expense deductio | | | | | | 12 | |
| 13 | Carryover of disallowed deducts: Don't use Part II or Part III bel | tion to 2023. Add lines | Instead use Part V | | 13 | | | |
| | | | | istian /Da | n't include li | ctod proj | oort | See instructions) |
| | | | | | | Sted proj | Jerty | . See instructions.) |
| 14 | Special depreciation allowance | | | | | | 14 | |
| | during the tax year. See instru | | ************** | | | 4. p. p. p. p. p. p. p. p. | 15 | |
| 15 | Property subject to section 168 | | . 19 (00000000000000000000000000000000000 | *********** | (4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4. | * * * * * * * * * | 16 | 59,096 |
| 16 D | Other depreciation (including A | iction (Don't incl | ude listed property. | See instru | ictions) | | 10 | 33,030 |
| _P2 | art III MACRS Deprec | lation (Don't incit | Section A | See mand | ictions.) | | | |
| 17 | MACRS deductions for assets | placed in service in to | | e 2022 | | | 17 | 0 |
| 18 | If you are electing to group any assets pl | • | | | | ····· | | |
| 10 | Section B— | Assets Placed in Ser | vice During 2022 Tax | ear Using th | ne General Dep | reciation | Syste | m |
| | | (b) Month and year | (c) Basis for depreciation | (d) Recovery | | | | |
| | (a) Classification of property | placed in service | (business/investment use only-see instructions) | period | (e) Convention | (f) Metho | od | (g) Depreciation deduction |
| 19a | 3-year property | | , | | | | | |
| b | 5-year property | | | | | | | |
| | 7-year property | | | | | | | |
| | 10-year property | | | 8. | | | | |
| | 15-year property | | | | | | | |
| _ | 20-year property | | | | | | | |
| $\overline{}$ | 25-year property | | | 25 yrs. | | S/L | | |
| _ | Residential rental | | | 27.5 yrs. | MM | S/L | | |
| | property | | | 27.5 yrs. | MM | S/L | | |
| $\overline{}$ | Nonresidential real | | | 39 yrs. | MM | S/L | | |
| | property | | | | MM | S/L | | |
| _ | Section C—As | sets Placed in Servi | ce During 2022 Tax Ye | ar Using the | Alternative De | preciation | Sys | tem |
| 20a | Class life | | | | | S/L | | |
| b | 12-year | | | 12 yrs. | | S/L | | |
| $\overline{}$ | 30-year | | | 30 yrs. | MM | S/L | | |
| d | 40-year | | | 40 yrs. | MM | S/L | | |
| | art IV Summary (See | instructions.) | | | | | | |
| 21 | Listed property. Enter amount | | Telegrama | | Stephen Indication | 201009700 | 21 | |
| 22 | Total. Add amounts from line | 12, lines 14 through 1 | 7, lines 19 and 20 in col | umn (g), and | line 21. Enter | | | FO 000 |
| | here and on the appropriate lin | | | | structions | LICE COLORS | 22 | 59,096 |
| 23 | For assets shown above and p | olaced in service durin | g the current year, ente | r the | | - 1 | | |

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11890

Entity Name: THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC.

FILED Mar 05, 2024 **Secretary of State** 0135410025CC

Current Principal Place of Business:

300 BREVARD AVENUE COCOA, FL 32922

Current Mailing Address:

300 BREVARD AVENUE COCOA, FL 32922

FEI Number: 59-2612709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAWKINS, ANASTACIA 300 BREVARD AVENUE 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: ANASTACIA HAWKINS

03/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

CHAIRMAN

Title

EXECUTIVE DIRECTOR

Name Address GARRETT, BARBARA 300 BREVARD AVENUE Name Address HAWKINS, ANASTACIA 300 BREVARD AVENUE

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: ANASTACIA HAWKINS

EXECUTIVE DIRECTOR

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

For TDO use: PROJECT #- C2-E



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| | e3 | |
|--------------------------------|---------------------|--|
| Applicant Organization Name: _ | Florida Surf Museum | |
| Applicant Event Name: | Surfing Santas | |

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

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

| Cranis, Peter | Digitally signed by Cranis, Peter Date: 2024.10.17 11:09:58 -04'00' |
|---------------|--|
| | |

Peter Cranis, Executive Director

Response ID:25 Data

2. (untitled)

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

John Hal

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

P.O. Box 321453

State

FL

City

Cocoa Beach

Zip

32932

Primary contact name

John Hughes

Primary contact phone number

321-720-8033

Primary contact email

flsurfmuseum@gmail.com

Secondary contact name

George Trossett

Secondary contact phone number

321-223-6400

Secondary contact email

georgetrosset@gmail.com

Organization website address

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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Surfing Santas of Cocoa Beach

Event website address (if different from organization website)

sufingsantas.org

Event location

Cocoa Beach, FL

9. (untitled)

8. What is the first date of your event?

12/24/2024

10. (untitled)

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

1

11. (untitled)

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

Rillhoards

Digital advertising (banner ads, etc.)

Social hashtags

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

Other - Please be specific: mailchimp email blasts

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook: www.facebook.com/SurfingSantas Instagram: www.instagram.com/surfingsantas YouTube: www.youtube.com/c/surfingsantas

14. (untitled)

12. What hashtags do you use?

#surfingsantas

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Billboards

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Social media post

Website/blog

17. (untitled)

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

IRS_Determination_Letter.pdf

18. (untitled)

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

2023_Tax_Return_Documents_990ez(FLORIDA_SURF_MUSEUM_IN_-_Client_Copy).pdf

19. (untitled)

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

20. (untitled)

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

sunbiz_annual_report_2024.pdf

21. (untitled)

18. Upload your completed Checklist.

applicant_checklist_signed.pdf

22. (untitled)

19.

ATTESTATION

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



Signature of: John Hughes

23. Thank You!

New Send Email

Oct 01, 2024 20:30:49 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

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

Date:

JUN 1 0 2008

EAST COAST SURF MUSEUM INC 319 CYPRUS DR COOCA BEACH, FL 32931 Employer Identification Number: 26-1585923 DLN: 17053135028008 Contact Person: ID# 31175 DALE T SCHABER Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 509(a)(2) Form 990 Required: Effective Date of Exemption: December 14, 2007 Contribution Deductibility: Advance Ruling Ending Date: December 31, 2011 Addendum Applies:

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)

EAST COAST SURF MUSEUM INC

Sincerely,

Robert Choi

Director, Exempt Organizations

Rulings and Agreements

Enclosures: Publication 4221-PC

Statute Extension

| m 1(| 023 (Rev. 6-2006) | Name: East Co | ast Surf Museum | ı, Inc. | EIN | _{l:} 26 . | 1585923 | Page 1 |
|------|---|--|--|--|---|--|--|-------------|
| art | X Public C | harity Status (Con | ntinued) | | | | | |
| e s | 509(a)(4)—an orga 509(a)(1) and 170 | anization organized a | and operated excl nization operated | usively for testing for the benefit of a | or public safety. college or univer | sity tha | t is owned or | |
| g | of contributions f |)(b)(1)(A)(vi)—an orga from publicly support | ted organizations, | If Office government | tal allic, or noth t | 5 | | |
| h | 509(a)(2)—an org investment inco fees, and gross r | panization that norma ome and receives mo receipts from activitie | ally receives not more than one-third es related to its ex | ore than one-third of its financial supp cempt functions (su | of its financial su bort from contribution bject to certain e | pport ir itions, i xceptio | om gross membership ns). | |
| i | A publicly suppo | orted organization, bu | ut unsure if it is de | escribed in 5g or 5h | n. The organizatio | n would | d like the IRS t | · 🗆 |
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| а | the Code you re excise tax under at the end of the years to 8 years the extension to Assessment Per you make. You | wance Ruling: By chaquest an advance ruler section 4940 of the e 5-year advance rules, 4 months, and 15 co a mutually agreed-triod, provides a more may obtain Publicati 329-3676. Signing thintitled. If you decide | ining and agree to code. The tax wing period. The as days beyond the cupon period of time detailed explana on 1035 free of company to the code of the | ill apply only if you issessment period wend of the first year he or issue(s). Publication of your rights a harge from the IRS | do not establish ill be extended for you have the rication 1035, Extended the consequence web site at www. | public s or the 5 ght to re nding ti ences o .irs.gov which | support status advance ruling efuse or limit the Tax If the choices or by calling you would | |
| | Consent Fixing | g Period of Limitation | ons Upon Assess | ment of Tax Under | Section 4940 of | the int | emai nevenue | Code |
| | For Organiza | ation | | | | | . 9 | |
| | For Organiz | ation | | Tony \$2550 | | | 5/5/20 | 500 1500 |
| | NP | <u> </u> | | Tony Sasso | irner) | | 5/5/20 | 008 |
| | NP | Officer, Director, Trustee, or | r other | Tony Sasso (Type or print name of s Executive Directo | r | | | 800 |
| < | (Signature of O | Officer, Director, Trustee, or cial) | r other | (Type or print name of s Executive Directo | r | JUN | (Date) | |
| < | (Signature of of authorized office) For IRS Use | Officer, Director, Trustee, or cial) | r other | (Type or print name of s Executive Directo | r | JUN | (Date) | |
| - | For IRS Use IRS Director, E Request for D you are request g in line 5 abo | officer, Director, Trustee, or cial) | eck this box if you | (Type or print name of s Executive Directo (Type or print title or aut | or chority of signer) | least 8 | (Date) 1 0 2008 (Date) full months are you checked by | nd 🗆 |
| t | For IRS Use Request for D you are reques g in line 5 abo answer both lin (i) (a) Enter 2 (b) Attach oiffs to | e Only Exempt Organizations Definitive Ruling: Chesting a definitive ruling. Answer line 6b(ii) and (ii). We of line 8, column a list showing the natialed more than the | eck this box if young. To confirm you of you checked but the confirm you checked but the confirm and amount of the confirmation. If the confirmation is the confirmation in the confirmation is the confirmation in the confirmati | (Type or print name of s Executive Directo (Type or print title or aut u have completed our public support strock in line 5 above Statement of Reven contributed by each e answer is "None," | one tax year of at atus, answer line e. If you checked ues and Expense n person, compare check this box. | least 8 6b(i) if box i i | (Date) 1 0 2008 (Date) (Date) full months are you checked by a line 5 above, arganization who | nd 🗆 |
| | For IRS Use For IRS Use IRS Director, E Request for D you are request g in line 5 about answer both line (i) (a) Enter 2 (b) Attach gifts to (ii) (a) For each Expense answer | e Only Exempt Organizations Definitive Ruling: Chesting a definitive ruling. Answer line 6b(ii) and (ii). We of line 8, column a list showing the natialed more than the che year amounts are see, attach a list show in is "None," check the | eck this box if young. To confirm you if you checked be are and amount 2% amount. If the included on lines wing the name of its box. | (Type or print name of s Executive Directo (Type or print title or aut u have completed our public support stook in line 5 above Statement of Reven contributed by each e answer is "None," 1, 2, and 9 of Part and amount receiv | one tax year of at atus, answer line e. If you checked ues and Expense n person, compan check this box. IX-A. Statement red from each dis | least 8 6b(i) if box i ii | (Date) 1 0 2008 (Date) Full months are you checked by n line 5 above, reganization where the person. If the person is the person is the person is the person in the person in the person in the person is the person in the pers | ose |
| | For IRS Use For IRS Use Request for D you are request g in line 5 abo answer both lin (i) (a) Enter 2 (b) Attach gifts to (ii) (a) For eac Expens answer (b) For eac a list s | e Only Exempt Organizations Definitive Ruling: Chesting a definitive ruling. Answer line 6b(ii) and (ii). We of line 8, column a list showing the nataled more than the chestes, attach a list showing a list showing a list showing the nataled more than the chestes, attach a list showing the see, attach a list showing the nataled more than the chestes, attach a list showing the nataled more than the chestes, attach a list showing the nataled more than the chestes. | eck this box if young. To confirm you if you checked be armed amount a mount and amount. If the wing the name of its box. | U have completed our public support show h in line 5 above carried by each e answer is "None," 1, 2, and 9 of Part and amount received from each pay 6 of line 10, Part 12% of line 10% of line | one tax year of at atus, answer line e. If you checked ues and Expense check this box. IX-A. Statement ed from each discernated from each discernated from the end of the extention of the end of the end of the extention of the end | least 8 6b(i) if box i i es ny, or o of Reverualifier es and disqualitier es and disqualitier es and es an | (Date) 1 0 2008 (Date) Full months are you checked by a line 5 above, arganization when the presentation of the person. If the Expenses, attached person, when the person is the person, when the person is the person is the person is the person in the person is the person in the person in the person in the person is the person in the pe | ose |

LEE GARNER CPA

POST OFFICE BOX 2007 MELBOURNE, FL 32902-2007 lee@lgarnercpa.com Phone: (321)369-9964 | Fax: (321)256-5820

May 13, 2024

Florida Surf Museum Inc Post Office Box 321453 Cocoa Beach, FL 32932

Florida Surf Museum Inc:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Florida Surf Museum Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (321)369-9964.

Sincerely,

Lee Garner LEE GARNER CPA

LEE GARNER CPA

POST OFFICE BOX 2007 MELBOURNE, FL 32902-2007 lee@lgarnercpa.com Phone: (321)369-9964 | Fax: (321)256-5820

May 13, 2024

Florida Surf Museum Inc Post Office Box 321453 Cocoa Beach, FL 32932

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (321)369-9964.

Sincerely,

Lee Garner LEE GARNER CPA Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

| Α | For the | 2023 calendar year, or tax year beginning , 2023, and ending | , 20 |
|------------|-------------|---|--|
| В | Check if | applicable: C Name of organization | Employer identification number |
| П | Address | change FLORIDA SURF MUSEUM INC | 26-1585923 |
| Н | Name cl | | Telephone number |
| Н | Initial ret | urn/terminated POST OFFICE BOX 321453 | (321) 720-8033 |
| Н | Amende | City or town, state or province, country and ZIP or foreign postal code | Group Exemption |
| | Applicati | ion pending COCOA BEACH, FL 32932 | Number |
| G | Account | ting Method: X Cash Accrual Other (specify): | eck lif the organization is not |
| L | Website | : WWW.FLORIDASURFMUSEUM.ORG rec | uired to attach Schedule B |
| J | Tax-exer | npt status (check only one) - x 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 (Fc | rm 990). |
| _ | | organization: Corporation Trust Association Other: | |
| | | s 5b. 6c. and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets | |
| (Pa | rt II. coli | umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ | \$ 175,003 |
| - | art I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in | |
| - | | Check if the organization used Schedule O to respond to any question in this Part I | |
| | 1 | Contributions, gifts, grants, and similar amounts received | |
| | 2 | Program service revenue including government fees and contracts | |
| | 3 | Membership dues and assessments | |
| | 4 | Investment income | . 4 |
| | 5a | Gross amount from sale of assets other than inventory | |
| | Ь | Less: cost or other basis and sales expenses | 1993 |
| | C | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | . 5c |
| | 6 | Gaming and fundraising events: | 16.00 |
| | a | Gross income from gaming (attach Schedule G if greater than | -86-Y |
| ē | " | \$15,000) | 1664 |
| eu | Ь | Gross income from fundraising events (not including \$ of contributions | 53-4 |
| Revenue | - | from fundraising events reported on line 1) (attach Schedule G if the | |
| - | 1 | sum of such gross income and contributions exceeds \$15,000) 6b | |
| | c | Less: direct expenses from gaming and fundraising events 6c | 155 |
| | ď | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | |
| | " | line 6c) · · · · · · · · · · · · · · · · · · · | . 6d |
| | 7a | Gross sales of inventory, less returns and allowances | |
| | Ь | Less: cost of goods sold · · · · · · · · · · · · · · · · · · · | |
| | C | 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 | |
| _ | 10 | Grants and similar amounts paid (list in Schedule O) | |
| | 11 | Benefits paid to or for members | |
| | 12 | Salaries, other compensation, and employee benefits | |
| ës | 13 | Professional fees and other payments to independent contractors | |
| ens | 14 | Occupancy, rent, utilities, and maintenance | |
| Expenses | 15 | Printing, publications, postage, and shipping | |
| ш | 16 | Other expenses (describe in Schedule O) | |
| | 17 | Total expenses. Add lines 10 through 16 | |
| - | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | |
| s | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with | 10,499 |
| SSe | '3 | end-of-year figure reported on prior year's return) | . 19 161,923 |
| Net Assets | 20 | Other changes in net assets or fund balances (explain in Schedule O) | |
| Se | 21 | | |
| _ | 2 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 180,422 |

