

## **Marketing Support Program – FY 2025-26**

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### Cultural events

- Field Manor
- Native Rhythm Festival
- Space Coast Art Festival
- 38<sup>th</sup> Annual Vietnam Reunion/MemorialWall
- Wizard of Oz
- Green Gables
- Melbourne Art Festival
- Space Coast Birding & Wildlife Festival
- Small SAT Conference at KSC CSE

Field Manor

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

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Applicant Organization Name: Field Manor Foundation

Applicant Event Name: Year-round programming

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

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

YES	<input checked="" type="checkbox"/>
-----	-------------------------------------

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

 7/2/2025

Peter Cranis, Executive Director

# FY 2025-2026 Marketing Support Program application

Response ID:47 Data

## 2. (untitled)

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



Signature of: Korinn Braden

## 3. (untitled)

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

Cultural

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

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

Field Manor Foundation, Inc.

**Organization address**

750 Field Manor Drive

**State**

FL

**City**

Merritt Island

**Zip**

32953

**Primary contact name**

Korinn Braden

**Primary contact phone number**

3218480365



**Primary contact email**

k.braden@fieldmanor.org

**Secondary contact name**

Korinn Braden

**Secondary contact phone number**

3212435218

**Secondary contact email**

fieldmanor@gmail.com

**Organization website address**

www.fieldmanor.org

5. (untitled)

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

501(C)(3)

6. (untitled)

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

59-3517194

7. (untitled)

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

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

8. (untitled)

**1. EVENT INFORMATION - #1**

**Name of event**

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

**Event location**

9. (untitled)

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

10. (untitled)

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

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

8. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

20. (untitled)

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

Social hashtags

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

Other - Please be specific.....: Website, email campaigns, community calendars, partners

21. (untitled)

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

Facebook : Field Manor, Field Manor Weddings and Events

Instagram : Fieldmanorhomestead, Fieldmanorweddings, Fieldmanorevents

YouTube : fieldmanor3906

22. (untitled)

**10. What hashtags do you currently use?**

#spacecoast #floridapioneers #indianriverlagoon #brevardcounty #merrittisland #floridahomesteads #maconga

#floridapioneerfamilies #brevardpioneers #fieldmanor #fieldmanorevents #fieldmanorweddings #brevardweddings

#orlandoweddings, and within that we will tag the featured artifact, animal, or plant and for the events we tag vendors and partners

23. (untitled)

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

[14\\_Full\\_copy\\_of\\_IRS\\_Letter\\_of\\_Determination\\_from\\_2000\\_2022\\_AUG.pdf](#)

24. (untitled)

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

[15\\_2023\\_Tax\\_Return\\_\(Field\\_Manor\\_Foundation\\_-\\_Client\\_Copy\).pdf](#)

25. (untitled)

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

26. (untitled)

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

[17\\_Detail\\_by\\_Entity\\_Name.pdf](#)

27. (untitled)

**14. Upload your completed W-9 form.**

[18\\_2025\\_W9.pdf](#)

28. (untitled)

**15. Upload your completed Event Income/Expense report.**

[19\\_Field\\_Manor\\_Event\\_Income\\_Expense\\_Report\\_FY25-26.pdf](#)

29. (untitled)

**16. Upload your completed Checklist.**

[20\\_Completed\\_checklist.pdf](#)

30. (untitled)

17.

## ATTESTATION

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



Signature of: Korinn Braden



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

DEPARTMENT OF THE TREASURY

NOV 08 2000

FIELD MANOR INC  
C/O ADRIENNE V SCHMITZ  
LESLIE ROBERT EVANS & ASSOCS PA  
214 BRAZILIAN STE 200  
PALM BEACH, FL 33480

Employer Identification Number:  
59-3517194  
DLN:  
17053215012040  
Contact Person:  
GLENN W COLLINS ID# 31392  
Contact Telephone Number:  
(877) 629-5500  
Accounting Period Ending:  
June 30  
Addendum Applies:  
No

Dear Applicant:

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

We have further determined that, as indicated in your application, you are a private foundation within the meaning of section 509(a) of the Code. In this letter we are not determining whether you are an operating foundation as defined in section 4942(j)(3).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA). However, since you are a private foundation, you are subject to excise taxes under chapter 42 of the Code. You also may be subject to other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circum-

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FIELD MANOR INC

stances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

You are required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as a Private Foundation. Form 990-PF must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make certain returns available for public inspection for three years after the later of the due date of the return or the date the return is filed. The returns required to be made available for public inspection are Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation, and Form 4720, Return of Certain Excise Taxes on Charities and Other Persons Under Chapters 41 and 42 of the Internal Revenue Code. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents must be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

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

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your exempt

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085 0004



FIELD MANOR INC

status and foundation status, you should keep it in your permanent records.

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

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

Sincerely yours,

STEVEN T. MILLER

Steven T. Miller  
Director, Exempt Organizations

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005 0002



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## Detail by Entity Name

Florida Not For Profit Corporation  
FIELD MANOR FOUNDATION, INC.

### Filing Information

Document Number	N98000003454
FEI/EIN Number	59-3517194
Date Filed	06/12/1998
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	07/15/2024
Event Effective Date	NONE

### Principal Address

750 FIELD MANOR DRIVE  
MERRITT ISLAND, FL 32953

Changed: 03/24/2025

### Mailing Address

750 FIELD MANOR DRIVE  
MERRITT ISLAND, FL 32953

Changed: 03/24/2025

### Registered Agent Name & Address

COUNTING COPPERS, LLC  
881 BARTON BLVD  
STE 3



ROCKLEDGE, FL 32955

Name Changed: 03/24/2025

Address Changed: 03/24/2025

### **Officer/Director Detail**

#### **Name & Address**

Title PRESIDENT

LAWRENCE, SUE NISBET  
750 FIELD MANOR DRIVE  
MERRITT ISLAND, FL 32953

Title SD

CRISS, JESSICA  
750 FIELD MANOR DRIVE  
MERRITT ISLAND, FL 32953

Title VD

NELSON, CHUCK  
750 FIELD MANOR DRIVE  
MERRITT ISLAND, FL 32953

Title TD

GRESHES, RACHEL BETH  
750 FIELD MANOR DRIVE  
MERRITT ISLAND, FL 32953

### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2023	01/31/2023
2024	03/14/2024
2025	03/24/2025

### **Document Images**

<a href="#">03/24/2025 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/15/2024 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">03/14/2024 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/31/2023 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/13/2022 -- Amendment</a>	<a href="#">View image in PDF format</a>

<a href="#">02/03/2022 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/15/2021 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/10/2020 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">12/10/2019 -- Amendment</a>	View image in PDF format
<a href="#">06/14/2019 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/09/2018 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/17/2017 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/23/2016 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/12/2015 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">06/13/2014 -- Name Change</a>	View image in PDF format
<a href="#">01/16/2014 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">11/27/2013 -- Amendment</a>	View image in PDF format
<a href="#">02/11/2013 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/29/2012 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/03/2011 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/22/2010 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/24/2009 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/07/2008 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/16/2007 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/15/2006 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/22/2005 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/04/2004 -- ANNUAL REPORT</a>	View image in PDF format
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<a href="#">01/30/2002 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/22/2001 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/20/2000 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/10/1999 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">06/12/1998 -- Domestic Non-Profit</a>	View image in PDF format

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Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private FoundationDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