| Par | | : II) | | | | |
|--------|--|--|---------------------------------------|--|----------|---|
| | Check if the organization used Schedule O to | respond to any que | stion in this Part II | ensores e aped 3 | | <u>X</u> |
| | | | | (A) Beginning of year | L., | (B) End of year |
| 22 | Cash, savings, and investments | | | 155,628 | 22 | 176,168 |
| 23 | Land and buildings | | | 9,500 | 23 | 8,500 |
| 24 | Other assets (describe in Schedule O) | | [| 0 | 24 | 0 |
| 25 | Total assets | | [| 165,128 | 25 | 184,668 |
| 26 | Total liabilities (describe in Schedule O) | | [| 3,205 | 26 | 4,246 |
| 27 | Net assets or fund balances (line 27 of column (B) must | | | 161,923 | 27 | 180,422 |
| Par | | hments (see the ins | tructions for Part II | | | |
| 100000 | Check if the organization used Schedule O | | | | | Expenses |
| What | is the organization's primary exempt purpose? PRESERV | | | | | quired for section |
| | | | | | | (c)(3) and 501(c)(4) anizations; optional for |
| Desci | ibe the organization's program service accomplishments for | each of its three largest | program services, | | othe | |
| as me | easured by expenses. In a clear and concise manner, describ ns benefited, and other relevant information for each program | e the services provided n title | i, the number of | | | |
| 28 | SURFING SANTAS RAISES FUNDS FOR A LOC | | NCER | | | |
| 20 | ASSISTANCE ORGANIZATION AND THE MUSEU | | 210211 | | | |
| | ASSISTANCE ORGANIZATION AND THE MODEO | | | - | | |
| | (Grants \$) If this amount | t includes foreign grants | check here | | 28a | 55,792 |
| 29 | (Crains of the Critical Critic | . III. III. III. III. III. III. III. I | | | | 1 |
| 25 | | | - 1 | | | |
| | | | A Section | | | |
| | (Grants \$) If this amount | t includes foreign grants | check here | | 29a | L |
| 30 | (Clans 4 | - | | | | |
| 00 | | 4 | 1 4 | | | |
| | | - 4 | | | | |
| | (Grants \$) If this amount | t includes foreign grants | , check here | | 30a | L |
| 31 | | | | | | |
| | | t includes foreign grants | , check here | | 31a | |
| 32 | Total program service expenses (add lines 28a through 31 | | | | 32 | 55,792 |
| 112.00 | t IV List of Officers, Directors, Trustees, and | Key Employees (lis | st each one even if no | compensated-see the | e inst | ructions for Part IV) |
| | Check if the organization used Schedule O | to respond to any qu | estion in this Part | IV | | |
| | | (b) Average | (c) Reportable | (d) Health benefits, | Ι, | a). Estimated amount of |
| | (a) Name and title | hours per week | compensation (Forms W-2/1099-MISC/ | contributions to employe benefit plans, and | e (| e) Estimated amount of other compensation |
| | The state of the s | devoted to position | 1099-NEC) | deferred compensation | | |
| See | 990_OFOV | | (if not paid, enter -0-) | | _ | |
| | HUGHES | | | | | |
| EXE | CUTIVE DIRECTOR | 20.00 | 0 | 0 |) | 0 |
| BILI | TWEEDIE | | | | | |
| PRES | SIDENT | 10.00 | 0 | 0 | 1 | 0_ |
| MELO | DDY DECARLO | | | | | |
| VICE | PRESIDENT M | 10.00 | 0 | | _ | 0 |
| KARI | EN LUCAS | | | | | |
| SEC | RETARY | 10.00 | 0 | | <u> </u> | 0_ |
| MAR | TE HUGHES | | | | | |
| TRE | ASURER | 10.00 | 0 | |) | 0 |
| SEA | O'HARE | | | | | 526 |
| PRE | SIDENT EMERITUS | 5.00 | 0 | | - | 0_ |
| RON | CASEY | | | | | 020 |
| DIR | ECTOR | 5.00 | 0 | | 4 | 0_ |
| CASI | EY BAKER | | | | | |
| DIR | ECTOR | 5.00 | 0 | |) | 0 |
| STE | /E CASANOVA | | | | | 0261 |
| DIR | ECTOR | 5.00 | 0 | |) | 0 |
| GEO1 | RGE TROSSETT | | 196 | | | (1 <u>4</u> 1) |
| DIR | ECTOR | 5.00 | 0 | |) | 0 |
| DAL! | FON SMITH | | | | | 17.00 |
| | ECTOR | 5.00 | 0 | | | Form 990-EZ (2023) |
| EEA | CION | | | | | |

| Pari | | | | |
|-------------|--|--------|---------|-------|
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V | * * | | · |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | 33 | | v |
| 0.4 | detailed description of each activity in Schedule O | 33 | 5 64 | _ 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 | Esc. | | |
| | | 34 | 0-4 | x |
| 35a | change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | 654 |
| 33a | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | х |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | T-S | |
| · | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | х |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | E LA | | |
| - | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | х |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | di al |
| b | Did the organization file Form 1120-POL for this year? | 37b | | x |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were | | | 120 |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | x |
| b | If "Yes," complete Schedule L, Part II, and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on line 9 | | 1 | |
| b | Gross receipts, included on line 9, for public use of club facilities | | 15 | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | 913 | | 200 |
| | 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 | | | 9.0 |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | 401 | 1 | 20 |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | KR | | BEE |
| | on organization managers or disqualified persons during the year under sections 4912, | 1833 | | |
| | 4955, and 4958 | | 1 | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | Lis | | |
| | 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | 三八曲 | 1000 |
| е | transaction? If "Yes," complete Form 8886-T | 40e | | x |
| 44 | -407 | 400 | | |
| 41 42a | List the states with which a copy of this return is filed: FI. The organization's books are in care of: JOHN HUGHES Telephone no. 321-7 | 20-8 | 033 | |
| 42 a | Located at: 1772 ANGEL AVENUE, MERRITT ISLAND, FL ZIP + 4 32952 | | 033 | |
| Ь | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | x |
| | If "Yes," enter the name of the foreign country: | 10.7 | NOT | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | N/A | - 35 |
| | Financial Accounts (FBAR). | 239 | | |
| C | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | х |
| | 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 | • • • | | į L |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | _ | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | TINE | 1 - 1 E | |
| | completed instead of Form 990-EZ | 44a | | Х |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | H B | 11500 |
| | completed instead of Form 990-EZ | 44b | | X |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | Х |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | Treasp | NO. | 14/1 |
| | explanation in Schedule O | 44d | _ | 125 |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | V.20 | 124 | 87.1 |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | 45b | - | v |
| | Form 990-F7 See instructions | 1 400 | 11 | |

EEA

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Form 990_OfOv (2023) FLORIDA SURF MUSEUM INC

| 1 List all officers, directors, trustees, and key employees for th | e year even if they were | not compensated. | | |
|--|--|--|--|--|
| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Form W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
| BILL WHIDDON | | | | |
| IRECTOR | 5.00 | 0 | 0 | |
| HRISTINA RYBA | | | | |
| SECRETARY | 10.00 | 0 | 0 | |
| BECRETARI | 10.00 | | | |
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SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

ion. Inspection

| _ | _ | SURF MUSEUM INC | | | | | 26-158592 | |
|---------------|------|--|--|--|----------------------|---------------|-------------------------|--------------------|
| Par | 11 | Reason for Public Cha | rity Status. (A | II organizations mu | st compl | ete this | part.) See instructi | ons. |
| The o | _ | ation is not a private foundation be | , | J , | - | , | | |
| 1 | ∐A | church, convention of churches, o | r association of chu | rches described in sectio | n 170(b)(1 |)(A)(i). | | |
| 2 | ∐A | school described in section 170(I | o)(1)(A)(ii). (Attach | Schedule E (Form 990).) | | | | |
| 3 | ∐A | hospital or a cooperative hospital | service organizatior | described in section 17 | 0(b)(1)(A)(i | ii). | | |
| 4 | _ A | medical research organization op | erated in conjunctio | n with a hospital describe | d in sectio : | 170(b)(1) | (A)(iii). Enter the | |
| | h | ospital's name, city, and state: | | | _ | | | |
| 5 | ∐ A | n organization operated for the be | nefit of a college or | university owned or oper | ated by a g | overnmen | tal unit described in | |
| | | ection 170(b)(1)(A)(iv). (Complete | | | | | | |
| 6 | | federal, state, or local governmen | | | | | | |
| 7 | | n organization that normally receiv | | | vernmenta | l unit or fro | m the general public | |
| | _ de | escribed in section 170(b)(1)(A)(v | i). (Complete Part II | i.) | | | | |
| 8 | _ | community trust described in sect | | | | | | |
| 9 | A | n agricultural research organization | n described in secti | on 170(b)(1)(A)(ix) opera | ated in conj | unction with | n a land-grant college | |
| | or | university or a non-land-grant col | lege of agriculture (| see instructions). Enter t | he name, c | ity, and sta | te of the college or | |
| | | niversity: | | | 400 | _//_ | | |
| 10 | LI A | n organization that normally receiv ceipts from activities related to its | es (1) more than 33 | 3 1/3% of its support from | contribution | ons, memb | ership fees, and gross | |
| | SL | pport from gross investment incom | me and unrelated b | usiness taxable income (| less section | n 511 tax) f | rom businesses | |
| | | equired by the organization after Ju | | | | | | |
| 11 | | n organization organized and opera | | | | | | |
| 12 | | n organization organized and oper | | AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUM | 1000a | | | |
| | | ne or more publicly supported orga | | | | 1000000000 | | ck |
| _ | th: | e box on lines 12a through 12d th | | The second secon | | • | | |
| а | Ш | Type I. A supporting organization | 7,000 | | | , | 7. 31 | |
| | | the supported organization(s) the | | San are a series of the series | rity of the d | rectors or | trustees of the | |
| | | supporting organization. You m | | A Comment of the Comm | | | | |
| b | Ш | Type II. A supporting organization | | No. of Concession of Concessio | | - | | |
| | | control or management of the s | 36 | | ersons that | control or | manage the supported | |
| С | | organization(s). You must com Type III functionally integrated | 40000 | | طانب ممائمه | and from the | | |
| ٠ | | its supported organization(s) (se | | | | | | |
| ď | П | Type III non-functionally integ | | | | | | |
| _ | | that is not functionally integrated | 400 | | | - | | |
| | | requirement (see instructions). Y | | | | • | it and an attentiveness | |
| е | П | Check this box if the organization | The state of the s | · · | | | Tyne II Tyne III | |
| | | functionally integrated, or Type I | | | | o a 1,500 i, | 1,700 11, 1,700 111 | |
| f | Ente | r the number of supported organization | The second secon | | | | | [] |
| g | | ide the following information abou | | anization(s). | | | | |
| | | ame of supported organization | (ii) EIN | (iii) Type of organization | (iv) is the o | rganization | (v) Amount of monetary | (vi) Amount of |
| | | 1 | | (described on lines 1-10 | listed in you | r governing | support (see | other support (see |
| | | | | above (see instructions)) | docum | ent? | instructions) | instructions) |
| | | | | | Yes | No | | |
| /A) | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | 400 | | | | | | |
| | | | | | | | | |
| (C) | | | | | | | | |
| - | | | | | | | | |
| (D) | | | | | | | | |
| | | | | | | | | - |
| (E) | | | | | | | | |
| $\overline{}$ | | | | | | | | |

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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| | on A. Public Support | | | | | | |
|-------|---|-------------------|------------------|-------------------|-----------------------|------------------|-----------|
| Calen | dar 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.") | 7,491 | 3,667 | 5,657 | 32,855 | 59,120 | 108,790 |
| 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 | 7,491 | 3,667 | 5,657 | 32,855 | 59,120 | 108,790 |
| 5 | The portion of total contributions by | 7,431 | 3,007 | 3,037 | 32,033 | 33,120 | 200,150 |
| • | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | Washing all | |
| | supported organization) included on | | | | | Special Control | |
| | line 1 that exceeds 2% of the amount | | | terny market | | | |
| | shown on line 11, column (f) | | | Orti zu Polis | | | 9,843 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 98,947 |
| | on B. Total Support | | - | - | A | | 30,347 |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 7,491 | 3,667 | 5,657 | 32,855 | 59,120 | 108,790 |
| 8 | Gross income from interest, dividends, | ,,,,,, | 3,00. | 3,037 | 52,033 | 33/123 | |
| • | payments received on securities loans, | | / / | | | | |
| | rents, royalties, and income from | | W. 10 | | | | |
| | similar sources | | | | | | |
| 9 | Net income from unrelated business | M | 9) | | | | |
| • | activities, whether or not the business | - 10 | 19 | | | | |
| | is regularly carried on | 100 | 1 | | | | |
| 10 | Other income. Do not include gain or | 1000 | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | 112 | 11,151 | 38,196 | 29,524 | 70,086 | 149,069 |
| 11 | Total support. Add lines 7 through 10 | الأشيدة | | 30/130 | | | 257,859 |
| 12 | Gross receipts from related activities, etc. | (see instructio | ns) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the org | | | | | section 501(c)(| 3) |
| | organization, check this box and stop here | | | | | | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 14 | Public support percentage for 2023 (line 6 | | | 1, column (f)) | | 14 | 38.37 % |
| 15 | Public support percentage from 2022 Sch | edule A, Part II | , line 14 | | | 15 | 41.15 % |
| 16a | 33 1/3% support test - 2023. If the organize | | | n line 13, and li | ne 14 is 33 1/3 | 3% or more, che | eck this |
| | box and stop here. The organization quali | | | | | | |
| b | 33 1/3% support test - 2022. If the organize | | | | | | |
| | this box and stop here. The organization of | | | | | | |
| 17a | 10%-facts-and-circumstances test - 202 | 3. If the organia | zation did not c | heck a box on | line 13, 16a, or | 16b, and line | l4 is |
| | 10% or more, and if the organization meet | s the facts-and | -circumstances | s test, check thi | s box and stor | here. Explain | in |
| | Part VI how the organization meets the far | cts-and-circum | stances test. T | he organizatio | n qualifies as a | a publicly suppo | orted |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - 202 | | | | | | |
| | 15 is 10% or more, and if the organization | _ | | | | | |
| | in Part VI how the organization meets the | | | | | | |
| | organization | | | | | | |
| 18 | Private foundation. If the organization did | | | | | | |
| | instructions | | | | | | _ |
| | | | | | | | |

Schedule A (Form 990) 2023

FLORIDA SURF MUSEUM INC

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.)

| | ion A. Public Support | | | | | | |
|-------|--|---------------|------------------|-----------------|-----------------|------------------|-----------|
| Caler | idar 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 | | | . 1 | | | |
| | received from disqualified persons | | | All Indiana | | | |
| b | Amounts included on lines 2 and 3 | | 46 | | | | |
| | received from other than disqualified | | | 1 | | | |
| | persons that exceed the greater of \$5,000 | | 4/1 | 39 " | | | , |
| | or 1% of the amount on line 13 for the year | | _ | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | 2011 1- 24 | | | | |
| | line 6.) | | | | | | |
| | on B. Total Support | | | | | I 1000 | |
| | dar 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, | | 1 | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | - | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | 1 | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | 2) |
| 14 | First 5 years. If the Form 990 is for the or | | | | | | |
| 04 | organization, check this box and stop her | | | ***** | • • • • • • • | • • • • • • • | L |
| | on C. Computation of Public Suppo | | | 0 1 (6) | | 15 | 0/ |
| 15 | Public support percentage for 2023 (line 8 | | - | | | 15 | <u>%</u> |
| 16 | Public support percentage from 2022 Sch | | | | | 1 10 | |
| _ | on D. Computation of Investment In | | | line 10 celum | - (f)) | 17 | 9/ |
| 17 | Investment income percentage for 2023 (I | | | line 13, colum | n (ī)) • • • | | % |
| 18 | Investment income percentage from 2022 | | | an line 44 a== | | 18 1/29/ | % |
| 19a | 33 1/3% support tests - 2023. If the organ | | | | | | |
| | 17 is not more than 33 1/3%, check this bo | | | | | | nization |
| b | 33 1/3% support tests - 2022. If the organization | | | | | | |
| 00 | line 18 is not more than 33 1/3%, check this box a | | | | | | ne |
| _20 | Private foundation. If the organization die | not check a b | ox on line 14, 1 | ea, or 190, che | eck this box an | u see instructio | ns II |

Yes No

26-1585923

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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).
- 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).
- 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.
- 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.
- 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.
- 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.
 - 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.)

| 1 | | |
|--------|--------|------------------------|
| | | |
| 2 | | |
| 3a | NI . | |
| Ja | Sign 1 | |
| 3b | | |
| 30 | | 100 |
| 3с | | |
| 4a | | NAME OF TAXABLE PARTY. |
| | | |
| 4b | | |
| | | |
| | | |
| 4c | | |
| | | |
| Q. 16. | | 1 |
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| Ja | Bal | (44.5) |
| 5b | | |
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Schedule A (Form 990) 2023

| Schedu | le A (Form 990) 2023 FLORIDA SURF MUSEUM INC 26-158592 | 3 | F | age 5 |
|---------------|---|----------|----------|--------|
| Part | IV Supporting Organizations (continued) | | Voc | No |
| 44 | Has the organization accepted a gift or contribution from any of the following persons? | | Tes | 140 |
| 11 a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | 200 | 500 | |
| ű | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Secti | on 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 | | TAY | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | 1 | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | 186 | |
| | 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 | 5-73 | | ARE. |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | Diam'r | No. |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | Alterior | 1755 |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | 100 | Marin. |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on 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 | | | 100 |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | -511 | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 1 | VIII S | |
| Secti | the supported organization(s). on D. All Type III Supporting Organizations | <u> </u> | | |
| Secti | on B. 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 | | 6.010 | FR |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | 5.0 | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | 1 94 | 510 |
| | 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 | | 1 37 | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI | | 100 | NEW Y |
| _ | how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 2,55 | | |
| | supported organizations played in this regard. | 3 | - | - |
| Secti | on 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 | instru | ctions | s). |
| а | ☐ 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. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction | s). | C | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | Wind S |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | 07,01 | 100 | 48.5 |
| | 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 | | | X5. |
| | that these activities constituted substantially all of its activities. | 2a | 001-0 | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | 30 |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | 18.0 | ar (-1 | 15.5 |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | 225 | 60 | 1 |
| | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | SITTE | | W. |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | 0.5 | -, 1 |
| | 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 | O.L | | 2001 |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | L | L |

1063 Schedu 990) 2023 EEA

| Schedu | e A (Form 990) 2023 FLORIDA SURF MUSEUM INC | | 26-158 | 5923 | Page 6 |
|--------|---|----------|---------------------------------|---------------------------|----------|
| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | gan | izations | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying t | rust | on Nov. 20, 1970 <i>(explai</i> | n in Part VI). Se | :е |
| | instructions. All other Type III non-functionally integrated supporting organiz | atio | ns must complete Section | s A through E. | |
| Secti | on A - Adjusted Net Income | | (A) Prior Year | (B) Current (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 | | | 1 | |
| | 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 | | | |
| Secti | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current | |
| 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 | | | |
| а | Average monthly value of securities | 1a | | | |
| | Average monthly cash balances | 1b | 753- | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | Discount claimed for blockage or other factors | | | | |
| | (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | |
| | see instructions). | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Secti | on C - Distributable Amount | | | Current \ | /ear |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | The Market State | | |
| 2 | Enter 0.85 of line 1. | 2 | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | |
| 5 | Income tax imposed in prior year | 5 | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lly i | ntegrated Type III support | ing organizatio | n |
| | (see instructions). | | | | |
| _ | | | | C-L | 000\ 202 |

Schedule A (Form 990) 2023

EEA

| Schedu | e A (Form 990) 2023 FLORIDA SURF MUSEUM INC | | 26- | 158 | 5923 Page 7 |
|--------|--|--|---------------------------------------|-----|---|
| Part | | Supporting Organi | zations (continue | ed) | |
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | mpt purposes of support | ed | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpo | oses of supported organ | izations | 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 | nthe organization is resp | onsive | | |
| | (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 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2023 | ns | (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 | | A | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | -51 7-12 1 12 30 1 | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| С | From 2020 | | | | |
| d | From 2021 | | | | |
| е | 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 | | | 1 8 | |
| | Section D, line 7: | | | | |
| а | Applied to underdistributions of prior years | | | | Design Fig. |
| b | Applied to 2023 distributable amount | | | | |
| С | 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. | | | | HOT I WEST SWOTE |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | Summer than | | |
| | 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: | DOMESTIC TO SERVICE TO | | | |
| a | Excess from 2019 | | | | |
| b | Excess from 2020 · · · · | | | | |
| | Excess from 2021 | | | 1 | |
| | And a second sec | | | _ | |

Schedule A (Form 990) 2023 EEA

d Excess from 2022 e Excess from 2023

Schedule B (Form 990)

Schedule of Contributors

Employer identification number

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.

OMB No. 1545-0047

Name of the organization 26-1585923 FLORIDA SURF MUSEUM INC Organization type (check one): Section: Filers of: 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number FLORIDA SURF MUSEUM INC 26-1585923

| Part I | Contributors (see instructions). Use duplicate copies of | Part I if additional space is n | eeded. |
|------------|--|---------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> </u> | STEVE YOUNG 2315 BROOKSIDE WAY INDIALANTIC FL 32903 | \$15,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _2_ | SHELBY NORWICH 11 N SUMMERLIN AVE ORLANDO FL 32801 | \$5,000 | Person Reproved Payroll Roncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _3_ | 700 UNIVERSE BLVD NORTH PALM BEACH FL 33408 | \$5,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _ | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| ÷ | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Name of the organization 26-1585923 FLORIDA SURF MUSEUM INC 01. Description of other revenue (Part I, line 8) AMOUNT DESCRIPTION SALES TAX ALLOWANCE 15,000 GRANT INCOME 02. List of grants and similar amounts paid (Part I, line 10) PROVIDE FINANCIAL SUPPORT FOR CANCER PATIENTS ACTIVITY GRANTEE GRIND FOR LIFE INC 2021 NORTH ATLANTIC AVE UNIT 236 STREET COCOA BEACH, FL 32931 CITY, STATE, ZIP 12,500 AMOUNT LOCAL HIGH SCHOOL SURFING GROUPS ACTIVITY 4,240 AMOUNT MISCELLANEOUS ACTIVITY 9,750 AMOUNT SPACE COAST BOARD RIDERS ACTIVITY 5,000 AMOUNT 03. Description of other expenses (Part I, line 16) AMOUNT DESCRIPTION 17,844 GENERAL EVENT EXPENSES

| Schedule O (Form 990) 2023 | | Page 2 |
|-----------------------------------|--|--------------------------------|
| Name of the organization | | Employer identification number |
| FLORIDA SURF MUSEUM INC | | 26-1585923 |
| INSURANCE EXPENSES | 2,674 | |
| PROMOTIONAL EXPENSES | 14,781 | |
| OFFICE EXPENSES | 833 | |
| MUSEUM OPERATIONS | 1,233 | |
| EXHIBITS | 1,218 | |
| WEBSITE DESIGN | 28,111 | |
| MERCHANT FEES | 1,282 | |
| MISCELLANEOUS | 1,658 | |
| CONTRIBUTIONS | 600 | |
| DEPRECIATION EXPENSE | 1,000 | |
| | | |
| 04. Description of total liabilit | ties (Part II, line 26) | * |
| 1 | | |
| CATEGORY | BEGINNING OF YEAR | END OF YEAR |
| SALES TAX PAYABLE | 3,205 | 4,246 |
| SABEO TAN PATABLE | 3/203 | ., |
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Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Business or activity to which this form relates

Attach to your tax return.

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

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number

Name(s) shown on return 26-1585923 FLORIDA SURF MUSEUM INC FORM 990 - 1 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. 2 Total cost of section 179 property placed in service (see instructions) 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 -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 10 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 11 11 Business income limitation, Enter the smaller of business income (not less than zero) or line 5. See instructions 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 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 14 15 1,000 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2023 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 (c) Basis for depreciation b) Month and year (d) Recovery (f) Method (g) Depreciation deduction (e) Convention (a) Classification of property only-see instructions) 3-year property 19a 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. g 25-year property MM S/L 27.5 yrs. h Residential rental S/L 27.5 yrs. MM property S/L 39 yrs. MM i Nonresidential real MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L b 12-year 12 yrs. S/L MM 30 yrs. c 30-year S/L 40 yrs. d 40-year Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 1,000 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

(Rev. January 2024)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Internal Revenue Service 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 Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or print 26-1585923 FLORIDA SURF MUSEUM INC Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for POST OFFICE BOX 321453 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions COCOA BEACH FL 32932 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Return Application Is For Return Code Code Form 4720 (wher than individual) 09 Form 990 or Form 990-EZ 01 10 03 Form 5227 Form 4720 (individual) 11 04 Form 6069 Form 990-PF Form 8870 12 05 Form 990-T (sec. 401(a) or 408(a) trust) 13 Form 5330 (individual) 06 Form 990-T (trust other than above) 14 Form 5330 (other than individual) 07 Form 990-T (corporation) 08 Form 1041-A · 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 John Hughes, 1772 ANGEL AVENUE MERRITT ISLAND FL 32952 Fax No. Telephone No. 321-720-8033 • 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 a list with the names and TINs of all members the extension is for. the organization named above. The extension is for the organization's return for: x calendar year 20 23 or , 20 _____ , 20 ____ , and ending __ tax year beginning ☐ Initial return ☐ Final return 2 If the tax year entered in line 1 is for less than 12 months, check reason: 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 |

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

. 20

2023

OMB No. 1545-0047

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 |
|--|--|--|
| FLORIDA SURF MUSEUM INC | | 26-1585923 |
| Name and title of officer or person subject to tax | | |
| Part I Type of Return and Return Information | | |
| | | forms the network Ferms |
| Check the box for the return for which you are using this Form 8879-TE and enter the applic 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole | cable amount, it any, dollars only. If you ch | eck 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 the second control of the return being filed with the second control of the return being filed with the second control of the return being filed with the second control of the return being filed with the second control of the return being filed with the second control of the return being filed with the second control of the return being filed with the second control of the return being filed with the second control of the return being filed with the second control of the return being filed with the second control of the return being filed with the second control of the return being filed with the second control of the return being filed with the second control of the second control | with this form was bla | nk, 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 | u entered -0- on the re | eturn, then enter -0- on the |
| applicable line below. Do not complete more than one line in Part I. | | |
| 1a Form 990 check here | | |
| 2a Form 990-EZ check here • • • D total revenue, if any (Form 990-EZ, li | ine 9) • • • • • | |
| 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) | | |
| 4a Form 990-PF check here | | |
| 5a Form 8868 check here · · · · x b Balance due (Form 8868, line 3c) · | | |
| 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) | | |
| 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) | | |
| 8a Form 5227 check here b FMV of assets at end of tax year (Fo | | 8b |
| 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) | | |
| 10a Form 8038-CP check here b Amount of credit payment requeste | d (Form 8038-CP, Pa | art III, line 22) · · 10b |
| Part II Declaration and Signature Authorization of Officer or P | and the same of th | |
| Under penalties of perjury, I declare that | - | subject to tax with respect to (name |
| of entity), (EIN) | 1000 | and that I have examined a copy of the |
| 2023 electronic return and accompanying schedules and statements, and, to the best of my complete. I further declare that the amount in Part I above is the amount shown on the copy | knowledge and belle | er, they are true, correct, and |
| intermediate service provider, transmitter, or electronic return originator (ERO) to send the re | turn 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 | y 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 Finance | cial Agent to initiate a | n electronic funds withdrawal |
| (direct debit) entry to the financial institution account indicated in the tax preparation softwar | re 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 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also | must contact the U.S | at institutions involved in the |
| processing of the electronic payment of taxes to receive confidential information necessary | to answer inquiries a | and resolve issues related to |
| the payment. I have selected a personal identification number (PIN) as my signature for the | electronic return and | d, if applicable, the consent to |
| electronic funds withdrawal. | | |
| | | |
| PIN: check one box only | | |
| X lauthorize LEE GARNER CPA | 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 | at a conviof the return | |
| agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize | e 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 cianature on the t | tay 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(i | es) 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 05-13-2024 |
| Part III Certification and Authentication | | 4 |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification | | |
| number (FEIN) followed by your five-digit self-selected PIN | 90375 32902 | |
| | Do not enter | all zeros |
| I certify that the above numeric entry is my PIN, which is my signature on the 2023 electron | | |
| am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-F | ile (MeF) Information | for Authorized IRS e-file |
| Providers for Business Returns. | | |
| EDO/a signatura | Date | 05-13-2024 |
| ERO's signature | Date | |
| ERO Must Retain This Form - Se | e Instructions | |

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

For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

2023

OMB No. 1545-0047

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 file | er | | | | | | EIN or SSN | |
|---|--|--|--|---|--|--|---|--|
| | A SURF MUSI title of officer or pe | | (| | | | 26-1585923 | |
| JOHN HU | JGHES, PRES | SIDENT | | | | | | |
| Part I | Type of I | Return and | Return | Information | | | | |
| 8038-CP a | and Form 5330 fi 6a. 7a. 8a. 9a. 0 | lers may enter our 10a below, an | ollars and | this Form 8879-TE and i cents. For all other forn unt on that line for the re cable, blank (do not ent | ns, enter whole eturn being filed | dollars only. If you o with this form was b | check the box on line 1 blank, then leave line 1 | a, 2a, b, 2b, |
| | line below. Do n | | | | | | | |
| 1a Fo | orm 990 check h | nere | □ b | Total revenue, if any (| | | | 1b |
| 2a Fo | orm 990-EZ che | ck here | X b | Total revenue, if any (| | | | 2b <u>134,687</u> |
| 3a Fo | orm 1120-POL | check here 🕠 | <u></u> ⊢ ь | Total tax (Form 1120- | | | | 3b |
| | orm 990-PF che | | Ц ь | Tax based on investr | | | | 4b |
| 5a Fo | orm 8868 check | here | ∐ b | Balance due (Form 88 | | | | 5b |
| 6a Fo | orm 990-T chec | k here | ∐ p | Total tax (Form 990-T | | | | 6b |
| | orm 4720 check | | Ц ь | Total tax (Form 4720, | | | | 7b |
| | orm 5227 check | | b | FMV of assets at end | | | * * **** * **** | 8b |
| | orm 5330 check | | H P | Tax due (Form 5330, | | | | 9b |
| | orm 8038-CP ch | | <u></u> b | Amount of credit pay Authorization of | Officer or E | ed (Form 8038-CP, | t to Tax | 100 |
| Part II | | | | | | Committee of the Commit | on subject to tax with r | rooncet to /nome |
| | alties of perjury, | i deciare that | | am an officer of the abo | The state of the s | □ Taill a perso | and that I have exam | · |
| of entity) | | | | and statements, and, t | , (EIN) | y knowledge and he | | |
| acknowledge the date of (direct deb return, and 1-888-353- processing the paymer electronic f | Igement of receipt any refund. If any refund. If any refund. If any ith entry to the fin described and the financial instancial r reason for repplicable, I authorancial institution to debit and 2 business or payment of taxed a personal id. GARNER CE | ejection o prize the land account the entry lays prior ses to recent entification | ic return originator (ERC f the transmission, (b) the J.S. Treasury and its decindicated in the tax preto this account. To revolute the payment (settlemeive confidential information number (PIN) as my soft firm name If I have indicated with IRS Fed/State program | ne reason for an esignated Finan paration software ent) date. I also ation necessary signature for the | y delay in processir cial Agent to initiate are for payment of th must contact the U o authorize the finar to answer inquiries e electronic return a to enter my PIN at a copy of the return | ng the return or refund, an electronic funds w he federal taxes owed S. Treasury Financia hicial institutions involve hicial and resolve issues re hind, if applicable, the co 85923 Enter five numbers, do not enter all zero urn is being filed with a | and (c) virthdrawal on this I Agent at ed in the elated to consent to as my signature but us a state |
| retur As a filed | rn's disclosure o an officer or pers return. If I have | onsent screen. on subject to ta indicated within | x with res | pect to the entity, I will e n that a copy of the retu PIN on the return's disc | nter my PIN as Irn is being filed | my signature on the | e tax year 2023 electro | onically |
| o | | | | | | | Date 05 13 | 2024 |
| Part III | f officer or person | tion and Au | thontic | ration | | | Date 05-13- | 2024 |
| ERO's EF | IN/PIN. Enter yo FIN) followed by | ur six-digit electr | onic filing | identification | _5 | 90375 3290 | | _ |
| | _ | | | | | | er all zeros | 45 -4 1 |
| am submitt | at the above nun ting this return in for Business Re | accordance wit | PIN, whi h the requ | ch is my signature on th iirements of Pub. 4163, | ie 2023 electror Modernized e-F | rically filed return in File (MeF) Information | dicated above. I confir on for Authorized IRS e | ·m that I e-file |
| ERO's signa | ature | | | | | Date | 05-13-2024 | |
| | | | ED/ | Must Retain Thi | e Form - Sa | a Instruction | 3 | |
| | | | ERC | ı ıvıusı netain Thi | 2 LAIIII - 26 | e manacioni | • | |

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

| Form 990 Worksheet | Schedule / | Schedule A, Line 5 - Excess 2% Limitation Contributors | ess 2% Limit | ation Contril | butors | : | |
|--|--|--|---|---------------|--------|--------------------------|---------------------------------------|
| Worksheet | (This p | (This page is not filed with the return. It is for your records only.) | return. It is for your re | cords only.) | | 2023 | |
| Name(s) as shown on return FLORIDA SURF MUSEUM INC | | | | | | Tax ID Number 26-1585923 | 9 |
| 2% of the amount on Schedule A, Part II, line 11, column (f) | | | • 6000 \$ 600000 \$ 6000 \$ 6000 \$ 6000 \$ | | | | 5,157 |
| Name | (a) 2019 | (b) 2020 | (c) | (b) | (e) | (f) Total | (g) |
| | | | | | | | (col. (f) minus the 2% limitation) |
| STEVE YOUNG | | | | 10 | 15,000 | 15,000 | |
| SHELBY NORWICH FPL | | | 4 | | 5,000 | 5,000 | |
| TOTAL | THE CONTRACTOR OF THE CONTRACT | 0 | 96 | | | 000 | 9,843 |

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|-----------------------------|---|---|-----------------------------|----------------------------------|--------|--|
| | | | AMT | | 00 | |
| 2023 | PAGE 1 | | Accumulated Depreciation | 1,500 | 1,500 | |
| | | Social security number/EIN 26-1585923 | Current A | | 1,000 | 1,000 |
| | | Social securi | Prior Depreciation | | 200 | CY 179 and CY Bonus TOTAL CY Depr including 179/bonus |
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| il Listin | neral S for your rec | | Depreciable Basis | 10,000 | 10,000 | |
| Depreciation Detail Listing | Management & General (This page is not filed with the return. It is for your records only.) | | Bonus | | | |
| Deprec | Ma ge is not filed v | | Section 179 | | | |
| | (This pa | | Business | 100.00 | | |
| | | | Basis | | | |
| | | | Cost | 10,000 | 10,000 | 10,000 |
| • | | | Date | -01-2022 | | |
| | s. rner. | M INC | | AENIL O.J. | | Cost |
| UBIA | alculation r right co | turn F MUSEU | ion | INDROVE | | iable (|
| * Item is included in UBIA | for Section 199A calculations. See "UBIA" in lower right corner. | e(s) as shown on return FLORIDA SURF MUSEUM INC | Description | CEASEHOLD IMPROVEMENT 07-01-2022 | Totals | Land Amount Net Depreciable Cost |
| * Item | See "L | Name(s. | ģ | H H | | 9 ⁷² 076 |

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2023

| | | | (This page is not filed | with the return. It is for you | r records only.) | | 202 | <u> </u> |
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| me(s) as si | hown on retu | rn | | | | | Tax ID I | |
| | | MUSEUM INC | | | | · | | 585923 |
| m M | lulti-Form | Description | | Date | Basis | Method | Life | Deduction |
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2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

03/26/2024

FILED Mar 26, 2024

Secretary of State

6669268568CC

Certificate of Status Desired: No

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

DIRECTOR EMERITUS

Title

VP

Name

O'HARE, SEAN

Name Address DECARLO, MELODY 440 KENNEBEC ST.

Address

1250 SOUTH ATLANTIC AVE.

City-State-Zip:

MERRITT ISLAND FL 32952

City-State-Zip:

COCOA BEACH FL 32931

EXECUTIVE DIRECTOR

Title

PRESIDENT

Name

Title

HUGHES, JOHN

Name

TWEEDIE, BILL

Address

1772 ANGEL AVENUE

Address

936 GOLDEN BEACH BLVD.

City-State-Zip:

City-State-Zip:

: INDIAN HARBOUR BEACH FL 32937

-

MERRITT ISLAND FL 32952

Title

DIRECTOR

Name

Title

HUGHES , MARIE

Name

TROSSETT, GEORGE

Address

1772 ANGEL AVE

Address

City-State-Zip:

1867 ROCKLEDGE DRIVE

City-State-Zip:

MERRITT ISLAND FL 32952

ROCKLEDGE FL 32955

Title

DIRECTOR

TREASURER

Title

DIRECTOR

Name

CASEY, RON

Name

CASANOVA, STEVEN

Address

1313 BAYSHORE DRIVE

Address

524 ELEUTHERA LANE

City-State-Zip:

COCOA BEACH FL 32931

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

03/26/2024

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

For TDO use: PROJECT #- C12-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Space Coast Symphony Orchestra | |
|--------------------------------|--|
| Year-round programming | |
| | |

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

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

| Cranis, Peter | Digitally signed by Cranis, Peter Date: 2024.10.17 11:10:39 -04:00' |
|---------------|---|
|---------------|---|

Peter Cranis, Executive Director

Response ID:34 Data

2. (untitled)

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

PO BOX 237646

State

FL

City

Cocoa

Zip

32923

Primary contact name

Aaron Collins

Primary contact phone number

321-536-8580

Primary contact email aaron@spacecoastsymphony.org Secondary contact name Mary Seal Secondary contact phone number 321-543-4911 Secondary contact email marym@spacecoastsymphony.org Organization website address www.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 questionnaire for an event or year-round programming? Year-round programming - theater, symphony, concerts, museum, etc. 8. (untitled) 1. E7 ENT INFORMATION Name of event Event website address Vf different from organization website(**Event location**

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Direct mail

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

TV/Video

13. (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/user/SpaceCoastSymphony

14. (untitled)

,. What hashtags do you use?

#SCSO, #SpaceCoastSymphony

15. (untitled)

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

Out-of-county advertising/marketing support

Defray rental costs for venues and/or facilities operated by Brevard County

16. (untitled)

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

Direct mail

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Social media post Website/blog

17. (untitled)

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

SCSO_501(c)_Letter_(1).pdf

18. (untitled)

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

2022_SCSO_990_Return_(2).pdf

19. (untitled)

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

20. (untitled)

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

FL_Tax_Exempt_(SCSO)_-_22_-_27.pdf

21. (untitled)

15. Upload your completed Checklist.

Checklist.pdf

22. (untitled)

16.