**For calendar year 2023 or tax year beginning , 2023, and ending , 20**

Name of foundation <b>Field Manor Foundation Inc</b>		A Employer identification number <b>59-3517194</b>
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone number (see instructions) <b>(321) 848-0365</b>
City or town, state or province, country, and ZIP or foreign postal code <b>Merritt Island, FL 32953-4915</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>2,654,913</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	42,802			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	513	513		
	4 Dividends and interest from securities	24,911	24,911		
	5a Gross rents	800			
	b Net rental income or (loss)	800			
	6a Net gain or (loss) from sale of assets not on line 10	(575)			
	b Gross sales price for all assets on line 6a	160,860			
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain			982	
	9 Income modifications				
	10a Gross sales less returns and allowances	1,301			
Operating and Administrative Expenses	b Less: Cost of goods sold	33			
	c Gross profit or (loss) (attach schedule)	STM102	1,268	1,268	
	11 Other income (attach schedule)	STM106	180,795		
	12 Total. Add lines 1 through 11	250,514	25,424	2,250	
	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages	157,902			86,164
	15 Pension plans, employee benefits	12,231			7,066
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	STM108	4,300		2,666
	c Other professional fees (attach schedule)	STM109	12,571	12,571	
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	STM110	2,121		1,315
	19 Depreciation (attach schedule) and depletion	STM126	26,901		
	20 Occupancy				
	21 Travel, conferences, and meetings		907		907
	22 Printing and publications				
23 Other expenses (attach schedule)	STM103	96,647		46,024	
24 Total operating and administrative expenses. Add lines 13 through 23		313,580	12,571	144,142	
25 Contributions, gifts, grants paid		0		0	
26 Total expenses and disbursements. Add lines 24 and 25		313,580	12,571	144,142	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		(63,066)			
b Net investment income (if negative, enter -0-)			12,853		
c Adjusted net income (if negative, enter -0-)				2,250	

Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash - non-interest-bearing . . . . .	96,184	92,676	92,676
	2 Savings and temporary cash investments . . . . .	81,898	41,309	41,309
	3 Accounts receivable . . . . .			
	Less: allowance for doubtful accounts . . . . .			
	4 Pledges receivable . . . . .			
	Less: allowance for doubtful accounts . . . . .			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) . . . . .			
	Less: allowance for doubtful accounts . . . . .			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .	214	535	
	10a Investments - U.S. and state government obligations (attach schedule) . . . . .			
	b Investments - corporate stock (attach schedule) . . . . .			
	c Investments - corporate bonds (attach schedule) . . . . .			
Liabilities	11 Investments - land, buildings, and equipment: basis . . . . .			
	Less: accumulated depreciation (attach schedule) . . . . .			
	12 Investments - mortgage loans . . . . .			
	13 Investments - other (attach schedule) . . . . . STM118 . . . . .	903,213	874,609	1,020,928
	14 Land, buildings, and equipment: basis . . . . . 2,218,495 STM119 . . . . .			
	Less: accumulated depreciation (attach schedule) . . . . . 196,033 . . . . .	2,020,498	2,022,462	1,500,000
	15 Other assets (describe . . . . .)			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .	3,102,007	3,031,591	2,654,913
	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe . . . . . STM121 . . . . .)	23,391	16,041	
	23 Total liabilities (add lines 17 through 22) . . . . .	23,391	16,041	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 . . . . . <input checked="" type="checkbox"/> X			
	24 Net assets without donor restrictions . . . . .	1,037,466	971,278	
	25 Net assets with donor restrictions . . . . .	2,041,150	2,044,272	
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 . . . . . <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds . . . . .			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
	28 Retained earnings, accumulated income, endowment, or other funds . . . . .			
	29 Total net assets or fund balances (see instructions) . . . . .	3,078,616	3,015,550	
Net Assets or Fund Balances	30 Total liabilities and net assets/fund balances (see instructions) . . . . .	3,102,007	3,031,591	

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	3,078,616
2	Enter amount from Part I, line 27a . . . . .	2	(63,066)
3	Other increases not included in line 2 (itemize) . . . . .	3	
4	Add lines 1, 2, and 3 . . . . .	4	3,015,550
5	Decreases not included in line 2 (itemize) . . . . .	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 . . . . .	6	3,015,550

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> Publicly Traded Security 015565419	P	12-16-2022	11-08-2023
<b>b</b> Publicly Traded Security 015565419	P	05-12-2020	11-08-2023
<b>c</b> Publicly Traded Security 464287614	P	05-12-2020	11-08-2023
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
<b>a</b> 4,480		3,498	982
<b>b</b> 111,562		126,875	(15,313)
<b>c</b> 44,818		31,062	13,756
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			982
<b>b</b>			(15,313)
<b>c</b>			13,756
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	(575)
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	{ }	<b>3</b>	982

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. . . . . Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	<b>1</b>	179
<b>b</b> All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) . . . . .		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) . . . . .	<b>2</b>	0
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	179
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) . . . . .	<b>4</b>	0
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	179
<b>6</b> Credits/Payments:		
<b>a</b> 2023 estimated tax payments and 2022 overpayment credited to 2023 . . . . .	<b>6a</b>	714
<b>b</b> Exempt foreign organizations - tax withheld at source . . . . .	<b>6b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b> Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b> Total credits and payments. Add lines 6a through 6d . . . . .	<b>7</b>	714
<b>8</b> Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	<b>8</b>	
<b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .	<b>9</b>	
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .	<b>10</b>	535
<b>11</b> Enter the amount of line 10 to be: Credited to 2024 estimated tax Refunded . . . . .	<b>11</b>	535

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		<b>X</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition . . . . .		<b>X</b>
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ . . . . . (2) On foundation managers. \$ . . . . .		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ . . . . .		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .		<b>X</b>
If "Yes," attach a detailed description of the activities.		
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>X</b>	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>X</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .		<b>X</b>
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .		<b>X</b>
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV . . . . .	<b>X</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <b>FL</b>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation . . . . .	<b>X</b>	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII . . . . .		<b>X</b>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		<b>X</b>
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions . . . . .		<b>X</b>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .		<b>X</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	<b>X</b>	
Website address <u>fieldmanor.org</u>		
<b>14</b> The books are in care of <u>COUNTING COPPERS, LLC</u> Telephone no. <u>321-236-8014</u>		
Located at <u>PO BOX 561223, Rockledge, FL</u> ZIP+4 <u>32956</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here . . . . .		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>15</b>	
<b>16</b> At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .		<b>X</b>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<b>1a(1)</b>	<b>X</b>
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<b>1a(2)</b>	<b>X</b>
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<b>1a(3)</b>	<b>X</b>
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<b>1a(4)</b>	<b>X</b>
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<b>1a(5)</b>	<b>X</b>
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .	<b>1a(6)</b>	<b>X</b>
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .	<b>1b</b>	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here . . . . . <input type="checkbox"/>		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023? . . . . .	<b>1d</b>	<b>X</b>
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years . . . . .	<b>2a</b>	<b>X</b>
20 _____, 20 _____, 20 _____, 20 _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) . . . . .	<b>2b</b>	<b>X</b>
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. . . . .		
20 _____, 20 _____, 20 _____, 20 _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.) . . . . .	<b>3b</b>	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	<b>4a</b>	<b>X</b>
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023? . . . . .	<b>4b</b>	<b>X</b>



**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
<b>See 990 OFOV</b>				
SUE NISBET LAWRENCE 750 Field Manor Drive Merritt FL 32953	PRESIDENT 1.00	0	0	0
CHUCK NELSON 750 Field Manor Drive Merritt FL 32953	VICE PRESIDENT 2.00	0	0	0
LAURIE MCTAVISH 750 Field Manor Drive Merritt FL 32953	DIRECTOR 5.00	0	0	0
FRANK ROGERS-WITTE 750 Field Manor Drive Merritt FL 32953	DIRECTOR 5.00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 0



**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . .

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 EDUCATE RESIDENTS AND VISITORS ABOUT THE AGRICULTURAL AND SOCIAL HISTORY OF FIELD MANOR	144,142
2	
3	
4	

**Part VIII-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	0
2	
All other program-related investments. See instructions.	
3	

**Total.** Add lines 1 through 3 . . . . .

**Part IX** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	980,668
b	Average of monthly cash balances	1b	164,084
c	Fair market value of all other assets (see instructions)	1c	2,154,817
d	<b>Total</b> (add lines 1a, b, and c)	1d	3,299,569
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3,299,569
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	49,494
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3	5	3,250,075
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5	6	162,504

**Part X** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	162,504
2a	Tax on investment income for 2023 from Part V, line 5	2a	179
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	179
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	162,325
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	162,325
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	162,325

**Part XI** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	144,142
b	Program-related investments - total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4	4	144,142

**Part XII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
<b>1</b> Distributable amount for 2023 from Part X, line 7 . . .				<b>162,325</b>
<b>2</b> Undistributed income, if any, as of the end of 2023:				
<b>a</b> Enter amount for 2022 only . . . . .				
<b>b</b> Total for prior years: 20_____, 20_____, 20_____				
<b>3</b> Excess distributions carryover, if any, to 2023:				
<b>a</b> From 2018 . . . . .	117,997			
<b>b</b> From 2019 . . . . .				
<b>c</b> From 2020 . . . . .	15,124			
<b>d</b> From 2021 . . . . .				
<b>e</b> From 2022 . . . . .				
<b>f</b> <b>Total</b> of lines 3a through e . . . . .	133,121			
<b>4</b> Qualifying distributions for 2023 from Part XI, line 4: \$ <u>144,142</u>				
<b>a</b> Applied to 2022, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .				
<b>d</b> Applied to 2023 distributable amount . . . . .				144,142
<b>e</b> Remaining amount distributed out of corpus . . . . .				
<b>5</b> Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .	18,183			18,183
<b>6</b> <b>Enter the net total of each column as     indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	114,938			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .				
<b>e</b> Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .				
<b>f</b> Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) . . . . .	99,814			
<b>9</b> <b>Excess distributions carryover to 2024.</b> Subtract lines 7 and 8 from line 6a . . . . .	15,124			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2019 . . . . .				
<b>b</b> Excess from 2020 . . . . .	15,124			
<b>c</b> Excess from 2021 . . . . .				
<b>d</b> Excess from 2022 . . . . .				
<b>e</b> Excess from 2023 . . . . .				