ATTESTATION

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

A-CUL

Signature of: Aaron Collins

23. Thank You!

New Send Email

Oct 04, 2024 17:24:54 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

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

Date:

MAY 04 2010

SPACE COAST SYMPHONY ORCHESTRA INC PO BOX 237646 COCOA, FL 32923 Employer Identification Number: 27-0197064 DLN: 200050003 Contact Person: ID# 31697 DANIEL RENNER Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 509(a)(2) Form 990 Required: Yes Effective Date of Exemption: May 15, 2009 Contribution Deductibility: Yes Addendum Applies: No

Dear Applicant:

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

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

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

Letter 947 (DO/CG)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

| Ā | For the | 2022 calen | dar year, or tax year beginning , 2022, and endin | g | | , 20 |
|-------------------------|-------------------------|--------------------------------------|--|---------------------------|-------------------|--------------------------------|
| В | Check if | applicable: | C Name of organization SPACE COAST SYMPHONY ORCHESTRA, | INC. | | oyer identification number |
| | Address | change | Doing business as | | 27-0 | 197064 |
| | Name cl | hange | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telep | hone number |
| \Box | Initial ret | turn | P. O. BOX 237646 | | (855 |) 252-7276 |
| $\overline{\Box}$ | Final retu | urn/terminated | City or town, state or province, country, and ZIP or foreign postal code | | | |
| $\overline{\Box}$ | Amende | ed return | COCOA, FL 32923 | | | receipts \$ 421,220. |
| $\overline{\Box}$ | Applicat | ion pending | F Name and address of principal officer: | H(a) Is this a gr | oup return f | or subordinates? 🔲 Yes 🔀 No |
| | | , , | JEREMY HICKMAN, C/O 219 NORTH INDIAN RIVER DRIVE, COCOA, FL 32 | 922 H(b) Are all s | ubordina | tes included? 🗌 Yes 🔲 No |
| ī | Tax-exe | mpt status: | ▼ 501(c)(3) | | | ist. See instructions. |
| J | Website | | coastsymphony.org | H(c) Group e | xemption | number |
| ĸ | Form of | | Corporation Trust Association Other L Year of formation | ation: 2009 | M State | of legal domicile: FL |
| | art I | Summa | | | | |
| | 1 | | cribe the organization's mission or most significant activities: Prov | iding clas | sical | music |
| à | ' | - | ences at an affordable price. | | | |
| au | | | | | | |
| E | 2 | Check this | box if the organization discontinued its operations or disposed of | of more than 25 | 5% of it | ts net assets. |
| Š | 3 | | voting members of the governing body (Part VI, line 1a) | | 3 | 12 |
| ∞ ব | 4 | | independent voting members of the governing body (Part VI, line 1b | | 4 | 12 |
| es | 5 | | per of individuals employed in calendar year 2022 (Part V, line 2a) | | 5 | 1 |
| ₹ | 6 | | per of volunteers (estimate if necessary) | | 6 | 100 |
| Activities & Governance | 7a | | ated business revenue from Part VIII, column (C), line 12 | | 7a | 4,763. |
| | b | | ted business taxable income from Form 990-T, Part I, line 11 | | 7b | 0. |
| _ | - | 14Ct dillold | tod buomoco taxabio moemo nom com coo viji anvijima | Prior Yea | r | Current Year |
| | 8 | Contributio | ons and grants (Part VIII, line 1h) | 203 | 524. | 236,891. |
| Revenue | 9 | | ervice revenue (Part VIII, line 2g) | | 360. | 177,071. |
| Уeг | 10 | _ | t income (Part VIII, column (A), lines 3, 4, and 7d) | | | |
| Re | 11 | | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2. | 354. | 3,629. |
| | 12 | | nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 238. | 417,591. |
| _ | 13 | | d similar amounts paid (Part IX, column (A), lines 1–3) | 370, | 250. | 11,7021. |
| | 14 | | aid to or for members (Part IX, column (A), line 4) | | | |
| | 140 | | ther compensation, employee benefits (Part IX, column (A), lines 5–10) | 42 | 519. | 50,978. |
| ses | 16a | | al fundraising fees (Part IX, column (A), line 11e) | | 561. | 30,3701 |
| en en | loa h | | raising expenses (Part IX, column (D), line 25) 635. | | JOI. | |
| Expenses | 17 | | enses (Part IX, column (A), lines 11a–11d, 11f–24e) | 304 | 945. | 437,276. |
| | 17 | | nses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 025. | 488,254. |
| | 18 | | ess expenses. Subtract line 18 from line 12 | | 213. | -70,663. |
| | 19 | neveriue is | ess expenses. Subtract line to nont line 12 | Beginning of Curr | | |
| Assets or | 20 | Total asses | ts (Part X, line 16) | | 758. | 28,232. |
| SSe Rala | 21 | | His (Dort V. line 26) | | 068. | 23,014. |
| Net/ | 22 | | or fund balances. Subtract line 21 from line 20 | | 690. | 5,218. |
| | | | re Block | 03, | , 0501 | 3/2201 |
| | art II | | , I declare that I have examined this return, including accompanying schedules and sta | tements and to th | e hest of | my knowledge and helief, it is |
| tru | ider pena ie, correc | atties of perjury et, and complet | e. Declaration of preparer (other than officer) is based on all information of which prepare | er has any knowle | dge. | , |
| _ | | 1 | | 1.1 | S= U2 41 | 2023 |
| Si | gn | Signature of | officer | Date | - | 2023 |
| | - | " | | | | |
| П | ere | | Y SEAL, VICE PRESIDENT | | | |
| - | | | name and title e preparer's name Preparer's signature | Date | Charle | if PTIN |
| Pá | aid | Print/Type | e preparer's name Preparer's signature | -0.0 | Check self-err | □ " |
| Pr | epare | er 🕌 | Non-Paid Preparer | Firm | | |
| | se On | Iv Firm's nar | 110 | Firm' | | |
| N.A | +b 11 | Firm's add | this return with the preparer shown above? See instructions | I FIION | e no. | ☐ Yes ⊠ No |
| IVIP | iv ille li | าง นเซนนรร | ulio letatti mitti ule biebatei oliomii adove: dee iiloti actiolio - 🎉 🎉 | 151 BEN 35 BE | (0) T | |

REV 05/17/23 PRO

Form 990 (2022)

| Part | 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: |
| | m (13) a milima mada |
| | to audiences at an affordable price. |
| | to audiences at an artoruable 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? |
| | 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? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 444,913. including grants of \$ 0.) (Revenue \$ 175,937.) |
| | Performed classical orchestra and chamber concerts in Brevard and Indian |
| | River Counties in Florida. There were many performance that |
| | were provided at an affordable price. Price was sometimes |
| | determined by purchaser's ability to pay or provided for free. Programs |
| | gave free admission to students and youths under the age of 18. |
| | |
| | |
| | |
| | |
| | *************************************** |
| | |
| | |
| 4b | (Code:) (Expenses \$ 3,890. including grants of \$ 0.) (Revenue \$ 4,388.) |
| | Provided a program called "Youth Orchestra" to increases appreciation |
| | of orchestral music among the public at large by coaching Middle and High |
| | School students. Through weekly coaching by experienced members of |
| | the orchestra and opportunites for students to perform with an orchestra. |
| | This insures that this music will continue to provide |
| | enjoyment to future generations. |
| | |
| | |
| | *************************************** |
| | *************************************** |
| | |
| | *************************************** |
| 4c | (Code:) (Expenses \$including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 448.804. |

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

| Part | IV Checklist of Required Schedules (continued) | | | |
|----------|--|------------|-------|------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. | 23 | | × |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | × |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | <u>×</u> |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | × |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | _x_ |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | <u>×</u> _ |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 32 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 31 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 36 | | × |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | × |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | × | |
| Part | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | 18 3 | |
| | | | Yes | No |
| 1a b | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1 | - 3 | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | 100 | (ind) | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | × | |

Page 5

| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|---------|--|----------|--------|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | × | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | × | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | × | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | × |
| b | If "Yes," enter the name of the foreign country | u X | | 1 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 5000 | | L b |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b 5c | | <u> </u> |
| c 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 30 | | |
| Ua | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | × |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | 10.00 | (20) |
| | 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 | | |
| С | 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 | 70 | | Â |
| 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 | | 125 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 3.4 | 150 |
| а | 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 | | | |
| ь 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter: | | | 1616 |
| ıı a | Gross income from members or shareholders | | 100 | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | 871E | |
| | against amounts due or received from them.) | | | W. D. |
| 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 | n ka | 200 | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | y |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | _ |
| ь. | Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| b | the organization is licensed to issue qualified health plans | | 10 x 6 | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | × |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | × |
| | 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 | | × |
| | 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. | | 000 | |

| | Check if Schedule O contains a response or note to any line in this Part VI | 7 A | 94 94 | X |
|--------|---|---------|--------|-----------|
| Secti | on A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 12 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | 430 | |
| | if the governing body delegated broad authority to an executive committee or similar | 13 3 | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 1908 | | |
| | any other officer, director, trustee, or key employee? | 2 | | × |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | × |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | × |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | × |
| 6 | Did the organization have members or stockholders? | 6 | | × |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | × |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| - | stockholders, or persons other than the governing body? | 7b | | × |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | 00 | |
| Ū | the year by the following: | 568 | | bu i |
| _ | The governing body? | 8a | × | |
| a | Each committee with authority to act on behalf of the governing body? | 8b | × | |
| ь 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 00 | | _ |
| 9 | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | × |
| Cooti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | | nde l | |
| Secu | on B. Policies (This Section B requests information about policies not required by the internal Never | ide o | Yes | No |
| 40- | Did the exceptation have legal chapters, branches, or affiliates? | 10a | 103 | × |
| 10a | Did the organization have local chapters, branches, or affiliates? | IVa | - | <u> </u> |
| b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 44. | · · · · · · · · · · · · · · · · · · · | 11a | × | _ |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | IId | | |
| ь | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 100 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | × |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | _ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. | 40- | | |
| .1 | | 12c | | \ <u></u> |
| 13 | Did the organization have a written whistleblower policy? | 13 | | × |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | × |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 1900 | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 15000 |
| a | The organization's CEO, Executive Director, or top management official | 15a | | × |
| b | Other officers or key employees of the organization | 15b | | × |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | 3,81 | 1 | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 100 | | |
| | with a taxable entity during the year? | 16a | | × |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 3 178 | | He = |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | 1 | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Secti | on 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- | (sec | tion (| 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 or | of inte | rest p | olicy, |
| | 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 re- | cords | | |
| | MARY CRITERIA 10 MORRIL INDIAN RIVER DRIVE COCON EL 22022 (855)252-7276 | | | |

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.

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

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

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

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

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

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

See the instructions for the order in which to list the persons above.

| Check this box in heither the organization | | | | | C) | | | | | |
|--|---|--------------------------------|-----------------------|----------------------|----------------------------------|-------------------------------|--------------|---|--|--|
| (A) Name and title | (B) Average hours per week | box, | unles | Pos neck ss pe | sition mor ersor direct | e than is both tor/trus | n an tee) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | |
| (1) AHMED PELZER PRESIDENT | 5.00 | × | | × | | | | | | |
| (2) KELLI HUNSACKER EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (3) AUDREY WHITE EXECUTIVE BOARD | 5.00 | × | | | • | | | | | |
| (4) MARY SEAL VICE PRESIDENT/TREASURER | 15.00 | × | | × | | | | | | |
| (5) JENNIFER ROYALS VICE PRESIDENT | 1.00 | × | | × | | | | | | |
| (6) ERIC HOOVER SECRETARY | 3.00 | × | | × | | | | | | |
| (7) CONNIE MALTBY EXECUTIVE BOARD | 2.00 | × | | | | | | | | |
| (8) KATHLEEN CROMBLEHOME EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (9) ABRAM WALTON EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (10) ALAN EDELSTEIN EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (11) ANNORA DAIGE EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (12) BILL MOORE EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

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| Part | VII Section A. Officers, Directors, | rustees, | Key I | Emj | ploy | /ee | s, an | d F | lighest Compe | nsated Emplo | yees (| contin | ued) |
|--------------|---|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---------|--------------------------------------|-------------|
| <u> </u> | (A) Name and title | | (B) (Werage hours er week | | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | C | (F) mated amoun of other empensation | |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | organizations (W-2/ 1099-MISC/ 1099-NEC) | organ | om the nization a organiza | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | 175707075 | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | ********* | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1b c d | Subtotal | VII, Sectio | | | 3 | | | | | | | | |
| 2 | Total number of individuals (including but reportable compensation from the organi | | l to th | ose | list | | above 0 | e) W | ho received more | e than \$100,000 | of | | |
| 3 | Did the organization list any former of | | | | | | | | | | | Yes | No |
| 4 | employee on line 1a? If "Yes," complete 5 For any individual listed on line 1a, is the organization and related organizations | sum of rep | oortal | ole d | com | per | nsatio | па | nd other compe | nsation from the | 3 | Test | × |
| _ | individual | | | | | | | | <i>.</i> | | 4 | | × |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | | 5 | 231 | × |
| Secti 1 | on B. Independent Contractors Complete this table for your five high | | | | | | | | | | | | |
| - | compensation from the organization. Repo | | Sation | 1 TO | the | ca | enda | rye | (B) | | (C) | | уеаг. —— |
| | Name and business add | ress | | | | | | | Description of serv | rices | Compen: | sation | |
| | | | | | | | | | | | | | |
| | Total number of independent contractor received more than \$100,000 of compens | | | | | | ed to | th | ose listed abov | e) who | | | |

| Par | t VIII | Check if Schedule O contains a re | spons | se or note to an | v line in this Pa | art VIII | 2.2.2.000 | П |
|---|----------|--|-------------|--|----------------------|--|--------------------------------------|--|
| | | Chicar in Concount of Contains and | ороно | of field to all | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts, s | 1a | Federated campaigns | 1a | | TO STATE OF | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues | 1b | | | | | |
| ج ق | С | Fundraising events | 1c | | | CANCEL TO SEE | | |
| fts, ir A | d | Related organizations | 1d | | | | | |
| ੜੂ ਵੂ | е | Government grants (contributions) | 1e | 61,930. | | | | |
| Sir | f | All other contributions, gifts, grants, | | | | | | |
| it je | | and similar amounts not included above | 1f | 174,961. | | | | |
| 들함 | g | Noncash contributions included in | | | | | | |
| nd br | | lines 1a-1f | 1g 5 | | | | | |
| Q a | h | Total. Add lines 1a-1f | e +e +e | | 236,891. | | | |
| a) | | | | Business Code | | | | |
| Program Service Revenue | 2a | CONCERTS | | 711130 | 170,951. | 170,951. | 0. | 0. |
| re en | b | Youth Orchestra | | 711130 | 4,388. | 0. | 4,388. | 0. |
| gram Ser Revenue | C | | | | | | | |
| Ze. | d | | | | | | | |
| ٥ پ | e | | | | 1 520 | 3 355 | 275 | |
| ₫. | f | All other program service revenue . | | | 1,732. | 1,357. | 375. | 0. |
| - | 3 | Total. Add lines 2a–2f | | | 177,071. | | | |
| | " | other similar amounts) | | | | | | |
| | 4 | Income from investment of tax-exem | | 1 | | | | |
| | 4 5 | | - | | | | | |
| | J . | Royalties | | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | (ii) i oroonai | | | | |
| | b | Less: rental expenses 6b | _ | | | | | |
| | C | Rental income or (loss) 6c | - | | | O'NAL DES | | |
| | d | The second secon | 5 3 6 3 9 6 | 256 26 26 26 | | | | |
| | 7a | Gross amount from (i) Securiti | | (ii) Other | STEEL STEEL STEEL | | | |
| | '`` | sales of assets | | | | | | |
| | | other than inventory 7a | | | 310 | | | |
| ø | Ь | Less: cost or other basis | | | | | | |
| Ž. | | and sales expenses . 7b | | | MANAGE L | S. S. P. M. | | |
| š | င | Gain or (loss) . 7c | | | | | | |
| ř | d | Net gain or (loss) | | | | | | |
| ther Revenue | 8a | Gross income from fundraising | | | THE TAX BE THE | | | The Alexander |
| ŏ | "" | events (not including \$ | | Ĭ. | | Sea Nelly | | |
| | | of contributions reported on line | | | | | | SECTION SE |
| | | 1c). See Part IV, line 18 | 8a | | | | | |
| | b | Less: direct expenses | 8b | | | | The True of S | |
| | С | Net income or (loss) from fundraising | g even | ts_w_w_ | | | | |
| | 9a | Gross income from gaming | | | | A TELEVISION OF THE PARTY OF TH | | Water Contacting |
| | | activities. See Part IV, line 19 . | 9a | 7,258. | | THE REAL PROPERTY. | | |
| | | Less: direct expenses | 9b | 3,629. | A Hall Mis | | | |
| | с | Net income or (loss) from gaming ac | tivities | 12 12 12 12 12 12 12 12 12 12 12 12 12 1 | 3,629. | 3,629. | 0. | 0. |
| | 10a | Gross sales of inventory, less | | | | | | X 1= 8 15 X X |
| | | returns and allowances | 10a | | | 4 6 3 | | |
| | | 3 | 10b | | ight-main | EVISION NO. | ALL PROPERTY. | |
| | С | Net income or (loss) from sales of in- | ventor | | | | | |
| n2 | | | | Business Code | | | TO SOLETING | |
| eo er | 11a | | | | | | | |
| scellanec Revenue | b | | | | | | | |
| e ce | C | | | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | | | |
| _ | e | Total. Add lines 11a-11d | | | 418 507 | 185 035 | 4 562 | |
| | 12 | Total revenue. See instructions | | | 417,591. | 175,937. | 4,763. | 109 |

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.

(A)

(B)

(C)

(D)

| | Check if Schedule O contains a response | | | | |
|--------|---|-----------------------|------------------------------|-------------------------------------|---|
| | ot include amounts reported on lines 6b, 7b, b, 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 5 | Benefits paid to or for members | | | | |
| 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 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 46,594. | 46,594. | 0. | 0. |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 4,384. | 4,384. | 0. | 0. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| C | Accounting | 5,854. | 0. | 5,854. | 0. |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f g | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 301,079. | 300,444. | 0. | 635. |
| 12 | Advertising and promotion | 301,073. | 300,111. | | 033. |
| 13 | Office expenses | 22,136. | 22,136, | 0. | 0. |
| 14 | Information technology | 22/130% | 3372301 | | |
| 15 | Royalties | | | | ===== |
| 16 | Occupancy | 9,180. | 0. | 9,180. | 0 |
| 17 | Travel | 2,979. | 2,979. | 0. | 0. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | ======================================= |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | 4,140. | 0. | 4,140. | 0. |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| | · | S DA HILLEND S | | | |
| a | POSTAGE AND TELEPHONE | 7,146. | 0. | 7,146. | 0. |
| b | RENT EQUIPMENT AND VENUE | 68,377 | 68,377. | 0. | 0. |
| c d | YOUTH ORCHESTRA | 3,890 | 3,890. | 0 | 0. |
| e e | All other expenses | 12,495. | 0. | 12,495. | 0. |
| 25 | Total functional expenses. Add lines 1 through 24e | 488,254 | 448,804. | 38,815. | 635. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | +00,2J4. | 440,004. | 30,013. | 033. |
| | - Section - Western - Williams - Williams | | | | Form OOO oc 4.0 |

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 69,388 7,562. 2 2 3 3 4 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 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 8 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . | 10a 2,600. 0. Less: accumulated depreciation 10b 2,600. 0. 10c b 11 11 12 12 13 13 14 14 19,370. 19,370. 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 88,758. 16 28,232. 16 3,068. 17 23,014. 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 3,068. Total liabilities. Add lines 17 through 25 23,014 26 Organizations that follow FASB ASC 958, check here **Balances** and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 28 28 Net assets with donor restrictions Net Assets or Fund Organizations that do not follow FASB ASC 958, check here | | and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 5,218. 85,690. Retained earnings, endowment, accumulated income, or other funds ... 31 85,690. 32 5,218. 32 28,232. 88,758. 33 33

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| 12 | | | | | |
|--|---|-----------|-------|--------------|--------|
| Par | 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 | | 17,5 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 88,2 | |
| 3 Revenue less expenses. Subtract line 2 from line 1 | | | | 70,6 | _ |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | 90. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | _ |
| 6 Donated services and use of facilities | | | | | |
| 7 | Investment expenses | 7 | | | 1.0 |
| 8 | Prior period adjustments | 8 | | -9,8 | 10. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | _ |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | | 5,2 | 17. |
| Part | XII Financial Statements and Reporting | | | | 157 |
| | Check if Schedule O contains a response or note to any line in this Part XII | | • • • | | × |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other Hybrid | ralain an | | 9000 | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | | |
| | Schedule O. | | 10000 | OHE | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | × |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiiea oi | 4 | 100 | |
| | reviewed on a separate basis, consolidated basis, or both: | | | 339 | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | × |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | | |
| the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | | | × |
| If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | |
| | Schedule O. | | | Š | |
| 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 a | audits . | 3b | | |
| | REV 05/17/23 PRO | | For | т 990 | (2022) |

REV 05/17/23 PRO

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SPACE COAST SYMPHONY ORCHESTRA, INC. 27-0197064 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).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33^{1/3}% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (described on lines 1-10 isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Cat. No. 11285F

Page 2 Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 4 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) Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2020 (d) 2021 (e) 2022 (f) Total (a) 2018 **(b)** 2019 Calendar year (or fiscal year beginning in) Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 15 16a 331/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

| Secti | on A. Public Support | | | | | | |
|-------|--|---|------------------|------------------|------------------|-----------------|--------------|
| | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 93,492. | 200,742 | 213,187. | 203,524. | 236,891. | 947,836. |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | 328,703. | 373,392. | 104,026. | 16,414. | 177,071. | 999,606. |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | 5,268. | 15,354. | 2,924. | 9,042. | 32,588. |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 422,195. | 579,402. | 332,567 | 222,862. | 423,004 | 1,980,030. |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| - | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | 0.05 SIDS | | 1,980,030. |
| Secti | on B. Total Support | *************************************** | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 422,195. | 579,402. | 332,567. | 222,862. | 423,004. | 1,980,030. |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | ļ, |
| 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, | | | | | | |
| (24) | and 12.) | 422,195. | 579,402. | 332,567. | 222,862 | 423,004. | 1,980,030. |
| 14 | First 5 years. If the Form 990 is for the | | | | | | |
| | organization, check this box and stop here | | | | | | |
| Secti | on C. Computation of Public Support | | | | | 1451 | 100.00 |
| 15 | Public support percentage for 2022 (line | | - | | | | 100 % |
| 16 | Public support percentage from 2021 Sc | | | | A 12 1 - 1 - 1 | 16 | 100 % |
| | on D. Computation of Investment In | | | | (0) | 47 | - 0′ |
| 17 | Investment income percentage for 2022 | | | | | | 0 % |
| 18 | Investment income percentage from 202 | 1 Schedule A, I | art III, line 17 | | ad Dan 45 to | 18 221 m | 0 % |
| 19a | 331/3% support tests – 2022. If the organ | ization did not | check the box | on line 14, at | na iine 15 is m | iore than 331/3 | 70, and line |
| _ | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests—2021. If the organiz | zation did not c | neck a box on | ime 14 or line | rea, and line 16 | upported organ | oo'/370, and |
| | line 18 is not more than 331/3%, check this | | | | | | |
| 20 | Private foundation. If the organization d | id not check a | pox on line 14 | . 19a. or 19b. (| CHECK THIS DOX | and see instru | ICTIONS 🔒 🔲 |

Schedule A (Form 990) 2022

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.)

| | Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete | e Par | t V.) | |
|-------|---|-------|-------|-------|
| Secti | on A. All Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | 3a | C N | 1018 |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | His |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | o vyt | 6.0 |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5а | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | N. P. |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | Buch |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9с | -31 | s ith |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | 10a | | |

10b Schedule A (Form 990) 2022

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 | V Supporting Organizations (continued) | | | |
|---------|--|---|----------|------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| а | 11c below, the governing body of a supported organization? | 11a | Market 1 | |
| h | | 11b | | - |
| b | A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | 110 | | |
| · | provide detail in Part VI . | 11c | | 11315 |
| Secti | on B. Type I Supporting Organizations | | | |
| | The state of the s | | 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 | | Decision 1 |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | 15,2 | 1 8 3 |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | or sel | 20 | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on 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 | on D. All Type III Supporting Organizations | | | |
| Section | on b. 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 | | (A-11) | CHAIL |
| • | 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 | -37 | 0.00 | |
| | 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 | 19.00 | 31134 | B. |
| | 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 | 1 | 200 | |
| | supported organizations played in this regard. | 3 | | |
| | on E. Type III Functionally Integrated Supporting Organizations | ! 4 | -4: | -1 |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. | instru | Cuons | S). |
| a b | The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity | (see ir | struct | ions). |
| 2 | Activities Test. Answer lines 2a and 2b below. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Yes | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | es qu | i Au |
| _ | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | BOT ! | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | 25.3 | 134 | |
| | how the organization was responsive to those supported organizations, and how the organization determined | Part of | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | 4 | | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | (mak) | |
| | "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. | QL. | | |
| • | | 2b | 0.00 | |
| 3 a | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | F 75 | | |
| а | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . | За | 200 | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 34 | 1148 | 1.8 |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | - | 1 |

| Part | Type III Non-Functionally Integrated 509(a)(3) Supporting Org | gani | izations | |
|------|--|--------|--------------------------|--------------------------------|
| 1 | ☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| Sect | ion 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 | | |
| Sect | ion B-Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| -5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C—Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | ☐ Check here if the current year is the organization's first as a non-functional (see instructions). | ally i | ntegrated Type III suppo | orting organization |

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page **7**

| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | zations (continue | ed) | |
|------|---|-----------------------------|--------------------------------------|------|--|
| Sect | ion D—Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | rted | | |
| | organizations, in excess of income from activity | 1194 | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purp | ooses of supported orga | nizations | 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. | 1 | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | h the organization is res | ponsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 0 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2022 | ns | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 | | | | |
| | (reasonable cause required—explain in Part VI). See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | - 5 | |
| b | From 2018 | | | | |
| С | From 2019 | | | | |
| d | From 2020 | | | SIN. | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | ii. | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | No. of Contract of |
| 5 | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2018 | | | | S. P. W. L. P. |
| b | Excess from 2019 | | | | |
| С | Excess from 2020 | | | | |
| d | Excess from 2021 | | Dell's Territoria | AVE. | |
| е | Excess from 2022 | | | 1 | JOSEPH TO SERVE |

REV 05/17/23 PRO Schedule A (Form 990) 2022

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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Schedule B (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Employer identification number

SPACE COAST SYMPHONY ORCHESTRA, INC. 27-0197064 Organization type (check one): Filers of: Section: 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
SPACE COAST SYMPHONY ORCHESTRA, INC.

Employer identification number

27-0197064

| Part I | Contributors (see instructions). Use duplicate copies of | 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 | \$ 47,597. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 2 | ESTATE OF GARI ESSIG 2101 INDIAN RIVER BLVD. STE 200 VERO BEACH FL 32960 | \$ 45,363. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | BREVARD COUNTY BOARD OF COMMISSIONERS 2725 JUDGE FRAN JAMIESON WAY BLDG C MELBOURNE FL 329406605 | \$13,333 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | MICHELE W CAMPANELLI 720 FALLS CREEK DRIVE MELBOURNE FL 32904 | \$21,653. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| ******* | | \$ | Person |

Name of organization

Employer identification number

27-0197064

| CDA('H | COAST SYMPHONY ORCHESTRA, INC. | 21 | -017/004 |
|---------------------------|---|---|----------------------|
| Part II | Noncash Property (see instructions). Use duplicate copies | of Part II if additional spa | ce is needed. |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ******* | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ****** | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |

Name of organization

SPACE COAST SYMPHONY ORCHESTRA, INC.

Employer identification number
27-0197064

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

| ne following line entry. For organizat ontributions of \$1,000 or less for th | ions completing Part III, enter the e year. (Enter this information one | utor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc. See instructions.) \$ |
|---|---|---|
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | |
| Transferee's name, address, ar | (e) Transfer of gift | lationship of transferor to transferee |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | |
| Transferee's name, address, an | (e) Transfer of gift | lationship of transferor to transferee |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| (e) Trans: Transferee's name, address, and ZIP + 4 | | lationship of transferor to transferee |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| *************************************** | | |
| | (e) Transfer of gift | |
| | ontributions of \$1,000 or less for the Use duplicate copies of Part III if add (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift | ontributions of \$1,000 or less for the year. (Enter this information on lise duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Re (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Re (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Re (e) Transfer of gift |

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

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SPACE COAST SYMPHONY ORCHESTRA, INC.

Employer identification number

27-0197064

| Par | | | s 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 hel | d in donor advised |
| | funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, ar | nd donor advisors in writing that grant | tunds can be used |
| | only for charitable purposes and not for the benefit | | |
| | conferring impermissible private benefit? | | · · · · · · L Yes L No |
| Par | Conservation Easements. | (# E 000 B W 7 | |
| | Complete if the organization answered " | | |
| 1 | Purpose(s) of conservation easements held by the o | | 1.1.1.2. distant and and |
| | Preservation of land for public use (for example, recreated | | a historically important land area |
| | Protection of natural habitat | ☐ Preservation of | a certified historic structure |
| _ | ☐ Preservation of open space Complete lines 2a through 2d if the organization hel | d a qualified concentation contribution | in the form of a conservation |
| 2 | easement on the last day of the tax year. | d a qualified conservation contribution | Held at the End of the Tax Year |
| | | | |
| а | . • | | |
| b | Total acreage restricted by conservation easements Number of conservation easements on a certified hi | atavia atmostrara included in (a) | 26 2c |
| c d | Number of conservation easements on a certified fil Number of conservation easements included in (c) a | storic structure included in (a) | n a |
| u | | | |
| 3 | Number of conservation easements modified, trans | ferred, released, extinguished, or term | |
| • | tax year | , | , , |
| 4 | Number of states where property subject to conserv | ation easement is located | |
| 5 | Does the organization have a written policy regard | arding the periodic monitoring, inspe | ection, handling of |
| | violations, and enforcement of the conservation eas | ements it holds? | · · · · · · 🗌 Yes 🗌 No |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ting, handling of violations, and enforcing | conservation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting | g, handling of violations, and enforcing c | onservation easements during the year |
| | | NOW A CONTRACT OF A STATE OF A ST | |
| 8 | Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)? | 2(a) above satisty the requirements of s | ection 170(n)(4)(B)(I) |
| _ | In Part XIII, describe how the organization reports of | | |
| 9 | balance sheet, and include, if applicable, the text of | the feetnete to the organization's final | ncial statements that describes the |
| | organization's accounting for conservation easemer | | Total oldionionio indi docombee inc |
| David | III Organizations Maintaining Collections | | Ther Similar Assets |
| Par | Complete if the organization answered " | Yes" on Form 990 Part IV line 8 | office offinial Assets. |
| 1a | If the organization elected, as permitted under FAS | B ASC 958 not to report in its revenue | e statement and balance sheet works |
| Ia | 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 t | o its financial statements that describe | es these items. |
| b | If the organization elected, as permitted under FAS | | |
| | art, historical treasures, or other similar assets held | for public exhibition, education, or res | earch in furtherance of public service, |
| | provide the following amounts relating to these item | | |
| | | | \$ |
| | (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 a | assets for financial gain, provide the |
| - | following amounts required to be reported under FA | ASB ASC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 . | | \$ |
| b | Assets included in Form 990, Part X | | * * * * \$ |

| Part | Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) | | | | | | | nued) | |
|--|---|-----------------------------|-------------|------------|--------------------------|-----------|-------------------------|---------------|----------|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | ccession, and ot | her record | ds, chec | k any of the | e follow | ring that make s | gnificant us | e of its |
| а | ☐ Public exhibition | | d [| Loan | or exchange | e progr | am | | |
| b | ☐ Scholarly research | | е [| Other | 2002000-00-00 | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. | | | | | | | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | |
| Part | Part IV Escrow and Custodial Arrangements. | | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | | | | | | | | orm |
| 1a | Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | | | | | | | | |
| b | If "Yes," explain the arrangement in Pa | rt XIII and comple | ete the fol | lowing ta | able: | | | | |
| | | | | | | | Ai | nount | |
| C | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | . 6 10 30 30 30 B 3 | | | | 1f | | | |
| 2a | Did the organization include an amoun | t on Form 990, P | art X, line | 21, for e | scrow or cu | ustodial | account liability | ? ∐ Yes | ∐ No |
| | If "Yes," explain the arrangement in Pa | rt XIII. Check her | e if the ex | planation | n has been | provide | d on Part XIII . | 94 94 94 3 | Ш |
| Par | | | _ | | | | | | |
| | Complete if the organization | | | | | | | | |
| | | (a) Current year | (b) Prio | r year | (c) Two year | s back | (d) Three years back | (e) Four year | rs back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the | ne current year er | nd balance | e (line 1g | , column (a |)) held a | as: | | |
| а | Board designated or quasi-endowmen | t sasanasasasasasas | % | | | | | | |
| b | Permanent endowment | % | | | | | | | |
| С | Term endowment% | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2 | c should equal 1 | 00%. | | | | | | |
| 3a | Are there endowment funds not in the | possession of the | ne organiz | ation tha | at are held | and ad | ministered for th | е | |
| | organization by: | | | | | | | Yes | s No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related or | ganizations listed | l as requir | ed on So | chedule R? | | | 3b | |
| 4 | Describe in Part XIII the intended uses | of the organization | on's endo | wment fu | unds. | | | | |
| Part | VI Land, Buildings, and Equip | ment. | | | | | | | |
| 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 of (investment) | | | or other basis other) | | Accumulated epreciation | (d) Book va | lue |
| 1a | Land | | 0. | | | | | | 0 |
| b | Buildings | | | | | | | | |
| С | Leasehold improvements | | | | | | | | |
| d | Equipment | | | | | | | | |
| е | Other | | | | 2,600. | | 2,600 | | 0 . |
| Total. | Add lines 1a through 1e. (Column (d) m | ust equal Form 9 | 90, Part X | column | n (B), line 10 |)c.) | 0 40 40 TeC | | 0. |

Schedule D (Form 990) 2022 Page 3 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. (c) Method of valuation: (b) Book value (a) Description of security or category Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (E) (F) (G) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 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.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1) SHEET MUSIC 19,370. (2)(3)(4)(5)(6)(7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 19,370. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value (a) Description of liability (1) Federal income taxes (2) (3)(4) (5) (6)(7) (8)

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .

| Page 4 | |
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| Part | | | Return. |
|----------|---|---|---|
| | Complete if the organization answered "Yes" on Form 990 | | |
| 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: | 0.1 | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| C C | Recoveries of prior year grants | | - |
| d | Other (Describe in Part XIII.) | | 2e |
| е 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 - 1 | <u> </u> |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 5 |
| Part | | | er Return. |
| | Complete if the organization answered "Yes" on Form 990. | | |
| 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: | | (90) |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| С | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | 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: | | (Ball |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | 7.60 |
| b | Other (Describe in Part XIII.) | | POR DE |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li | ne 18.) | 5 |
| Part | XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a al | and 4. Doublik/ Blace 4 h and Ob | Dort V. line 4: Dort V. line |
| 2: Dad | e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a at XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par | t to provide any additional in | oformation |
| ۷, ۱ ۵۱۱ | Al, illes 2d and 4b, and 1 art All, illes 2d and 4b. Also complete this par | to provide any additional in | morriadom. |
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| Schedule D (For | m 990) 2022 | Page 5 |
|---|---|---|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

| SPACE COAST SYMPHONY ORCHESTRA, INC. | 27-0197064 |
|--|--------------------|
| Pt III, Line 3: In November of 2018 the Space Coast Symphony Youth | Orchestra |
| (SCSYO) presented its debut concert. This program has three separate | |
| based on participant's skill level; the Academy Orchestra, Sympho | |
| 12-14-15 Section (1997) 13-14-14-14-14-14-14-14-14-14-14-14-14-14- | |
| and Philharmonic Orchestra. The program is in keeping with the Sp | |
| Symphony's mission of providing symphonic music at an affordable particle. | |
| addition to performing free concerts SCSYO provides a creative env | |
| over one hundred pre-college age musicians, ages 8-18, from ever | ry imaginable |
| social, cultural, and economic background across Brevard and Ind | ian River Counties |
| come together to rehearse and perform classical symphonic masterwo | rks. It also |
| performs on the same program as the professional orchestra and per | forms side-by-side |
| with their professional SCSO counterparts. For their performa | nces tickets |
| for 8-18 year olds are available for free. This program replaced | the previous |
| "Quartet Movement" program which was directed mainly toward quart | ets. The "Quartet |
| Movement" program was supplanted by the Youth Orchestra and was ca | ncelled in |
| 2018. | |
| Pt VI, Line 19: Copies of these documents available at the organiz | ation's offices |
| if requested by members of the public. | |
| Pt VI, Line 11b: The return is prepared by a volunteer. The perso | n keeping |
| the records for the organization provides and reviews certain of | |
| used to complete the return. The President, Vice president or o | |
| depending on availablilty review the completed return for non tech | |
| | |
| before filing. Governing Board members are provide.d copies | |
| Pt XII, Line 1: Payroll tax expenses are accrued and expenses thro | |
| payable are recognized making this a hybrid accounting method. | |
| Other: Part IX Line 11g See schedule of other service fees. | |