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling . . . . .

**b** Check box to indicate whether the foundation is a private operating foundation described in section . . . . . ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .					
<b>b</b> 85% (0.85) of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XIV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**NA**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NA**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:







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

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20 \_\_\_\_\_

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>Field Manor Foundation Inc</b>	<b>D</b> Employer identification number <b>59-3517194</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. <b>750 Field Manor Drive</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>Merritt Island, FL 32953-4915</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year <b>3,031,591</b>	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417 (d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation			
<b>J</b> Enter the number of attached Schedules A (Form 990-T)	<b>1</b>		
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of <b>COUNTING COPPERS, LLC PO BOX 561223 FL 32956</b> Telephone number <b>(321) 236-8014</b>			

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>1</b>	
<b>2</b> Reserved	<b>2</b>	
<b>3</b> Add lines 1 and 2	<b>3</b>	
<b>4</b> Charitable contributions (see instructions for limitation rules)	<b>4</b>	
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	<b>5</b>	
<b>6</b> Deduction for net operating loss. See instructions	<b>6</b>	
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	<b>7</b>	
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions)	<b>8</b>	
<b>9</b> Trusts. Section 199A deduction. See instructions	<b>9</b>	
<b>10</b> Total deductions. Add lines 8 and 9	<b>10</b>	
<b>11</b> Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	<b>11</b>	<b>0</b>

**Part II Tax Computation**

<b>1</b> Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	<b>1</b>	<b>0</b>
<b>2</b> Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>2</b>	
<b>3</b> Proxy tax. See instructions	<b>3</b>	
<b>4</b> Other tax amounts. See instructions	<b>4</b>	
<b>5</b> Alternative minimum tax	<b>5</b>	
<b>6</b> Tax on noncompliant facility income. See instructions	<b>6</b>	
<b>7</b> Total. Add lines 3 through 6 to line 1 or 2, whichever applies	<b>7</b>	

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b> Other credits (see instructions)	<b>1b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b> Total credits. Add lines 1a through 1d	<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>	
<b>3a</b> Amount due from Form 4255	<b>3a</b>	
<b>b</b> Amount due from Form 8611	<b>3b</b>	
<b>c</b> Amount due from Form 8697	<b>3c</b>	
<b>d</b> Amount due from Form 8866	<b>3d</b>	
<b>e</b> Other amounts due (see instructions)	<b>3e</b>	
<b>f</b> Total amounts due. Add lines 3a through 3e	<b>3f</b>	
<b>4</b> Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	



**Part III Tax and Payments** (continued)

<b>6a</b>	Payments: Preceding year's overpayment credited to the current year . . . . .	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868 . . . . .	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) . . . . .	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800 . . . . .	<b>6g</b>		
<b>h</b>	Payment from Form 2439 . . . . .	<b>6h</b>		
<b>i</b>	Credit from Form 4136 . . . . .	<b>6i</b>		
<b>j</b>	Other (see instructions) . . . . .	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6J . . . . .	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>	<b>11</b>		

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

<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ . . . . . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	532000 FACILITY RENTALS	\$ 36,363	
		\$	
		\$	
		\$	
<b>6a</b>	Reserved for future use . . . . .		
<b>b</b>	Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

**Sign Here**

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

Signature of officer

Date

Title

PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No**Paid Preparer Use Only**

Print/Type preparer's name

Michelle Bonnett, EA

Preparer's signature

Date

04-29-2025

Check ☒ if self-employed

PTIN

P01711606

Firm's name

Counting Coppers, LLC

Firm's EIN

84-1855186

Firm's address

881 Barton Blvd Ste 3  
Rockledge FL 32955

Phone no.

321-236-8014

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

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2023**

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

<b>A</b> Name of the organization <b>Field Manor Foundation Inc</b>	<b>B</b> Employer identification number <b>59-3517194</b>
<b>C</b> Unrelated business activity code (see instructions) . . . . . <b>532000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **FACILITY RENTALS**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <b>132,012</b>			
<b>b</b>	Less returns and allowances <b>c</b> Balance	<b>1c</b> <b>132,012</b>		
<b>2</b>	Cost of goods sold (Part III, line 8) . . . . .	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b> <b>132,012</b>		<b>132,012</b>
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . .	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
<b>6</b>	Rent income (Part IV) . . . . .	<b>6</b> <b>800</b>		<b>800</b>
<b>7</b>	Unrelated debt-financed income (Part V) . . . . .	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b>		
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Part VIII) . . . . .	<b>10</b>		
<b>11</b>	Advertising income (Part IX) . . . . .	<b>11</b>		
<b>12</b>	Other income (see instructions; attach statement) . . . . .	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b> <b>132,812</b>		<b>132,812</b>

Part II	Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.		
<b>1</b>	Compensation of officers, directors, and trustees (Part X) . . . . .	<b>1</b>	
<b>2</b>	Salaries and wages . . . . .	<b>2</b>	<b>68,436</b>
<b>3</b>	Repairs and maintenance . . . . .	<b>3</b>	<b>9,917</b>
<b>4</b>	Bad debts . . . . .	<b>4</b>	
<b>5</b>	Interest (attach statement). See instructions . . . . .	<b>5</b>	
<b>6</b>	Taxes and licenses . . . . .	<b>6</b>	<b>5,971</b>
<b>7</b>	Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>	
<b>9</b>	Depletion . . . . .	<b>8b</b>	
<b>10</b>	Contributions to deferred compensation plans . . . . .	<b>9</b>	
<b>11</b>	Employee benefit programs . . . . .	<b>10</b>	
<b>12</b>	Excess exempt expenses (Part VIII) . . . . .	<b>11</b>	<b>3,302</b>
<b>13</b>	Excess readership costs (Part IX) . . . . .	<b>12</b>	
<b>14</b>	Other deductions (attach statement) . . . . . <b>Statement #9</b>	<b>13</b>	
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14 . . . . .	<b>14</b>	<b>42,340</b>
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>15</b>	<b>129,966</b>
<b>17</b>	Deduction for net operating loss. See instructions . . . . .	<b>16</b>	<b>2,846</b>
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .	<b>17</b>	<b>2,846</b>
		<b>18</b>	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ **FARM COOPERATIVE, Address: 750 FIELD MANOR DRIVE Merritt Island FL 32953**

B ☐

C ☐

D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	800			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	800			
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				800
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 <b>Total dividends - received deductions</b> included in line 10				

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals .....

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Add amounts in column 2. Enter here and on Part I, line 9, column (A).				Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals .....

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐  
B ☐  
C ☐  
D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

a Add columns A through D. Enter here and on Part I, line 11, column (A)

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

**Part XI Supplemental Information** (see instructions)



**Foreign Tax Credit - Corporations**

Attach to the corporation's tax return.

Go to [www.irs.gov/Form1118](http://www.irs.gov/Form1118) for instructions and the latest information.

OMB No. 1545-0123

Attachment  
Sequence No. **118**

For calendar year 20 , or other tax year beginning , 20 , and ending , 20

Name of corporation

Employer identification number

**Field Manor Foundation Inc**

**59-3517194**

Use a separate Form 1118 for each applicable category of income (see instructions).

- a** Separate Category (Enter code - see instructions.) . . . . . **PAS**  
**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) . . . . .  
**c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) . . . . .

**Schedule A Income or (Loss) Before Adjustments (Report all amounts in U.S. dollars. See Specific Instructions.)**

1. EIN or Reference ID Number (see instructions)*		2. Foreign Country or U.S. Possession (enter two-letter code - use a separate line for each) (see instructions)	Gross Income or (Loss) From Sources Outside the United States				
			3. Inclusions Under Sections 951(a)(1) and 951A (see instructions)		4. Dividends (see instructions)	5. Interest	
			(a) Exclude Gross-Up	(b) Gross-Up (section 78)			
<b>A</b>		RICs			1,613		
<b>B</b>							
<b>C</b>							
<b>Totals</b> (add lines A through C)					1,613		
6. Gross Rents, Royalties, and License Fees	7. Sales	8. Gross Income From Performance of Services	9. Currency Gain	10. Currency Gain Code (see instructions)	11. Other (attach schedule)	12. Total (add columns 3(a) through 9 and 11)	
<b>A</b>						1,613	
<b>B</b>							
<b>C</b>							
<b>Totals</b>						1,613	
13. Allocable Deductions							
(a) Dividends Received Deduction (see instructions)	(b) Deduction Allowed Under Section 250(a)(1)(A) - Foreign Derived Intangible Income	(c) Deduction Allowed Under Section 250(a)(1)(B) - Global Intangible Low-Taxed Income	Rental, Royalty, and Licensing Expenses		(f) Expenses Allocable to Sales Income	(g) Expenses Allocable to Gross Income From Performance of Services	
			(d) Depreciation, Depletion, and Amortization	(e) Other Allocable Expenses			
<b>A</b>							
<b>B</b>							
<b>C</b>							
<b>Totals</b>							
13. Allocable Deductions (continued)				14. Apportioned Share of Deductions (enter amount from applicable line of Schedule H, Part I, column (b), Part II, column (f), and Part III, column (g))	15. Net Operating Loss Deduction	16. Total Deductions (add columns 13(k) through 15)	17. Total Income or (Loss) Before Adjustments (subtract column 16 from column 12)
(h) Currency Loss	(i) Currency Loss Code (see instructions)	(j) Other Allocable Deductions (attach schedule) (see instructions)	(k) Total Allocable Deductions (add columns 13(a) through 13(h) and 13(j))				
<b>A</b>							1,613
<b>B</b>							
<b>C</b>							
<b>Totals</b>							1,613

\* For section 863(b) income, NOLs, income from RICs, high-taxed income, section 951A, and reattribution of income by reason of disregarded payments, use a single line (see instructions). Also, for reporting branches that are QBUs, use a separate line for each such branch.

For Paperwork Reduction Act Notice, see separate instructions.

Form **1118** (Rev. 12-2022)

**Schedule B Foreign Tax Credit** (Report all foreign tax amounts in U.S. dollars.)**Part I - Foreign Taxes Paid, Accrued, and Deemed Paid** (see instructions)

1. Credit Is Claimed for Taxes (check one):		2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used)					
<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Accrued		Tax Withheld at Source on:					
Date Paid	Date Accrued	(a) Dividends	(b) Distributions of Previously Taxed Earnings and Profits	(c) Branch Remittances	(d) Interest	(e) Rents, Royalties, and License Fees	(f) Other
<b>A</b> 12-28-2023		243					
<b>B</b>							
<b>C</b>							
<b>Totals</b> (add lines A through C)		243					

2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used) (continued)				3. Tax Deemed Paid (see instructions)
Other Foreign Taxes Paid or Accrued on:				
(g) Sales	(h) Services Income	(i) Other	(j) Total Foreign Taxes Paid or Accrued (add columns 2(a) through 2(i))	
<b>A</b>			243	
<b>B</b>				
<b>C</b>				
<b>Totals</b>			243	

**Part II - Separate Foreign Tax Credit** (Complete a separate Part II for each applicable category of income.)

<b>1a</b> Total foreign taxes paid or accrued (total from Part I, column 2(j))	<b>1a</b>	243	
<b>b</b> Foreign taxes paid or accrued by the corporation during prior tax years that were suspended due to the rules of section 909 and for which the related income is taken into account by the corporation during the current tax year (see instructions)	<b>1b</b>		
<b>2</b> Total taxes deemed paid (total from Part I, column 3)	<b>2</b>		
<b>3</b> Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G, Part I)	<b>3</b>	( )	
<b>4</b> Taxes reclassified under high-tax kickout	<b>4</b>		
<b>5</b> Enter the sum of any carryover of foreign taxes (from Schedule K, line 3, column (xiv), and from Schedule I, Part III, line 3) plus any carrybacks to the current tax year	<b>5</b>		
<b>6</b> Total foreign taxes (combine lines 1a through 5)	<b>6</b>		243
<b>7</b> Enter the amount from the applicable column of Schedule J, Part I, line 11 (see instructions). If Schedule J is <b>not</b> required to be completed, enter the result from the "Totals" line of column 17 of the applicable Schedule A	<b>7</b>		1,613
<b>8a</b> Total taxable income from all sources (enter taxable income from the corporation's tax return)	<b>8a</b>		
<b>b</b> Adjustments to line 8a (see instructions)	<b>8b</b>		
<b>c</b> Subtract line 8b from line 8a	<b>8c</b>		
<b>9</b> Divide line 7 by line 8c. Enter the resulting fraction as a decimal (see instructions). If line 7 is greater than line 8c, enter 1	<b>9</b>		1.0000000
<b>10</b> Total U.S. income tax against which credit is allowed (regular tax liability (see section 26(b)) minus American Samoa economic development credit)	<b>10</b>		
<b>11</b> Multiply line 9 by line 10	<b>11</b>		
<b>12</b> Increase in limitation (section 960(c))	<b>12</b>		
<b>13</b> Credit limitation (add lines 11 and 12) (see instructions)	<b>13</b>		
<b>14</b> Separate foreign tax credit (enter the smaller of line 6 or line 13). Enter here and on the appropriate line of Part III	<b>14</b>		



Depreciation and Amortization  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment  
Sequence No. 179

Name(s) shown on return

Field Manor Foundation Inc

Business or activity to which this form relates

FORM 990PF - 1

Identifying number

59-3517194

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	11,744

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

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	12,973
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		12,949	15	HY	150 DB	647
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	08-2023	16,069	39 yrs.	MM	S/L	155
				MM	S/L	

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

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

## Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,382
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	26,901
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2023)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . .							<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:									
Farm Tractor	07-16-2020	100.0%	12,000	12,000	5	200 DB-HY	1,382		
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	1,382	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .							<b>29</b>		

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2023 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2023 tax year . . . . .					<b>43</b>
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	Field Manor Foundation Inc	59-3517194
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	750 Field Manor Drive	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Merritt Island FL 32953-4915	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

- If this application is for an extension of time to file Form 5330, you must enter the following information.
- Plan Name \_\_\_\_\_
- Plan Number \_\_\_\_\_
- Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of COUNTING COPPERS, LLC, PO BOX 561223 Rockledge FL 32956  
Telephone No. 321-236-8014 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . ☐. If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 11-15, 20 24, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 23 or  
☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.
- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c <b>Balance due.</b> 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	\$	0

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2023**

Name of filer

EIN or SSN

**Field Manor Foundation Inc****59-3517194**

Name and title of officer or person subject to tax

**SUE NISBET LAWRENCE, PRESIDENT****Part I Type of Return and Return Information**

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

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

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

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

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

**PIN: check one box only**

☒ I authorize Counting Coppers, LLC to enter my PIN 84651 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date 04-30-2025**Part III Certification and Authentication**

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

619588 68014

Do not enter all zeros

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

ERO's signature

Date 04-29-2025

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

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2023**

Name of filer

EIN or SSN

**Field Manor Foundation Inc****59-3517194**

Name and title of officer or person subject to tax

**SUE NISBET LAWRENCE, PRESIDENT****Part I Type of Return and Return Information**

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

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

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

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

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

**PIN: check one box only**

☒ I authorize Counting Coppers, LLC to enter my PIN 84651 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax \_\_\_\_\_