Page **2**

| Name of the organization | Employer identification number |
|--|---|
| SPACE COAST SYMPHONY ORCHESTRA, INC. | 27-0197064 |
| | |
| Pt IX, Line 11g: | |
| Description: CONTRACTORS: | 503155555 |
| | |
| Description: BOX OFFICE | |
| Total: \$1,125 | |
| 10001. 41,123 | |
| Program services: \$1,125 | |
| Description: LIBRARY | |
| Description: Dibrari | *************************************** |
| Total: \$6,217 | |
| Market Control of the Market According | |
| Program services: \$6,217 | |
| Description: OPERATIONS | |
| | |
| Total: \$11,315 | |
| Program services: \$11,315 | |
| | |
| Description: VOLUNTEER COORDINATOR | |
| Total: \$1,300 | |
| | ************************************** |
| Program services: \$1,300 | |
| Description: CONDUCTORS | |
| Debelliption. Combolions | |
| Total: \$9,235 | |
| Program services: \$9,235 | |
| Flogram Services: 75,233 | |
| Description: EVENT SPECIALTIES | |
| motol | |
| Total: \$15,887 | |
| Program services: \$15,887 | |
| | |
| Description: GUEST ARTISTS | |
| Total: \$27,835 | |
| | |
| Program services: \$27,835 | |
| Description: MUSICIANS | |
| | |
| Total: \$227,530 | |
| Program services: \$227,530 | |
| | |
| Description: GRANT WRITER | |

| Schedule O (Form 990) 2022 | Page 2 |
|---|---|
| Name of the organization | Employer identification number |
| SPACE COAST SYMPHONY ORCHESTRA, INC. | 27-0197064 |
| | |
| Total: \$635 | *************************************** |
| | |
| Fundraising: \$635 | |
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| Form | 990-T | | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) | | OMB No. 1545-0047 |
|----------------------------|--|---|--|-------------------|---|
| | tment of the Treasury al Revenue Service | | endar year 2022 or other tax year beginning, 2022, and ending, 2 Go to www.irs.gov/Form990T for instructions and the latest information. at enter SSN numbers on this form as it may be made public if your organization is a 501(| 0 | pen to Public Inspection for 501(c)(3) Organizations Only |
| A [| Check box if address changed. | Print | Name of organization (Check box if name changed and see instructions.) SPACE COAST SYMPHONY ORCHESTRA, INC. | | ver identification number 0197064 |
| × | empt under section 501() (c3) 408(e) 220(e) 408A 530(a) | or Type | Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 237646 City or town, state or province, country, and ZIP or foreign postal code COCOA, FL 32923 | (see ins | exemption number structions) neck box if |
| | 529(a) 529A | | value of all assets at end of year 28, 232. | an | amended return. |
| H | Check organization Check if filing only Check if a 501(c)(| / to | ☐ So1(c) corporation ☐ So1(c) trust ☐ 401(a) trust ☐ Other trust ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 3 ization filing a consolidated return with a 501(c)(2) titleholding corporation | 2439 | |
| J E | nter the number During the tax yea | of attac r, was t | thed Schedules A (Form 990-T) the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled and identifying number of the parent corporation | (0) (0) | 2 |
| Pa 1 | rt I Total U | nrelate ated bu | 635 BREVARD AVENUE COCOA FL 32923 Telephone number ed Business Taxable Income siness taxable income computed from all unrelated trades or businesses (s | |) 252-7276 |
| 2 3 4 5 6 7 | Add lines 1 an Charitable con Total unrelated Deduction for | d 2 . Itributio I busine net ope | ns (see instructions for limitation rules) ses taxable income before net operating losses. Subtract line 4 from line 3 rating loss. See instructions siness taxable income before specific deduction and section 199A deductions | . 3 . 4 . 5 | |
| 8 9 10 | Subtract line 6 Specific deduction Trusts. Section | from li ction (ge n 199A | · · | . 7 | |
| 11 | enter zero | | taxable income. Subtract line 10 from line 7. If line 10 is greater than line | | 0. |
| Par | t II Tax Cor | | 77 - 434 | | |
| 1 | _ | | e as corporations. Multiply Part I, line 11 by 21% (0.21) | | 0. |
| 2 | Part I, line 11 f | rom: | ast rates. See instructions for tax computation. Income tax on the amount ☐ Tax rate schedule or ☐ Schedule D (Form 1041) | . 2 | |
| 3 | = | | ctions | . 3 | |
| 4 | Other tax amo | unts. Se | ee instructions | . 4 | |

7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies . For Paperwork Reduction Act Notice, see instructions.

Alternative minimum tax (trusts only)

Tax on noncompliant facility income. See instructions . . .

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REV 05/17/23 PRO

Form **990-T** (2022)

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| Part I | Ш | Tax and Payments | | | | | | | | | |
|----------|---------|---|------------|--|------------|---|----------|---|----------|-------|---------------|
| 1a | Foreig | n tax credit (corporations attach Forr | n 1118; | trusts attach Form 1116) | 1a | | | 33/6 | | | |
| b | Other | credits (see instructions) | | | 1b | | | | | | |
| С | Gene | ral business credit. Attach Form 3800 | (see ins | structions) | 1c | | | | | | |
| | | t for prior year minimum tax (attach Fo | | | 1d | | | | | | |
| е | Total | credits. Add lines 1a through 1d . | | | | | | 1e | | | |
| 2 | | act line 1e from Part II, line 7 | | | | | | 2 | | | 0. |
| 3 | Other | amounts due. Check if from: | 4255 | ☐ Form 8611 ☐ Form | 1 8697 | ☐ Form 886 | 6 | | | | |
| | | | | | | | | 3 | | | |
| 4 | Total | tax. Add lines 2 and 3 (see instruction | ns). 🗀 | Check if includes tax pr | evious | ly deferred un | der | | | | |
| | | on 1294. Enter tax amount here | | | | | | 4 | | | 0 . |
| 5 | Curre | nt net 965 tax liability paid from Form | 965-A, | Part II, column (k) | 8 8 0 | | | 5 | | | |
| | | ents: A 2021 overpayment credited to | | | 6a | | | | | | |
| b | 2022 | estimated tax payments. Check if sec | tion 643 | (g) election applies | 6b | | | (AL = | | | |
| | | eposited with Form 8868 | | | 6c | | 0. | | | | |
| d | Foreig | gn organizations: Tax paid or withheld | l at sou | ce (see instructions) . | 6d | | | | | | |
| | | | | | 6e | | | | | | |
| f | Credi | t for small employer health insurance | premiur | ns (attach Form 8941) . | 6f | | | | | | |
| _ | | credits, adjustments, and payments: | ☐ Forn | | | | | 63TF | | | |
| | | rm 4136 Oth | | Total | 6g | | | | | | |
| | | payments. Add lines 6a through 6g | | | | | _ | 7 | | | 0, |
| | | ated tax penalty (see instructions). Ch | | | | | \Box | 8 | | | |
| | | ue. If line 7 is smaller than the total of | | | | | | 9 | | | 0. |
| | | payment. If line 7 is larger than the to | | | unt ove | | - 1 | 10 | | | |
| | | he amount of line 10 you want: Credited | | | . vs | Refun | | 11 | | | _ |
| Part I | | Statements Regarding Certain A | | | | | | | | | N1 - |
| 1 | At any | time during the 2022 calendar year, | did the | organization have an inte | erest in | or a signature | or ot | ner autho | rity | 'es | No |
| | over a | a financial account (bank, securities, o | or other | in a foreign country? If " | Yes," t | the organizatio | n may | / have to | file | | |
| | | N Form 114, Report of Foreign Bank | and Fir | nancial Accounts. It "Yes, | enter | the name or ti | ne ior | eign coul | itry | | |
| | here | | | 9 41 4 f | | | 01001000 | | | - | × |
| | | the tax year, did the organization receive | | | grantor | or, or transferor | io, a | roreign tru | ist? | | â |
| | | s," see instructions for other forms the the amount of tax-exempt interest red | | | | ¢ | | | | | 4-4 |
| | | | | | | | 7 NOI | Caraton | or | | |
| 4 | Show | available pre-2018 NOL carryovers he n on Schedule A (Form 990-T). Don't | treduce | the NOL carryover show | vn her | e by any dedu | ction | reported | on | | |
| | | line 6. | · roddo | the NGE carry over one | | o by any area | | | | 544 | 183 |
| | | 2017 NOL carryovers. Enter the Busin | ess Acti | vity Code and available o | ost-20 | 17 NOL carryo | vers. [| Don't red | uce | 13 | 903 |
| 5 | the ar | nounts shown below by any NOL clain | ned on a | anv Schedule A. Part II, lin | e 17 fo | r the tax year. | See in | struction | s. | 1 | |
| | | Business Activity | | | | able post-2017 | | | | | 100 |
| | - | Dusiness Activity | COGC | | \$ | abic poor zo i | 1102 | ou.ijoi | | 164 | Taco |
| | | *************************************** | | | \$ | | | | | | 0.00 |
| | | *************************************** | | | \$ | | | | | | 0.010 |
| | | | | | \$ | 010000000000000000000000000000000000000 | | | | | |
| 6a | Did th | e organization change its method of | account | ing? (see instructions) . | | | | | _ [| | × |
| b | lf 6a i | s "Yes," has the organization describ | oed the | change on Form 990, 99 | 90-EZ, | 990-PF, or Fo | rm 11 | 28? If "N | 10," 📗 | | 1-1-17 |
| | explai | n in Part V | | | | | | | | | |
| Part \ | V E | Supplemental Information | | | | | | | | | |
| Provide | e the e | explanation required by Part IV, line 6th | o. Also, | provide any other addition | nal info | rmation. See i | nstruc | tions. | | | |
| | | | | | | | | | | | |
| | | | | | | | | 2-0000000000000000000000000000000000000 | | | estrocal tric |
| | Under | penalties of perjury, I declare that I have exam | ined this | return, including accompanying | schedule | es and statements, | and to | the best o | f my kno | wledo | ge and |
| Sian | belief, | it is true, correct, and complete. Declaration of | preparer (| other than taxpayer) is based on | ali intorn | nation of which pre | parer h | as any kno | wieage. | | |
| Sign | | | | | | | Ī | May the IR | | | |
| Here | | | | VICE PI | RESID | ENT | | with the pr (see instruc | | | |
| | Signa | ature of officer | | Date Title | | | | ,555 111011 00 | | | 23.10 |
| Paid | | Print/Type preparer's name | Preparer | 's signature | | Date | | k 🗌 if | PTIN | | |
| | | Non Daid Dran | 240 | <u>, </u> | | | self-e | mployed | | | |
| Prepa | | Mon-Pald Prep | are | | | | Firm's | EIN | | | |
| Use C | וחיל | Firm's address | | | | | Phone | e no. | | | |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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 fo

| SPACE COAST SYMPHONY ORCHESTRA, INC. | | | | | 54 | |
|---|--|------|-------------------|-------------------|----------|------------|
| C Unrelated business activity code (see instructions) | | | | |): | 1 of 2 |
| E De | scribe the unrelated trade or business (1) ADVERTISING | IN F | PROGRAM | | | |
| Pai | | | (A) Income | (B) Exper | nses | (C) Net |
| 1a | Gross receipts or sales | | | RISE STATE | | |
| 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 | ١. ١ | | | | |
| | ** | 4a | | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | | | | 44 550 | |
| | | 4b | | | | |
| с 5 | Capital loss deduction for trusts | 4c | | EXAMPLE 1 | | |
| 3 | statement) | 5 | | | 100 | |
| 6 | Rent income (Part IV) | 6 | | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | Ė | | | | |
| | organization (Part VI) | 8 | | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | |
| | organizations (Part VII) | 9 | | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | | |
| 11 | Advertising income (Part IX) | 11 | 375 | 1.0 | 543. | -168. |
| 12 | Other income (see instructions; attach statement) | 12 | | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 375 | | 543. | -168. |
| Par | Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco | | limitations on de | eductions. D | eductior | is must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | * * * * * * * * | s to 150 year not | 1 | |
| 2 | Salaries and wages | | | | 2 | |
| 3 | Repairs and maintenance | 2 2 | | | 3 | |
| 4 | Bad debts | 9.9 | | 1000 | 4 | |
| 5 | Interest (attach statement). See instructions | | | | 5 | |
| 6 | Taxes and licenses | | | | 6 | |
| 7 | Depreciation (attach Form 4562). See instructions | | | | E - 17 | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | | | | 8b | |
| 9 | Depletion | | | F 40 43 16 246 | 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 16 | Total deductions. Add lines 1 through 14 | | | | | 0. |
| 10 | column (C) | | | | 16 | -168. |
| 17 | Deduction for net operating loss. See instructions | | | | 17 | 100. |
| 18 | Unrelated business taxable income. Subtract line 17 from lin | | | | 18 | -168 |

| | _ |
|------|---|
| Page | 2 |

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| | THE Control On the Cold | thad of lawarters and | untion | | *** |
|------|--|-----------------------|-------------------------|-----------------------|----------------|
| | Cost of Goods Sold Enter me | | | 1 | |
| 1 | Inventory at beginning of year | | | | |
| 2 | Purchases | | | | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | | |
| 5 | Other costs (attach statement) | | | 0.000.00 | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year | | £ 16 16 16 Y | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | Enter here and in Pa | rt I, line 2 | 8 | n2 □ Vaa □ Na |
| 9 | Do the rules of section 263A (with respect to proper | erty produced or acqu | uired for resale) appl | y to trie organizatio | III L TES L NO |
| Part | IV Rent Income (From Real Property an | d Personal Prope | rty Leased with i | Real Property) | - |
| 1 | Description of property (property street address, | city, state, ZIP code |). Check if a dual-us | se. See instruction | S. |
| | A 🔲 , | | | | |
| | В 🗌 | | | | |
| | C 🔲 | | | | |
| | D 🗌 | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | 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) . | | | | |
| С | 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 column | ns A through D. Enter | here and on Part I, li | ne 6, column (A) | |
| | | | | | |
| 4 | Deductions directly connected with the income | | | | |
| | in lines 2(a) and 2(b) (attach statement) | | | | _ |
| 5 | Total deductions. Add line 4 columns A through | D. Enter here and o | n Part I, line 6, colu | mn (B) | |
| D | V Unrelated Debt-Financed Income (se | o instructions) | | | |
| Par | Description of debt-financed property (street add | droop oity state 7ID | code) Chack if a d | ual-use See instri | ıctions |
| 1 | A [| | codoj. Oncon n d d | uu, uuo, uuou. | |
| | | | | | |
| | | | | | |
| | _ = | | | | |
| | D 🗆 | A | В | С | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| _ | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| • | to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) . | | | | |
| _ | Other deductions (attach statement) | | | | |
| b | 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- | | | | <u> </u> |
| 5 | financed property (attach statement) | | | | |
| | Divide line 4 by line 5 | % | % | 9/ | % |
| 6 | - | 70 | 70 | | |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | 1 |
| 8 | Total gross income (add line 7, columns A thro | ugh D). Enter here ar | nd on Part I, line 7, o | column (A) | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| | Total allocable deductions. Add line 9, columns | A through D. Enter h | ere and on Part I lir | ne 7. column (B) | |
| 10 | | | | | Y |
| 11 | Total dividends - received deductions includ | ea mine 10 | | | |

Page 3

| Par | VI Interest, Annuit | ies, Royaltie | s, and Rents | fro | m Controlled Org | anizations (see instruc | ctions) |
|------|---|-----------------------------------|--|-------|---|---|---|
| | | | | | Exempt Co | ntrolled Organizations | |
| | Name of controlled organization | 2. Employer identification number | 3. Net unrelat income (loss (see instructio | 3) | Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | Deductions directly connected with income in column 5 |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | | | Nonexemp | t Co | ntrolled Organization | ns | |
| | 7. Taxable income | inco | unrelated me (loss) estructions) | 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) | | | | | | | |
| Tota | | | E E E E E E | | (47) | 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) |
| Par | VII Investment Inc | | |), (9 | | ation (see instructions) | |
| | Description of income | 2. Amou | int 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) | | | | | | | |
| | | Enter here | nts in column 2. e and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Tota | | | naama Otha | w Th | on Advertising In | come (see instructions | a) |
| | VIII Exploited Exem | | ncome, otne | 111 | an Auvernaing in | COME (SEC INSTRUCTIONS | |
| | Description of exploited activity: Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | | | | | | 2 |
| 2 | | | _ | | | | |
| 3 | 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | | | | | | 3 |
| 4 | lines 5 through 7 | | | | | e 2. If a gain, complete | 4 |
| 5 | Gross income from act | ivity that is not | unrelated busi | iness | sincome | | 5 |
| 6 | Expenses attributable t | o income ente | red on line 5 | | | | 6 |
| 7 | Excess exempt expens 4. Enter here and on Pa | | | | | than the amount on line | 7 |
| | 4. Enter here and on Fa | arrii, 11110 12 | | 5. 5 | | | |