Date 04-30-2025**Part III Certification and Authentication**

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

619588 68014

Do not enter all zeros

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

ERO's signature \_\_\_\_\_

Date 04-29-2025**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**



IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2023

Name of filer

EIN or SSN

Field Manor Foundation Inc

59-3517194

Name and title of officer or person subject to tax

SUE NISBET LAWRENCE, PRESIDENT

## Part I Type of Return and Return Information

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

1a Form 990 check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	
2a Form 990-EZ check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here . . . . .	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here . . . . .	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b	179
5a Form 8868 check here . . . . .	<input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	
6a Form 990-T check here . . . . .	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a Form 4720 check here . . . . .	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	
8a Form 5227 check here . . . . .	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a Form 5330 check here . . . . .	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	
10a Form 8038-CP check here . . . . .	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b	

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

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the

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

## PIN: check one box only

☒ I authorize Counting Coppers, LLC to enter my PIN 84651 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date 04-30-2025

## Part III Certification and Authentication

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

619588 68014

Do not enter all zeros

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

ERO's signature

Date 04-29-2025

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

## Elections

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

**2023** PG01

Name(s) as shown on return

Field Manor Foundation Inc

Tax ID Number

59-3517194

### Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

NAME: Field Manor Foundation Inc

ADDRESS: 750 Field Manor Drive, Merritt Island, FL 32953-4915

SSN/EIN: 59-3517194

ELECTION: The amounts paid for repairs, maintenance, improvements and similar activities performed on the eligible building(s) described below qualify under the safe harbor provided in Reg. Section 1.263(a)-3(h)(1).

DESCRIPTION: AC Unit

Client Copy

# Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

Field Manor Foundation Inc

59-3517194

## Form 990PF - Part VII Compensation Explanation

Statement #A09

### Name

LISA GLOVER

### Explanation

Compensated indirectly through related party rules by holding assets as a financial advisor in a managed investment account. AUM Fees are paid to the financial advisor directly from the investment account to the broker.

## Form 990PF - Part I - Line 10 Sales of Inventory Schedule

PG01  
Statement #102

Category	Gross Sales	COGS	Net
Inventory Sales	1,301	33	1,268
<b>Total</b>	<b>1,301</b>	<b>33</b>	<b>1,268</b>

## Form 990PF - Part II - Line 13 Investments: Other Schedule

PG01  
Statement #118

Category	Book value (BOY)	Book value (EOY)	FMV (EOY)
473.000 ETF IWF Aq05/12/20LT	83,958	52,895	90,345
750.000 ETF EFA Aq05/12/20LT	42,439	42,439	56,513
395.000 ETF XLV Aq05/12/20LT	36,272	36,272	48,960
320.000 ETF SPDR DIA Aq05/12/20L	77,129	77,129	120,598
577.000 ETF XLE Aq12/07/22L	49,094	49,094	48,376
104.000 ETF IWF Aq12/07/22L	23,268	23,268	31,530
1465.000 ETF BND Vang Aq 04/06/22L	114,497	114,497	107,751
5,204.206 MF ACAZX	130,373		
2,551.750 MF MDIUX	45,106	47,358	56,674
21,245.869 MF MHYIX	102,849	102,899	109,629
5098.533 MF HLIEX	80,504	83,578	117,164
13,569.854 MF PICYX	117,724	128,318	112,494
5204.206 MF LSGRX		116,862	120,894
<b>Total</b>	<b>903,213</b>	<b>874,609</b>	<b>1,020,928</b>



**Federal Supporting Statements****2023 PG01**

Name(s) as shown on return

Tax ID Number

Field Manor Foundation Inc

59-3517194

**Form 990PF - Part II - Line 22  
Other Liabilities Schedule**

Statement #121

<u>Description</u>	<u>BOY Amount</u>	<u>EOY Amount</u>
Payroll Liability	4,158	
Security Deposits	19,124	7,524
Sales Tax Payable	109	323
Unrealized investment activity		8,194
<b>Total</b>	<b>23,391</b>	<b>16,041</b>

**990-T Schedule A Part II - Line 14  
Other Deductions****PG01**  
Statement #9

Form 990-T Schedule A: FACILITY RENTALS

<u>Description</u>	<u>Amount</u>
DUES & SUBSCRIPTIONS	1,105
INSURANCE	2,041
MEALS	11
MUSEUM & HOUSE SUPPLIES	1,640
UTILITIES	2,466
EVENT EXPENSES	29,316
PROFESSIONAL FEES	1,634
PAYMENT PROCESSING FEES	3,837
SECURITY	290
<b>Total</b>	<b>42,340</b>

**PG01**  
Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: Field Manor Foundation Inc

Address: 750 Field Manor Drive, Merritt Island, FL 32953-4915

EIN: 59-3517194

Statement: Taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f).

# Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

Field Manor Foundation Inc

59-3517194

## Form 990PF - Part I - Line 23 - Other Expenses Schedule

Statement #103-

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
MUSEUM SUPPLIES	651	0	0	404
DUES/LICENSE	2,271	0	0	1,166
MEALS	29	0	0	18
INSURANCE	5,371	0	0	3,330
OFFICE SUPPLIES	3,463	0	0	2,071
BANK FEES	0	0	0	0
UTILITIES	6,489	0	0	4,023
PAYMENT FEES	3,983	0	0	146
EVENT EXPENSES	48,054	0	0	18,738
SECURITY	764	0	0	473
GROUND/BUILDING MAINT SUPPLIES	25,077	0	0	15,160
DONATIONS TO OTHER ORG	495	0	0	495
<b>Totals</b>	<b>96,647</b>	<b>0</b>	<b>0</b>	<b>46,024</b>

## Form 990PF - Part I - Line 11 - Other Income Schedule

PG01  
Statement #106-

Description	Revenue and expenses	Net investment	Adjusted net income
WEDDING EVENTS	132,012	0	0
HOMESTEAD PROGRAM REVENUE	48,780	0	0
SALES TAX COLLECTION ALLOWANCE	3	0	0
<b>Totals</b>	<b>180,795</b>	<b>0</b>	<b>0</b>

# Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

Field Manor Foundation Inc

59-3517194

## Form 990PF - Part I - Line 16(b) - Accounting Fees Schedule

Statement #108-

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
INDIRECT ACCOUNTING FEES	4,300	0	0	2,666
<b>Totals</b>	<b>4,300</b>	<b>0</b>	<b>0</b>	<b>2,666</b>

## Form 990PF - Part I - Line 16(c) - Other Professional Fees Schedule

PG01  
Statement #109-

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
INVESTMENT ADVISOR FEES	12,571	12,571	0	0
<b>Totals</b>	<b>12,571</b>	<b>12,571</b>	<b>0</b>	<b>0</b>

# Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

Field Manor Foundation Inc

59-3517194

## Form 990PF - Part I - Line 18 - Taxes Schedule

Statement #110-

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
OTHER TAXES/BUIS LIC	518	0	0	321
PROPERTY TAXES	1,603	0	0	994
INV INC TAX	0	0	0	0
<b>Totals</b>	<b>2,121</b>	<b>0</b>	<b>0</b>	<b>1,315</b>

## Form 990PF - Part II - Line 14 - Land Etc. Schedule

PG01  
Statement #119-

Description	Beginning of year book value	Cost or other basis	Accumulated depreciation	End of year book value	FMV
SIGN					
FURNITURE	6,435	10,993	6,355	4,638	
Air Conditioner		12,949	152	12,797	
IMPROVEMENTS	89,848	102,592	17,293	85,299	
EQUIPMENT	4,758	23,667	20,361	3,306	
BUILDING	419,457	552,225	151,069	401,156	
LAND	1,500,000	1,500,000		1,500,000	1,500,000
Sidewalk		16,069	803	15,266	
<b>Total</b>	<b>2,020,498</b>	<b>2,218,495</b>	<b>196,033</b>	<b>2,022,462</b>	<b>1,500,000</b>

# Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

Field Manor Foundation Inc

59-3517194

Form 990PF - Part I - Line 19 - Depreciation Schedule

Statement #126

Description	Date Acquired	Cost or Other basis	Prior year Depreciation	Computation Method	Rate	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
Equipment	06-30-2016	679	562	M	4.46	7	30	0	0
Restaurant Equipment	10-16-2018	450	327	M	8.92	7	40	0	0
Land	05-01-2014	1,500,000		NDA	0		0	0	0
Furniture	06-30-2016	3,402	2,811	M	4.46	7	152	0	0
Windows	08-06-2019	8,205	709	SL	2.564	39	210	0	0
Farm Tractor	07-16-2020	12,000	8,544	M	11.52	5	1,382	0	0
Building	05-01-2014	400,000	88,892	SL	2.564	39	10,256	0	0
Building Improvements	06-30-2016	49,838	8,307	SL	2.564	39	1,278	0	0
Pole Barn	05-22-2018	152,225	43,876	ALT	5.285	20	8,045	0	0
Furniture	04-30-2015	875	875	M	0	7	0	0	0
Mower	09-25-2015	10,538	10,538	M	0	7	0	0	0
Pole Barn Pannels	12-10-2021	44,549	3,728	M	6.872	20	3,061	0	0
Folding Chairs	06-23-2022	6,716	960	M	24.49	7	1,645	0	0
AC Unit	07-27-2023	12,949		M	5	15	647	0	0
Sidewalk Around House	08-03-2023	16,069		ARP	.962	15	155	0	0
<b>Totals</b>		<b>2,218,495</b>	<b>170,129</b>				<b>26,901</b>		

990

## Overflow Statement

(This page is not filed with the return. It is for your records only.)

2023

Page 1

Name(s) as shown on return

Field Manor Foundation Inc

FEIN

59-3517194

Taxes and Licenses for 990T, schedule ADescriptionAmount

RE and property tax	\$ 609
Share of payroll taxes	5,165
Taxes, license and fees, other	197
<b>Total:</b>	<b>\$ 5,971</b>



# Estimated Tax Worksheet on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

2024

(This page is not filed with the return. It is for your records only.)

1	Unrelated business taxable income expected in the tax year . . . . .	1	
2	<b>Tax on the amount on line 1.</b> See instructions for tax computation . . . . .	2	
3	Alternative minimum tax for trusts. See instructions . . . . .	3	
4	Total. Add lines 2 and 3 . . . . .	4	
5	Estimated tax credits. See instructions . . . . .	5	
6	Subtract line 5 from line 4 . . . . .	6	
7	Other taxes. See instructions . . . . .	7	
8	Total. Add lines 6 and 7 . . . . .	8	
9	Credit for federal tax paid on fuels. See instructions . . . . .	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions . . . . .	10a	179
b	Enter the tax shown on the 2023 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c . . . . .	10b	179
c	<b>2024 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c . . . . .	10c	179

		(a)	(b)	(c)	(d)	
11	<b>Installment due dates.</b> See instructions . . . . .	11	05-15-2024	06-17-2024	09-16-2024	12-16-2024
12	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." . . . . .	12	45	45	45	44
13	<b>2023 Overpayment.</b> See instructions . . . . .	13				
14	<b>Payment due</b> (Subtract line 13 from line 12) . . . . .	14	45	45	45	44

\* Item is included in UBIG  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

990 PF

2023

PAGE 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Social security number/EIN

Field Manor Foundation Inc

59-3517194

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Equipment	06-30-2016	679		100.00			679	7	200 DB HY	4.46	562	30	592	
2	Restaurant Equipment	10-16-2018	450		100.00			450	7	200 DB HY	8.92	327	40	367	
3	Land	05-01-2014	1,500,000	1,500,000	100.00			0	0		0				
4	Furniture	06-30-2016	3,402		100.00			3,402	7	200 DB HY	4.46	2,811	152	2,963	
5	Windows	08-06-2019	8,205		100.00			8,205	39	SL MM	2.564	709	210	919	
6	Farm Tractor	07-16-2020	12,000		100.00			12,000	5	200 DB HY	11.52	8,544	1,382	9,926	
7	Building	05-01-2014	400,000		100.00			400,000	39	SL MM	2.564	88,892	10,256	99,148	
8	Building Improvements	06-30-2016	49,838		100.00			49,838	39	SL MM	2.564	8,307	1,278	9,585	
9	Pole Barn	05-22-2018	152,225		100.00			152,225	20	150 DB HY	5.285	43,876	8,045	51,921	
10	Furniture	04-30-2015	875		100.00			875	7		0	875		875	
11	Mower	09-25-2015	10,538		100.00			10,538	7		0	10,538		10,538	
12	Pole Barn Pannels	12-10-2021	44,549		100.00			44,549	20	150 DB MQ	6.872	3,728	3,061	6,789	
13	Folding Chairs	06-23-2022	6,716		100.00			6,716	7	200 DB HY	24.49	960	1,645	2,605	
14	AC Unit	07-27-2023	12,949		100.00			12,949	15	150 DB HY	5		647	647	
15	Sidewalk Around House	08-03-2023	16,069		100.00			16,069	15	SL MM	.962		155	155	
Totals			2,218,495					718,495				170,129	26,901	197,030	
Land Amount															
Net Depreciable Cost			2,218,495												
										CY 179 and CY Bonus		TOTAL CY Depr including 179/bonus			
												26,901			
												ST ADJ:			

## Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

**2023**

Name(s) as shown on return

Tax ID Number

**Field Manor Foundation Inc**

**59-3517194**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PF	1	Equipment	06-30-2016	679	200 DBHY	7	
PF	1	Restaurant Equipment	10-16-2018	450	200 DBHY	7	40
PF	1	Land	05-01-2014			0	
PF	1	Furniture	06-30-2016	3,402	200 DBHY	7	
PF	1	Windows	08-06-2019	8,205	SL MM	39	210
PF	1	Farm Tractor	07-16-2020	12,000	200 DBHY	5	1,382
PF	1	Building	05-01-2014	400,000	SL MM	39	10,256
PF	1	Building Improvements	06-30-2016	49,838	SL MM	39	1,278
PF	1	Pole Barn	05-22-2018	152,225	150 DBHY	20	7,441
PF	1	Furniture	04-30-2015	875		7	
PF	1	Mower	09-25-2015	10,538		7	
PF	1	Pole Barn Pannels	12-10-2021	44,549	150 DBMQ	20	2,832
PF	1	Folding Chairs	06-23-2022	6,716	200 DBHY	7	1,175
PF	1	AC Unit	07-27-2023	12,949	150 DBHY	15	1,230
PF	1	Sidewalk Around House	08-03-2023	16,069	SL MM	15	1,071
		<b>TOTAL</b>					<b>26,915</b>

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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

Print or type. See <i>Specific Instructions</i> on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Field Manor Foundation, Inc.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) <b>501(c)(3)</b>	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>750 Field Manor Drive</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Merritt Island, FL 32953</b>		
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>								
			-				-	
<b>or</b>								
<b>Employer identification number</b>								
5	9	-	3	5	1	7	1	9

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person <i>Michelle Barnett, Accountant</i>	Date <i>4/3/2025</i>
------------------	--	----------------------