BAA REV 05/17/23 PRO Schedule A (Form 990-T) 2022

| Schedu | ıle A (Form 990-T) 2022 | | | | | Page 4 |
|--------|---|---------------|------------------|---------------|---|---|
| Par | t IX Advertising Income | | | | | |
| 1 | Name(s) of periodical(s). Check box if re | porting two | or more periodic | als on a cons | solidated basis. | |
| | A NONE PROGRAMS | | | | | |
| | • □ | | | | | |
| | C | | | | | |
| Enter | amounts for each periodical listed above | in the corres | sponding column | ke | | |
| | announce for oddin pont and a second second | | Α | В | С | D |
| 2 | Gross advertising income | | 375. | | | |
| а | Add columns A through D. Enter here ar | nd on Part I, | line 11, column | (A) | | . 375. |
| 3 | Direct advertising costs by periodical | | 543. | | | |
| а | Add columns A through D. Enter here as | nd on Part I, | line 11, column | (B) 12 12 12 | \$ \$ \$ \$ \$ \$ \$ P B | 543. |
| 4 | Advertising gain (loss). Subtract line 3 fi | om line | | | | |
| | 2. For any column in line 4 showing | | | | | |
| | complete lines 5 through 8. For any co | | | | | |
| | line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line | | | | | |
| _ | | | -168. | | | |
| 5 | Readership costs | | | | | |
| 6 7 | Circulation income | | | | | |
| • | line 5, subtract line 6 from line 5. If line 5 | | | | | |
| | than line 6, enter zero | | | | | |
| 8 | Excess readership costs allowed | | _ | | | |
| | deduction. For each column showing a | | | | | |
| | line 4, enter the lesser of line 4 or line 7 | | 0. | | | |
| а | Add line 8, columns A through D. Ente | | | | | on 0. |
| Dav | Part II, line 13 | | | | | <u> </u> |
| r ai | Compensation of Officers, Di | rectors, ar | id Trustees (se | o mondono | 3. Percentage | 4. Compensation |
| | 1. Name | | 2. Title | | of time devoted | attributable to |
| | | | | | to business | unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| Tota | II. Enter here and on Part II, line 1 | | | | | |
| | XI Supplemental Information (se | e instructio | nne) | | | |
| ган | Supplemental information (se | e mondone | 7110) | | | |
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SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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 fo

| A Nar | me of the organization | B Employer identification number | | | | |
|-------------|--|----------------------------------|--------------------|--------------------|----------|------------|
| SPAC | E COAST SYMPHONY ORCHESTRA, INC. | 27-0197064 | 1 | | | |
| C Un | related business activity code (see instructions) | * 7 | 11130 | D Sequence: | | 2 of 2 |
| E Des | scribe the unrelated trade or business MUSIC INSTRUCTIO | N | | | | |
| Par | | 1) | (A) Income | (B) Expens | es | (C) Net |
| 1a | Gross receipts or sales | | | | 4 | |
| 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 | | - 10 M 220 D | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or | | | 76 4 1 | 318 | |
| | Form 1120)). See instructions | 4a | | | - | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See | | | CONTRACTOR OF THE | | |
| | instructions | 4b | | | OK 103 | |
| 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) | | | | | |
| • | Investment income of section 501(c)(7), (9), or (17) | 8 | | | | |
| 9 | organizations (Part VII) | 9 | | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | _ | | |
| 11 | Advertising income (Part IX) | 11 | | | | |
| 12 | Other income (see instructions; attach statement) See Oth Inc Stmt | 12 | 4,388 | | | 4,388. |
| 13 | Total. Combine lines 3 through 12 | 13 | 4,388 | | 0. | 4,388. |
| Par | directly connected with the unrelated business inco | me. | | | | ns must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | |
| 2 | Salaries and wages | | | to the second | 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 | | | | - | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | | | | 8b | |
| 9 | | | | | 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) | r Da | eduction Sta | tement | | 4 422 |
| 14 | Other deductions (attach statement) See Other | | | | 14 15 | 4,433. |
| 15 16 | Total deductions. Add lines 1 through 14 | n Suk | tract line 15 from | Part I line 13 | 13 | 4,433. |
| 10 | column (C) | | | | 16 | -45. |
| 47 | Deduction for net operating loss. See instructions | | | | 17 | -7. |
| 17 18 | Unrelated business tayable income Subtract line 17 from lin | | | #5 #5 #6 3#2 3#U | 18 | -45. |

| Schedu | le A (Form 990-T) 2022 | | | | Page 2 |
|--------|---|-----------------------|------------------------|------------------------|----------|
| Par | | thod of inventory val | | | |
| 1 | Inventory at beginning of year | | | | |
| 2 | Purchases | | | 2 | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | | |
| 5 | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | | | | No. □No. |
| 9 | Do the rules of section 263A (with respect to property and IV Rent Income (From Real Property and IV) | d Rereasel Brase | uired for resale) app | Pool Proporty | Yes No |
| 1 | Description of property (property street address, | | | | |
| • | • — | • | • | se. dee mstractions. | |
| | D — | | | | |
| | | | | | |
| | D \square | | | | |
| | | Α | В | С | D |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | | | | | |
| | percentage of rent for personal property exceeds | | | | |
| | 50% or if the rent is based on profit or income) . | | | | |
| С | 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 column | ns A through D. Enter | here and on Part I, li | ne 6, column (A) | |
| 4 | Deductions directly connected with the income | 1 | | | |
| | in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 | Total deductions. Add line 4 columns A through | D. Enter here and o | n Part I. line 6. colu | mn (B) | |
| | | | | | |
| | Unrelated Debt-Financed Income (se Description of debt-financed property (street add | | Landa) Chank if a a | lual usa. Saa isatruat | ions |
| 1 | A 🗔 | | | iuai-use. See msii uci | 10115. |
| | P - | | | | |
| | с П | | | | |
| | D | | | | |
| | | Α | В | С | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| | to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) . | | | | |
| b | Other deductions (attach statement) | | | | |
| С | 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 | 70 | ,, | | |
| 8 | Total gross income (add line 7, columns A through | ugh D). Enter here ar | nd 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 h | ere and on Part Lir | ne 7. column (B) | |
| | Total dividends — received deductions include | _ | | | |
| 11 | rotal dividends — received deductions include | | | 25 QI | |

| Part V | rt VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) Exempt Controlled Organizations | | | | | | ctions) |
|---------------|---|-----------------------------------|--|--|-----------|---|---|
| | | | | | | | |
| 1. | Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions | payment | • | 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 Org | ganizatio | ns | |
| - | 7. Taxable income | inco | t unrelated me (loss) astructions) | 9. Total of spending payments in | | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals Part V | | come of a Se | | , (9), or (17) | | Enter here and on Part I, line 8, column (A) ation (see instructions) | Enter here and on Part I, line 8, column (B) |
| 1. | Description of income | 2. Amou | unt of income | 3. Deducti directly conn (attach state | ected | 4. Set-asides (attach statement) | and set-asides (add columns 3 and 4) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | | Enter here line 9, | nts in column 2. e and on Part I, column (A) | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| lotals | /// Evaluited Ever | mpt Activity | ncome Other | Than Adver | tising Ir | ncome (see instructions | s) |
| | | | ncome, other | man Auver | g II | ioo.iio (soo iioa sonoii | |
| 1 | Description of exploite | ose income from | m trade or busing | ess Enter here | and on F | Part I. line 10. column (A) | 2 |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | | | | | | |
| 1 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | | | | | | 3 |
| | 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 ente | ered on line 5 . | | | | 6 |
| 7 | Excess exempt expen | ises. Subtract l | ine 5 from line 6 | | | than the amount on line | 7 |
| | 4. Enter here and on P | artii, iiile 12 | • • • • • • | REV 05/17/23 PRO | | <u> </u> | Schedule A (Form 990-T) 202 |
| BAA | | | | | | | , |

| | Name(s) of periodical(s). Check box if re | porting two or more pe | riodicals on a | consolidate | d basis. | |
|---------|--|----------------------------|----------------|---------------|---|---|
| 1 | • 🗆 | | | | | |
| | B 🗆 | | | | | |
| | c | | | | | |
| | D [| | | | | |
| nter: | amounts for each periodical listed above | in the corresponding co | olumn. | | | |
| TILO: I | amounts for odon portodiod netod above | A | | В | С | D |
| 2 | Gross advertising income | es ur ur | | | | |
| _ | | - | | | | |
| а | Add columns A through D. Enter here ar | nd on Part I, line 11, col | umn (A) 🔋 | | | |
| 3 | Direct advertising costs by periodical | a a s | | | | |
| а | Add columns A through D. Enter here ar | nd on Part I, line 11, col | lumn (B) | | 40 SUP DE SE SE SE | |
| | - | | | | | |
| 4 | Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing | | | | | |
| | complete lines 5 through 8. For any co | | | | | |
| | line 4 showing a loss or zero, do not co | | | | | |
| | lines 5 through 7, and enter zero on line | | | | | |
| _ | • | | | | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | | | | | |
| 7 | Excess readership costs. If line 6 is le | | | | | |
| | line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero | | | | | |
| _ | | | | | | |
| 8 | Excess readership costs allowed deduction. For each column showing a | | | | | |
| | line 4, enter the lesser of line 4 or line 7 | - 1 | | | | |
| | Add line 8, columns A through D. Enter | | 0 | | | |
| Par | Part II, line 13 Compensation of Officers, Di 1. Name | | es (see instr | uctions) | Percentage time devoted | 4. Compensation attributable to |
| | | | | | to business | unrelated business |
| 1) | | | | | % | |
| 2) | = | | | | % | |
| 3) | | | | | % | |
| 4) | | | | | % | |
| *) | | | | | | |
| Γota | II. Enter here and on Part II, line 1 | | | | •3 2•4 3•4 (•3 | |
| | XI Supplemental Information (se | | | 0. 0. 10. | | |
| CIL | Supplemental information (se | ic modulonoj | | | | |
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Additional Information From Sch A - (990-T): Unrelated Business Taxable Income from Unrelated Trade or Business (MUSIC INSTRUCTION)

Sch A - (990-T): Unrelated Business Taxable Income from Unrelated Trade or Business (MUSIC INSTRUCTION)

Part I: Other Income

Continuation Statement

| Description | Amount |
|-----------------------|--------|
| MUSIC LESSONS/TUITION | 4,388. |
| Total | 4,388. |

Sch A - (990-T): Unrelated Business Taxable Income from Unrelated Trade or Business (MUSIC INSTRUCTION)

Part II: Other Deductions

Continuation Statement

| Description | Amount |
|-------------------------------|--------|
| DIRECT EXPENSES MUSIC LESSONS | 3,890. |
| OFFICE EXPENSES | 443. |
| OVERHEAD ALLOCATION | 100. |
| Total | 4,433. |

IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2022, or fiscal year beginning , 2022, and ending , 20 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Department of the Treasury Internal Revenue Service

| Name of filer | EIN or SSN |
|--|---|
| SPACE COAST SYMPHONY ORCHESTRA, INC. | 27-0197064 |
| Name and title of officer or person subject to tax | |
| MARY SEAL, VICE PRESIDENT | |
| Part I Type of Return and Return Information | |
| Check the box for the return for which you are using this Form 8879-TE and 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, e 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here | enter whole dollars only. If you check the box on line 1a, 2a, n being filed with this form was blank, then leave line 1b, 2b, -). But, if you entered -0- on the return, then enter -0- on the Part VIII, column (A), line 12) |
| Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or | |
| of entity), (EIN) | and that I have examined a copy of the |
| the date of any refund. If applicable, I authorize the U.S. Treasury and its designate (direct debit) entry to the financial institution account indicated in the tax preparation return, and the financial institution to debit the entry to this account. To revoke a p 1-888-353-4537 no later than 2 business days prior to the payment (settlement) deprocessing of the electronic payment of taxes to receive confidential information in the payment. I have selected a personal identification number (PIN) as my signature electronic funds withdrawal. | ion software for payment of the federal taxes owed on this payment, I must contact the U.S. Treasury Financial Agent at ate. I also authorize the financial institutions involved in the necessary to answer inquiries and resolve issues related to |
| PIN: check one box only | |
| ☐ I authorize t | to enter my PIN as my signature |
| ERO firm name | Enter five numbers, but do not enter all zeros |
| on the tax year 2022 electronically filed return. If I have indicated within thi agency(ies) regulating charities as part of the IRS Fed/State program, I also return's disclosure consent screen. X As an officer or person subject to tax with respect to the entity, I will enter filed return. If I have indicated within this return that a copy of the return is be of the IRS Fed/State program, I will enter my PIN on the return's disclosure of | is return that a copy of the return is being filed with a state of authorize the aforementioned ERO to enter my PIN on the my PIN as my signature on the tax year 2022 electronically being filed with a state agency(ies) regulating charities as part |
| Signature of officer or person subject to tax | Date 11/14/2023 |
| Part III Certification and Authentication | |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. | 0 5 4 0 9 0 5 2 4 3 Do not enter all zeros |
| I certify that the above numeric entry is my PIN, which is my signature on the 202 am submitting this return in accordance with the requirements of Pub. 4163 , Me Providers for Business Returns. | 22 electronically filed return indicated above. I confirm that I lodernized e-File (MeF) Information for Authorized IRS e-file |
| ERO's signature | Date |
| | |
| ERO Must Retain This Form — S Do Not Submit This Form to the IRS Unle | |

Err 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

| | - | |
|------|------------|--|
| 2022 | and ending | |

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

For calendar year 2022, or fiscal year beginning

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer 27-0197064 SPACE COAST SYMPHONY ORCHESTRA, INC. Name and title of officer or person subject to tax MARY SEAL, VICE PRESIDENT Part 1 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. Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) Form 990-EZ check here **b Total revenue**, if any (Form 990-EZ, line 9) 2a 3b Form 1120-POL check here . . . **b Total tax** (Form 1120-POL, line 22) Form 990-PF check here 👢 🖫 🗌 **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 8868 check here . 😨 🖫 🗌 **b Balance due** (Form 8868, line 3c) 5a 6a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 7a Form 4720 check here . 🛊 🖫 **b Total tax** (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here . 9a Form 5330 check here . 🔞 🖟 🗌 **b Tax due** (Form 5330, Part II, line 19) b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Form 8038-CP check here . . . 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 , (EIN) ____ and that I have examined a copy of the of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only as my signature to enter my PIN I authorize ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🗵 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 9 0 0 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Other Service Fees

Form 990 Part IX, Line 11g

Name

SPACE COAST SYMPHONY ORCHESTRA, INC.

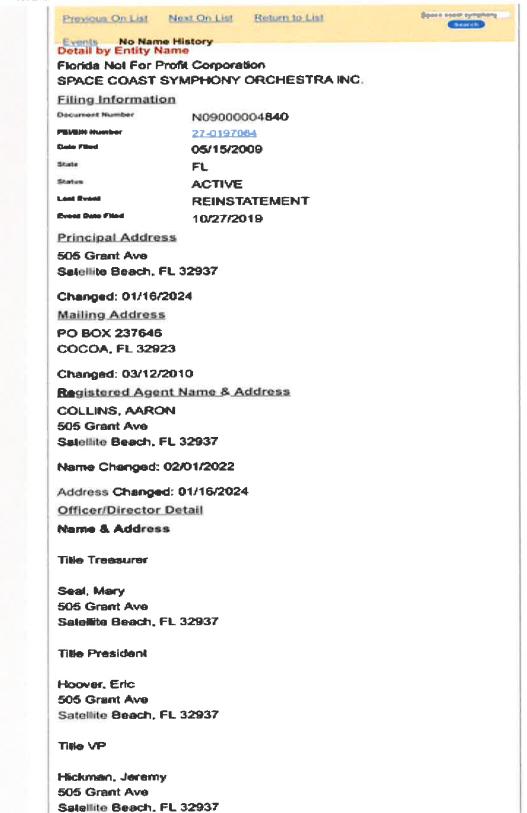
Employer Identification No. 27-0197064

| Description | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|-------------------------------------|--------------|----------------------------|----------------------------------|--------------------|
| CONTRACTORS: | | | | |
| BOX OFFICE | 1,125. | 1,125. | | |
| IBRARY | 6,217. | 6,217. | | |
| PERATIONS | 11,315. | 11,315. | | |
| OLUNTEER COORDINATOR | 1,300. | 1,300. | | |
| ONDUCTORS | 9,235. | 9,235. | | |
| VENT SPECIALTIES | 15,887. | 15,887. | | |
| UEST ARTISTS | 27,835. | 27,835. | | |
| USICIANS | 227,530. | 227,530. | | |
| RANT WRITER | 635. | | | 635 |
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| Total to Form 990, Part IX, ine 11g | 301,079. | 300,444. | | 635 |

11:52







11 52



Title Treasurer Seat, Mary 505 Grant Ave Satellite Beach, FL 32937 Title President Hoover, Eric 505 Grant Ave Satellite Beach, FL 32937 Tide VP Hickman, Jeremy 505 Grant Ave Satellite Beach, FL 32937 Title Secretary Kenney, Sherri 505 Grant Ave Satellite Beach, FL 32937 Annual Reports Report Year Princi Evin equal 4 Street FR03 BOOK THEE DOM: N 2ntsk emmorrough sub-4 Document Images THE STATE OF STREET, THE PARTY OF A REAL PROPERTY OF THE PARTY OF NAME AND ADDRESS OF THE OWNER, WHEN THE BUILD SHOWING THE PLANT THE PERSON NAMED IN to the state of th COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED AND ADDRESS. instance immediate the order and the out of the same Control of the last of the las m m 3 to among the major may THE R. LEWIS CO., LANSING, SQUARE, SQUARE, a marin and the second last transfer. to be tell a completely by Indiana was a find the first of militaria with the particular Venicologie in 1996 Samuel THE PART OF THE PART OF A WART MARKET BELLET THE PART OF THE ROOM the state of the s THE REAL PROPERTY. THE RESERVE OF THE PARTY OF THE The state of the state of A hour to 1 . A household the har on THE PART OF THE PARTY. THE RELEASE A SECTION والمراجع والمنافي والمنافية المستوالين والمالية Principles Strikes Short Conduct Temperature Land Diversity No Name History

For TDO use: PROJECT #- C20-YR



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | City of Palm Bay |
|------------------------------|------------------------|
| Applicant Event Name: | Year-round programming |

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

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

| Cranis, Peter Date: 2024.10.17 11:11:23 -04'00' |
|---|
|---|

Peter Cranis, Executive Director

| Response | ID:62 | Data |
|------------|-------|------|
| 1169001196 | 10.02 | Dala |

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



Signature of: Daniel Waite

3. (untitled)

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

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

City of Palm Bay

Organization address

120 Malabar Road

State

FI

City

Palm Bay

Zip

32909

Primary contact name

Daniel Waite

Primary contact phone number

321-626-2912

Primary contact email Daniel.Waite@pbfl.org Secondary contact name Juliet Misconi Secondary contact phone number 321-614-1097 Secondary contact email juliet.misconi@pbfl.org Organization website address https://www.palmbayflorida.org/ 5. (untitled) 4. Which best describes your organization? Other - please be specific: Local Government 6. (untitled) 5. What is your Federal Employee ID number? 59-6018984 7. (untitled) 6. Are you completing this questionnaire for an event or year-round programming? Year-round programming - theater, symphony, concerts, museum, etc. 8. (untitled) 1. E7 ENT INFORMATION Name of event Event website address Vf different from organization website(**Event location**

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

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

12. (untitled)

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

Digital advertising (banner ads, etc.)

Radio

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

Other - Please be specific: City website/TDC

13. (untitled)

9. What are your social media handles?

Facebook: City of Palm Bay - Government

Instagram : cityofpalmbayfl YouTube : @PalmBayFlorida1

14. (untitled)

,. What hashtags do you use?

#palmbayproud

15. (untitled)

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

Out-of-county advertising/marketing support

16. (untitled)

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

Apparel/promotion items (event t-shirts, giveaways, etc.)

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Radio

Social media post

Other - Please be specific: city website and digital marketing ads

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

20. (untitled)

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

Ltr_4076c.pdf

21. (untitled)

13. Upload your completed Checklist.

City_of_Palm_Bay_checklist_9-27-2024_(1).pdf

22. (untitled)

14.

ATTESTATION

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

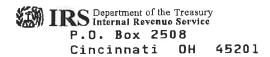


Signature of: Daniel Waite

23. Thank You!

New Send Email

Oct 09, 2024 11:02:37 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com



OMB Clearance No.: 1545-0074

In reply refer to: 3552239513 Sep. 20, 2024 LTR 4076C 0 59-6018984 000000 00

> 00019752 BODC: TE

22

CITY OF PALM BAY 120 MALABAR RD SE PALM BAY FL 32907-3009

FIN: SEP.23.'24 PM05:06



010084

Taxpayer identification number: 59-6018984
Person to contact: I.R.S.
Toll-free telephone number: 877-829-5500

Dear Taxpayer:

We received your request dated Sep. 13, 2024, asking about your federal tax status. Our records don't specify your federal tax status. The following information about the tax treatment of state and local governments and affiliated organizations may help you.

GOVERNMENTAL UNITS

Governmental units, such as states and their political subdivisions, generally are not subject to federal income tax. Political subdivisions of a state are entities with the authority to exercise one or more of the sovereign powers of the state: taxation, police powers, or eminent domain. They typically include counties or municipalities and their agencies or departments. Charitable contributions to governmental units may be tax-deductible under Internal Revenue Code (IRC) Section 170(c)(l) if made for an exclusively public purpose. Generally, grantors and contributors may rely on the status of governmental units based on state or local law in determining the deductibility of their contributions.

AFFILIATED ORGANIZATIONS

* INSTRUMENTALITIES

In general, an instrumentality is an entity separate from, but affiliated with, a state or local government, and lacking any sovereign powers. Instrumentalities generally are subject to federal income tax. However, they may be recognized as tax-exempt under IRC Section 501(a) as organizations described in IRC Section 501(c), including IRC Section 501(c)(3). In addition, the income of a state or local government instrumentality may be excluded from gross income if it meets the requirements of IRC Section 115(1).

* ENTITIES MEETING THE REQUIREMENTS OF IRC SECTION 115(1)

An entity that is not a governmental unit but that performs an essential governmental function may qualify for an income exclusion under IRC Section 115(1). If the entity's income (1) is derived from a

3552239513 Sep. 20, 2024 LTR 4076C 0 59-6018984 000000 00 00019753

CITY OF PALM BAY 120 MALABAR RD SE PALM BAY FL 32907-3009

public utility or the exercise of an essential governmental function, and (2) accrues to a state, a political subdivision of a state, or the District of Columbia, it may be excluded from gross income. Charitable contributions to these entities may not be tax deductible to the donors.

RULING LETTERS

To receive a ruling on its status as a political subdivision or instrumentality of a government, or on whether its income is excluded from gross income under IRC Section 115(1), a governmental unit or affiliated organization may request a letter ruling by following the procedures in Revenue Procedure (Rev. Proc.) 2019-1 or its annual successor. There is a fee associated with obtaining a letter ruling.

TAX-EXEMPT CHARITABLE ORGANIZATIONS

An organization affiliated with a state, county, or municipal government may qualify for exemption from federal income tax under IRC Section 501(c)(3), if (1) it is not an integral part of the government, and (2) it does not have governmental powers inconsistent with exemption (such as the power to tax or to exercise enforcement or regulatory powers). Note that an affiliated organization may meet the requirements of both IRC Sections 501(c)(3) and 115(1) under certain circumstances. See Rev. Proc. 2003-12, 2003-1 C.B. 316, for more information.

Most entities must file a Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code, or Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code, to be recognized as exempt from federal income tax under IRC Section 501(c)(3), and to ensure that any charitable contributions they receive are tax-deductible to contributors under IRC Section 170(c)(2).

ADDITIONAL INFORMATION

This letter does not determine that you have a particular tax status. If you're unsure of your status, you can:

- Visit www.irs.gov/government-entities/federal-state-localgovernments for government entity information.
- Visit www.stayexempt.irs.gov, an IRS site created especially for 501(c)(3) organizations.
- Read Publication 4220, Applying for 501(c)(3) Tax-Exempt Status.
- Seek a private letter ruling, following the procedures in Rev. Proc. 2019-1, 2019-1 I.R.B. 1 (updated annually).

3552239513 Sep. 20, 2024 LTR 4076C 0 59-6018984 000000 00 00019754

CITY OF PALM BAY 120 MALABAR RD SE PALM BAY FL 32907-3009

FIN: SEP.23.'24 PM05:07



010084

You can get the forms or publications mentioned in this letter from our website www.irs.gov/forms-instructions or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call the contact person shown above between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Keep a copy of this letter for your records.

Sincerely yours,

Valerie M. Counts

W. Jackson

Operations Mgr. ACS ATL OPS1

For TDO use: PROJECT #-



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Na | me:Canales Legacy Unlimited LLC | |
|---------------------------|--------------------------------------|--|
| Applicant Event Name: | Space Coast Spring Games - INV - S12 | |

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

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

| Cranis, Peter | Digitally signed by Cranis, Peter Date: 2024.10.17 11:15:35 -04'00' |
|---------------|--|
| | |

Peter Cranis, Executive Director

FY 2024-2025 Warketing Support Program application

Response ID:53 Data

2. (untitled)

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



Signature of: Victor Canales

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Canales Legacy Unlimited LLC

Organization address

521 Eastbrook Drive

State

In

City

Decatur

Zip

46733

Primary contact name

Victor Canales

Primary contact phone number

260-701-1400

Primary contact email

victor@canaleslegacyunlimited.com

Secondary contact name

Carson Canales

Secondary contact phone number

260701-2692

Secondary contact email

carson@canaleslegacyunlimited.com

Organization website address

www.spacecoastspringgames.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

93-2940129

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Space Coast Spring Games

Event website address (if different from organization website)

www.spacecoastspringgames.com

Event location

Viera, Florida

9. (untitled)

8. What is the first date of your event?

02/24/2025

10. (untitled)

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

21 +

11. (untitled)

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

Digital advertising (banner ads, etc.)

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

Social hashtags

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

TV/Video

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook: space coast spring games Instagram: space coast spring games

14. (untitled)

12. What hashtags do you use?

#spacecoastspringgames #scspringgames

15. (untitled)

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

16. (untitled)

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

Apparel/promotion items (event t-shirts, giveaways, etc.)

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Social media post

TV/Video

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

Articles_of_Organization.pdf

20. (untitled)

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

21. (untitled)

16. Upload your completed Checklist.

Untitled_presentation.pdf

22. (untitled)

17.

ATTESTATION

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



Signature of: Victor Canales

23. Thank You!

New Send Email

Oct 08, 2024 12:20:06 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

APPROVED AND FILED DIEGO MORALES INDIANA SECRETARY OF STATE 08/04/2023 11:30 AM

ARTICLES OF ORGANIZATION

Formed pursuant to the provisions of the Indiana Code.

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 202308041713510

BUSINESS TYPE Domestic Limited Liability Company

CANALES LEGACY UNLIMITED, LLC

PRINCIPAL OFFICE ADDRESS 521 Eastbrook Dr, Decatur, IN, 46733, USA

ARTICLE II - REGISTERED OFFICE AND ADDRESS

REGISTERED AGENT TYPE Individual

NAME Victor Canales

ADDRESS 521 Eastbrook Dr, Decatur, IN, 46733, USA

SERVICE OF PROCESS EMAIL victor.canales@usssa.com

I acknowledge that the Service of Process email provided above is the email address at which electronic service of process may be accepted.

ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE

PERIOD OF DURATION Perpetual

EFFECTIVE DATE 08/04/2023

EFFECTIVE TIME 10:52AM

ARTICLE IV - GOVERNING PERSON INFORMATION

No Principal on record.

MANAGEMENT INFORMATION

THE LLC WILL BE MANAGED BY MANAGER(S) No IS THE LLC A SINGLE MEMBER LLC? Yes

APPROVED AND FILED
DIEGO MORALES
INDIANA SECRETARY OF STATE
08/04/2023 11:30 AM

SIGNATURE

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

THE UNDERSIGNED, DESIRING TO FORM A LIMITED LIABILITY COMPANY PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT EXECUTES THESE ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY August 4, 2023.

THE UNDERSIGNED ACKNOWLEDGES THAT A PERSON COMMITS A CLASS A MISDEMEANOR BY SIGNING A DOCUMENT THAT THE PERSON KNOWS IS FALSE IN A MATERIAL RESPECT WITH THE INTENT THAT THE DOCUMENT BE DELIVERED TO THE SECRETARY OF STATE FOR FILING.

SIGNATURE

Patrick Scheiderer

TITLE

Legal Representative

Business ID: 202308041713510

Filing No: 9970329

For TDO use: PROJECT #-



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Nan | ne: Cameron J. Newton Enterprise | |
|----------------------------|-----------------------------------|--|
| Applicant Event Name: | Bless the Babies Bowl - INV - S17 | |

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

| All documents | have been | submitted | , reviewed | and/ | or ado | dressea | l in the | e comments. |
|---------------|-----------|-----------|------------|------|--------|---------|----------|-------------|
|---------------|-----------|-----------|------------|------|--------|---------|----------|-------------|

| Cranis, Pete | Digitally signed by Cranis, Peter Date: 2024.10.17 11:15:53 -04'00' |
|--------------|---|
| | |

Peter Cranis, Executive Director

| Response | ID:77 | Data |
|----------|-------|------|
| nesponse | 10.77 | Data |

| ~ | | | | 4.5 |
|----------|-----|-----|-----|-----|
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| Z. 1 | u | HU | ш | u, |

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



Signature of: Kendall Ogle

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Cameron J Newton Enterprise

Organization address

949 West Marietta Street NW Suite 104

State

GΑ

City

Atlanta

Zip

30318

Primary contact name

Kendall Ogle

Primary contact phone number

443-388-1836

Primary contact email

kogle@cam1newton.com

Secondary contact name

RJ Mathis

Secondary contact phone number

404-310-4700

Secondary contact email

rjmathis@cam1newton.com

Organization website address

www.C1Nsports.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

27-4602289

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Bless the Babies Bowl

Event website address (if different from organization website)

www.C1Nsports.com

Event location

960 Cogswell Street, Rockledge, FL 32955

9. (untitled)

8. What is the first date of your event?

12/04/2024

10. (untitled)

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

4

11. (untitled)

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

Social hashtags

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

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Instagram : @c1n/@cam YouTube : @c1nfootball

14. (untitled)

12. What hashtags do you use?

NA

15. (untitled)

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

16. (untitled)

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

Billboards

Radio

Social media post

Website/blog

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

BTB.pdf

20. (untitled)

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

21. (untitled)

16. Upload your completed Checklist.

BTB.pdf

22. (untitled)

17.

ATTESTATION

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



Signature of: Kendall Ogle

23. Thank You!

New Send Email

Oct 11, 2024 12:23:10 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF INCORPORATION

I, Brian P. Kemp, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

CAMERON J. NEWTON ENTERPRISES, INC.

a Domestic Profit Corporation

has been duly incorporated under the laws of the State of Georgia on 01/20/2011 by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on January 20, 2011



Brian P. Kemp Secretary of State

Control No: 11004470 Date Filed: 01/20/2011 12:35 PM Brian P. Kemp Secretary of State

Articles Of Incorporation For Georgia Profit Corporation

The name of the corporation is:

CAMERON J. NEWTON ENTERPRISES, INC.

Principal mailing address of the corporation is:

3800 Camp Creek Parkway, Building 1200, Suite 150 Atlanta, GA 30331

The Registered Agent is:

George O Lawson , Jr. 3800 Camp Creek Parkway , Bldg 1200, Suite 150 Atlanta, GA 30331

County:

The name and address of incorporator(s) are:

Cameron J. Newton 4515 Scarborough Road College Park, GA 30349

The corporation is authorized to issue:

100,000 Shares

The optional provisions are:

ARTICLES OF INCORPORATION

FOR

CAMERON J. NEWTON ENTERPRISES, INC.

I.

The name of the Corporation is:

"CAMERON J. NEWTON ENTERPRISES, INC."

11.

The corporation shall have perpetual duration.

111.

The corporation is organized pursuant to the provisions of the Georgia Business Corporation Code.

IV.

The corporation is a corporation for profit and is organized for the purpose of operating a professional endorsement business. The corporation may sell, purchase, and dispose of services, information, products, and materials relating to an athlete endorsements and promotions; and to otherwise deal in the general operation of an athlete endorsements and promotions of every kind and description. The corporation shall likewise have the authority to engage in any work, service or pursuit in any manner auxiliary to, or in aid of, its general objective as stated above. Said corporation shall enjoy all other rights, powers and privileges granted to corporations pursuant to O.C.G.A. § 14-2-302, or any other state

in which it may become authorized to do business.

V.

The corporation has authority to issue not more than 100,000 shares of common stock of \$1.00 par value. The sole shareholder of said stock is CAMERON J. NEWTON.

VI.

The corporation shall not commence business until it shall receive not less than \$500.00 in payment for issuance of shares of stock.

VII.

The initial registered office of the corporation is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, Georgia. The initial registered agent for the corporation is George O. Lawson, Jr., whose address is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, Fulton County, Georgia 30331.

VIII.

The initial Board of Directors shall consist of three (3) members who are:

Cameron J. Newton 4515 Scarborough Road College Park, GA 30349

Cecil Newton 4515 Scarborough Road College Park, GA 30349

Jacqueline Newton 4515 Scarborough Road College Park, GA 30349

IX.

The name and address of the Incorporator is:

Cameron J. Newton 4515 Scarborough Road College Park, GA 30349

X.

The mailing address of the initial principal office of the corporation is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, GA 30331.

XI.

The initial officers are Cameron J. Newton, President; Jacqueline Newton, Secretary. The Officers of the corporation shall be governed by laws of the corporation which by laws may be amended as provided by the by laws. This corporation is a legal entity and is not a subsidiary of any other corporation.

XII.

This corporation shall be authorized to issue its common stock pursuant to such prior plans as it may from time to time adopt in accordance with the provisions of Section 1244 of the Internal Revenue Code

of 1954, as amended, and the Board of Directors of the corporation shall be authorized to adopt the initial plan for the issuance of such common stock at its first organizational meeting.

IN WITNESS WHEREOF, THE UNDERSIGNED EXECUTES THE ARTICLES OF INCORPORATION.

This 20TH day of January, 2011

/S/ George O. Lawson, Jr.

GEORGE O. LAWSON, JR.

ATTORNEY FOR THE INCORPORATOR

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on the date set forth below.

Signature(s):

Date:

Attorney-in-Fact, George O. Lawson, Jr.

January 20, 2011

For TDO use: PROJECT #-



Tourism Development Office FY 2024-2025 Marketing Support Program checklist

| Applicant Organization Name: | Smooth Running | |
|-------------------------------|----------------------------|--|
| Applicant Event Name: Florida | Marathon Weekend - I - S10 | |

| | Yes | No | Comment | |
|------------------------------------|-----|-----|---------|--|
| Completed questionnaire | х | | | |
| Copy of 990 form (if applicable) | | х | NA | |
| Copy of IRS Articles of | × | | | |
| Incorporation – (if applicable) | _ ^ | | | |
| Copy of IRS Determination letter – | | x | | |
| (if applicable) | | _ ^ | NA | |
| Copy of SunBiz.org (if applicable) | Х | | | |
| Copy of this MSP checklist | х | | | |

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

| Cranis, Peter | Digitally signed by Cranis, Peter Date: 2024.10.17 11:16:09 -04'00' | |
|---------------|---|---|
| | | _ |

Peter Cranis, Executive Director

FY 2024-2025 Warketing Support Program application

Response ID:58 Data

| 2 | لم مراخلهمين | ۱۱ |
|------|--------------|----|
| 2. (| untitled | IJ |

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



Signature of: Mitchell Varnes

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Smooth Running

Organization address

660 Cinnamon Court

State

Florida

City

Satellite Beach

Zip

32937

Primary contact name

Mitch Varnes

Primary contact phone number

3217597200

Primary contact email

mitchvarnes@gmail.com

Secondary contact name

На

Secondary contact phone number

3213617748

Secondary contact email

info@thefloridamarathon.com

Organization website address

https://thefloridamarathon.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

26-3025672

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Florida Marathon Weekend

Event website address (if different from organization website)

https://www.thefloridamarathon.com

Event location

Front Street Park, Melbourne and along US1 and beachside areas

9. (untitled)

8. What is the first date of your event?

02/08/2025

10. (untitled)

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

2

11. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Direct mail

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

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

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : #runflorida Instagram : #runfloida

YouTube : n/a

14. (untitled)

12. What hashtags do you use?

#runflorida, #spacecoast

15. (untitled)

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

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing

materials, what elements could you include us in?

Apparel/promotion items (event t-shirts, giveaways, etc.)

Billboards

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Social media post

Website/blog

Other - Please be specific: TDC is already included in these items

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

Smooth_Running_Articles_of_Incorporation.pdf

20. (untitled)

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

smooth_running_sun_biz.pdf

21. (untitled)

16. Upload your completed Checklist.

Florida_Marathon_TDC_checklist_2025.pdf

22. (untitled)

17.

ATTESTATION

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

M. Valor

Signature of: Mitchell Varnes

23. Thank You!

New Send Email

Oct 08, 2024 15:15:31 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

ARTICLES OF ORGANIZATION

OF

SMOOTH RUNNING, LLC

The undersigned desiring to form a limited liability company pursuant to Chapter 608, Florida Statutes, hereby states as follows.

ARTICLE I - NAME

The name of this limited liability company (the "Company") is SMOOTH RUNNING, LLC.

ARTICLE II - PRINCIPAL OFFICE .

The street address of the principal office of the Company is 503 Peragrine Drive, Indialantic, FL 32903 and mailing address of the Company is PO Box 33100, Indialantic, FL 32903.

ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent for service of process in the state for this Company is JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901.

ARTICLE IV - MANAGER

The initial manager of the Company is G. MITCHELL VARNES, (MGR.)

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization this day of July, 2008.

JACK A. HIPSCHENBAUM, a person authorized by a mumber to sign these

Articles of Organization

FILED
JUL -9 AM 8:
CRETARY OF STAT

(((RO8000169408 3)))

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Section 608.415, Florida Statutes, the following is submitted in compliance with said Act:

FIRST, that SMOOTH RUNNING, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in the City of Indialantic, County of Brevard, State of Florida, has named JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901, as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with the obligations of a registered agent under Chapter 608, Florida Statutes, and I hereby accept to act in this capacity and agree to comply with the provisions of said Chapter relative to keeping open said office.

JACK A. KIRSCHENBAUM

FILED

08 JUL -9 AM 8: 32

SECRETARY OF STATE

TAIL AMERICAN