**General Instructions**

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

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

**What's New**

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

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

**Purpose of Form**

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

<b>Marketing Support Program - FIELD MANOR FOUNDATION</b>							
<b>FY 2025-2026</b>							
<b>Event Income/Expense Report</b>							
<b>Expenses</b>	<b>2025 projection</b>	<b>2024 actuals</b>	<b>VAR+10% increase</b>	<b>Income</b>	<b>2025 projection</b>	<b>2024 actuals</b>	<b>VAR</b>
Personnel - Administrative	\$194,952.67	\$191,130.07	\$3,822.60	Donated goods/services	\$4,363.59	\$4,278.03	\$85.56
Travel	\$800.00	\$943.94	-\$143.94	Donations & public support	\$56,832.78	\$55,718.41	\$1,114.37
Collections/Acquisitions	\$2,000.00	\$1,416.84	\$583.16	Memberships	\$7,404.16	\$7,258.98	\$145.18
Insurance	\$6,874.56	\$7,124.56	-\$250.00	Program Revenue	\$21,501.86	\$21,080.25	\$421.61
Advertising - brochures, rackcards	\$9,810.05	\$2,114.36	\$7,695.69	Revenue from other sources	\$88,109.74	\$86,382.10	\$1,727.64
Other Event Expenses	\$34,096.17	\$33,427.62	\$668.55	Investment Income	\$56,625.67	\$55,515.36	\$1,110.31
Processing Fees	\$2,098.58	\$2,057.43	\$41.15				
Subtotal Expenses	\$250,632.03	\$238,214.82	\$12,417.21				
<b>Other Expenses</b>							
Other G&A	\$19,621.05	\$19,236.32	\$384.73				
Grove & Museum Repairs & Maintenance	\$23,384.91	\$22,926.38	\$458.53	Subtotal Incomes	\$234,837.79	\$230,233.13	\$4,604.66
				<b>Income Sponsors</b>			
				<i>Cash in Bank to start</i>	\$184,829.28	\$133,985.82	\$50,843.46
				<b>Income Other</b>			
				TDC grant funding	\$0.00	\$10,000.00	-\$10,000.00
				Florida DOS (projected)	\$ 73,000.00	\$0.00	\$73,000.00
				<b>Total Income</b>	\$307,837.79	\$240,233.13	-\$67,604.66
				<b>Total Expenses Paid</b>	\$293,637.99	\$280,377.52	-\$13,260.47
				<b>Profit/Loss</b>	\$14,199.81	<b>-\$40,144.39</b>	
Subtotal Other Expenses	\$43,005.95	\$42,162.70	-\$843.25				
<b>Marketing - please specify Brevard/Out-of-County</b>				<b>Field Manor Foundation's Fiscal Year runs January-December</b>			
Out-of-County	\$0.00	\$7,970.00	-\$7,970.00				
In County	\$1,700.00	\$1,200.00	\$500.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Subtotal Marketing	\$1,700.00	\$9,170.00	\$7,470.00				
<b>Total Expenses 2025</b>	<b>\$293,637.99</b>	<b>\$280,377.52</b>					
.							



# Space Coast FLORIDA

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

Applicant organization name: Field Manor Foundation, Inc.

Applicant event name: Seasonal

Applicant name completing this form: Korinn Braden

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

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

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

Korinn Braden June 4, 2025  
Applicant signature & date



# Native Rhythm Festival

[Return to Table of Contents](#)



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

---

Applicant Organization Name: Native Heritage Gathering INC

Applicant Event Name: Native Rhythms Festival

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

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

YES	NO
-----	----

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

 7/2/2025

Peter Cranis, Executive Director

# FY 2025-2026 Marketing Support Program application

Response ID:42 Data

## 2. (untitled)

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



Signature of: Martha Pessaro

## 3. (untitled)

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

Cultural

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

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

Native Heritage Gathering, Inc.

**Organization address**

1280 Marshall Court

**State**

FL

**City**

Merritt Island

**Zip**

32953

**Primary contact name**

Martha Pessaro

**Primary contact phone number**

3215052418

**Primary contact email**

Martha@nativeRhythmsFestival.com

**Secondary contact name**

John Ellis

**Secondary contact phone number**

3219170276

**Secondary contact email**

John@Nativerhythmsfestival.com

**Organization website address**

<https://NativeRhythmsFestival.com>

**5. (untitled)****4. Which best describes your organization?**

501(C)(3)

**6. (untitled)****5. What is your Federal Employee ID number?**

36-4508361

**7. (untitled)****6. Are you completing this application for an event or year-round programming?**

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

**8. (untitled)****7. EVENT INFORMATION - #1****Name of event**

Native Rhythms Festival

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

same

**Event location**

Wickham Park 2500 Parkway Drive Melbourne, FL

9. (untitled)

8. What is the first date of your event?

11/13/2025

10. (untitled)

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

4

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Billboards  
Digital advertising (banner ads, etc.)  
Direct mail  
Radio  
Search advertising (pay-per-click, etc.)  
Social hashtags  
Social media (Facebook, Instagram, YouTube, etc.)  
TV/Video  
Other - Please be specific.....: PowWow highway (cultural communications)

20. (untitled)

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

21. (untitled)

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

Facebook : NativeRhythmsFestival  
Instagram : N/A  
YouTube : NativeRhythmsFestival

22. (untitled)

**13. What hashtags do you currently use?**

#NativeRhythmsFestival

23. (untitled)



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

[NHGI\\_501C3.pdf](#)

24. (untitled)

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

[e-Postcard\\_View9902025.pdf](#)

25. (untitled)

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

26. (untitled)

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

[NHGIFLAnnualReport.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[W9March2024.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[NHGISCOTEventIncomeExpense.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

[NHGISCOTChecklist.pdf](#)

30. (untitled)

20.

## ATTESTATION

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

A handwritten signature in black ink that reads "Martha Pessaro". The script is cursive and fluid, with the first letter 'M' being particularly large and stylized.

Signature of: Martha Pessaro

### 31. Thank You!

---

#### **New Send Email**

Jun 02, 2025 09:52:17 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;  
Terrence.Parks@VisitSpaceCoast.com

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

DEPARTMENT OF THE TREASURY

Date:

NOV 12 2009

NATIVE HERITAGE GATHERING INC  
1280 MARSHALL CT  
MERRITT ISLAND, FL 32953

Employer Identification Number:  
36-4508361

DLN:

209314022

Contact Person:

JOHN JENNEWEIN

ID# 31307

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

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

Dear Applicant:

Our letter dated May 2003, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://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)

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007847

**Entity Name:** NATIVE HERITAGE GATHERING, INC.

**Current Principal Place of Business:**

1280 MARSHALL COURT  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

1280 MARSHALL COURT  
MERRITT ISLAND, FL 32953

**FEI Number:** 36-4508361

**Certificate of Status Desired:** No

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

PESSARO, MARTHA S  
1280 MARSHALL COURT  
MERRITT ISLAND, FL 32953 US

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

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ELLIS, JOHN  
Address 3641 TURTLEMOUND ROAD  
City-State-Zip: MELBOURNE FL 32934

Title T  
Name PESSARO, MARTHA  
Address 1280 MARSHALL CT  
City-State-Zip: MERRITT ISLAND FL 32953

Title D  
Name ELLIS, CLAIRE  
Address 3641 TURTLEMOUND RD.  
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR  
Name RANSOM, TOM R  
Address 1008 SHAWNDA LANE  
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR  
Name BUGAISKI, JOYCE JR.  
Address 4709 S. DOSSEY ROAD  
City-State-Zip: LAKELAND FL 33811

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

**SIGNATURE:** MARTHA PESSARO

**TREASURER**

**02/11/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2024

Open to Public Inspection

A For the 2024 Calendar year, or tax year beginning 2024-01-01 and ending 2024-12-31

## B Check if available

- ☐ Terminated for Business
- ☒ Gross receipts are normally \$50,000 or less

## C Name of Organization: NATIVE HERITAGE GATHERING

1280 Marshall Court, Merritt  
Island, FL, US, 32953

## D Employee Identification

Number 36-4508361

## E Website:

<https://www.NativeRhythmsFestival.com>

## F Name of Principal Officer: Martha Pessaro

1280 Marshall Court, Merritt  
Island, FL, US, 32953

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

**Note:** This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Native Heritage Gathering, Inc.</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>1280 Marshall Court</b> <b>6</b> City, state, and ZIP code <b>Merritt Island, Florida 32953</b> <b>7</b> List account number(s) here (optional)	<b>Requester's name and address (optional)</b>

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>								
			-				-	
<b>or</b>								
<b>Employer identification number</b>								
3	6		-	4	5	0	8	3 6 1

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	<b>Signature of U.S. person</b> <i>Martha J. Pessano</i>	<b>Date</b> <i>6-2-2025</i>
------------------	--	-----------------------------

**General Instructions**

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

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

**What's New**

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

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

**Purpose of Form**

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



Marketing Support Program - NATIVE HERITAGE GATHERING							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Contracted Services	\$30,000.00	\$23,850.00	\$6,150.00	Contracted Fees	\$13,500.00	\$7,215.00	\$6,285.00
Equipment	\$2,000.00	\$7,572.00	-\$5,572.00	Individual Contributions	\$11,000.00	\$23,942.00	-\$12,942.00
Insurance	\$400.00	\$505.00	-\$105.00	Corporate Contributions	\$12,000.00	\$6,314.00	\$5,686.00
Materials	\$1,000.00	\$5,707.00	-\$4,707.00	Foundations	\$5,000.00	\$6,500.00	-\$1,500.00
Outside Artistic Services	\$7,900.00	\$8,873.00	-\$973.00	State Support	\$0.00	\$12,500.00	-\$12,500.00
Space Rentals	\$2,500.00	\$4,771.00	-\$2,271.00				
Subtotal Expense	\$43,800.00	\$51,278.00	-\$7,478.00				
Other Expenses							
Corporate fees, etc.	\$200.00	\$230.00	-\$30.00				
			\$0.00	Subtotal Income	\$41,500.00	\$56,471.00	-\$14,971.00
			\$0.00				
			\$0.00	Cash in Bank to start	\$2,000.00	\$2,000.00	\$0.00
			\$0.00	Other Income	\$5,500.00	\$1,024.00	\$4,476.00
			\$0.00	TDC grant funding	\$0.00	\$5,000.00	-\$5,000.00
			\$0.00	Total Income	\$47,000.00	\$62,495.00	-\$15,495.00
			\$0.00	Total Expenses Paid	\$47,000.00	\$57,658.00	-\$10,658.00
Subtotal Other Expenses	\$200.00	\$230.00	-\$30.00	Profit/Loss	\$0.00	\$4,837.00	
Marketing - please specify Brevard/Out-of-County							
Brevard County	\$2,000.00	\$3,000.00	-\$1,000.00				
Out of County	\$1,000.00	\$3,150.00	-\$2,150.00				
Subtotal Marketing	\$3,000.00	\$6,150.00	-\$3,150.00				
Total Expenses 2025-2026	\$47,000.00	\$57,658.00					
.							



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

Applicant organization name: NATIVE HERITAGE GATHERING, INC.  
Applicant event name: 17<sup>TH</sup> ANNUAL NATIVE RHYTHMS FESTIVAL  
Applicant name completing this form: MARTHA PESSARO

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

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

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

Martha S. Pessaro  
Applicant signature & date

## Space Coast Art Festival

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

---

Applicant Organization Name: Space Coast Art Festival

Applicant Event Name: Space Coast Art Festival

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

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

YES	NO
-----	----

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

 2/2/2025

Peter Cranis, Executive Director

# FY 2025-2026 Marketing Support Program application

Response ID:14 Data

## 2. (untitled)

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



Signature of: Steven Izzo

## 3. (untitled)

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

Cultural

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

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

Space Coast Art Festival, Inc.

**Organization address**

P.O. Box 146

**State**

FL

**City**

Cape Canaveral

**Zip**

32920

**Primary contact name**

Steve Izzo

**Primary contact phone number**

862-222-4820

**Primary contact email**

steve@spacecoastartfestival.com

**Secondary contact name**

Marilyn Grigsby

**Secondary contact phone number**

321-543-0891

**Secondary contact email**

info@spacecoastartfestival.com

**Organization website address**

www.spacecoastartfestival.com

**5. (untitled)****4. Which best describes your organization?**

501(C)(3)

**6. (untitled)****5. What is your Federal Employee ID number?**

59-1562006

**7. (untitled)****6. Are you completing this application for an event or year-round programming?**

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

**8. (untitled)****7. EVENT INFORMATION - #1****Name of event**

Space Coast Art Festival

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

www.spacecoastartfestival.com

**Event location**

The Avenue Viera



9. (untitled)

8. What is the first date of your event?

11/08/2025

10. (untitled)

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

2

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Social hashtags

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

Other - Please be specific.....: Direct email to artists, paid social media, print ads

20. (untitled)

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

21. (untitled)

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

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

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

YouTube : na

22. (untitled)

**13. What hashtags do you currently use?**

#SpaceCoastArtFestival #FreeAdmission #SupportLocalArtists #HappeningNow #VieraCommunity #ArtsBrevard

#BrevardCountyEvents #SpaceCoastEvents #ThingsToDoInBrevard

23. (untitled)

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

[SCAF\\_IRS\\_Non-Profit\\_Determination\\_Feb1996.pdf](#)

24. (untitled)

---

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

[SCAF\\_990\\_ez\(2022\).pdf](#)

---

25. (untitled)

---

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

---

26. (untitled)

---

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

[SCAF\\_Florida\\_Annual\\_Report\\_2025\\_Sunbiz.pdf](#)

---

27. (untitled)

---

**17. Upload your completed W-9 form.**

[SCAF\\_IRS\\_W-9\\_Form\\_2025\\_Filled\\_in.pdf](#)

---

28. (untitled)

---

**18. Upload your completed Event Income/Expense report.**

[SCAF\\_Event\\_Income\\_Expense\\_Report\\_template\\_FY25-26\\_filled.pdf](#)

---

29. (untitled)

---

**19. Upload your completed Checklist.**

[SCAF\\_MSP\\_applicant\\_checklist\\_4.30.2025\\_filled.pdf](#)

---

30. (untitled)

---

20.

## ATTESTATION

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

A handwritten signature in black ink, appearing to read 'Steven Izzo', with a stylized, looped 'S' and 'I'.

Signature of: Steven Izzo

### 31. Thank You!

---

#### **New Send Email**

May 20, 2025 11:43:04 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;  
Terrence.Parks@VisitSpaceCoast.com



INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
401 W. PEACHTREE ST. NW  
ATLANTA, GA 30365

DEPARTMENT OF THE TREASURY

Date: FEB. 16 1996

SPACE COAST ART FESTIVAL INC  
C/O RONALD E BRAY  
P O BOX 321057  
COCOA BEACH, FL 32932-1057

Employer Identification Number:  
59-1562006

Case Number:  
585334036

Contact Person:  
GERALD MURPHY

Contact Telephone Number:  
(770) 593-7491

Accounting Period Ending:  
January 31

Foundation Status Classification:  
509(a)(2)

Advance Ruling Period Begins:  
November 21, 1995

Advance Ruling Period Ends:  
January 31, 2000

Addendum Applies:  
Yes

Dear Applicant:

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

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

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

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person



may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

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

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

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

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

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

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.



SPACE COAST ART FESTIVAL INC

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-1, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

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

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are spent only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence that the funds will remain dedicated to the required purposes and that the recipient will use the funds for those purposes.

If you distribute funds to individuals, you should keep case histories showing the recipients' names, addresses, purposes of awards, manner of selection, and relationship (if any) to members, officers, trustees or donors of funds to you, so that you can substantiate upon request by the Internal Revenue Service any and all distributions you made to individuals. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

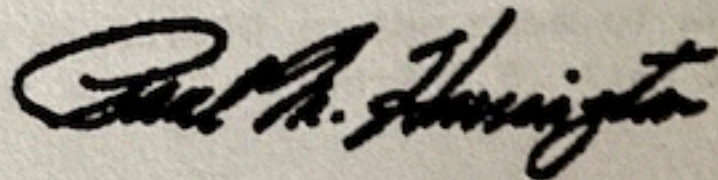
Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.



SPACE COAST ART FESTIVAL INC

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

Sincerely yours,

A handwritten signature in black ink, appearing to read "Paul M. Hargrave". The signature is written in a cursive, flowing style with a large initial "P".

District Director

Enclosure(s):  
Addendum  
Form 872-C



**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722443

**Entity Name:** SPACE COAST ART FESTIVAL, INC.

**Current Principal Place of Business:**

26 DANUBE RIVER DRIVE  
COCOA BEACH, FL 32931

**Current Mailing Address:**

PO BOX 146  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 59-1562006

**Certificate of Status Desired:** No

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

HERNANDEZ III, TONY . ESQ.  
503 N. ORLANDO AVE. #106  
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:** TONY HERNANDEZ III

04/04/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            IZZO, STEVEN  
Address        2021 N. ATLANTIC AVE PMB215  
City-State-Zip: COCOA BEACH FL 32931

Title            TREASURER  
Name            GRIGSBY, MARILYN  
Address        26 DANUBE RIVER DRIVE  
City-State-Zip: COCOA BEACH FL 32931

Title            SECRETARY  
Name            WOZNICKI, CYNTHIA  
Address        1576 PEREGRINE CIRCLE UNIT 110  
City-State-Zip: ROCKLEDGE FL 32955

Title            VP  
Name            BRYANT, KASI  
Address        3091 REEF ROCK PLACE  
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 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:** MARILYN GRIGSBY

**TREASURER**

04/04/2025

Electronic Signature of Signing Officer/Director Detail

Date



SPACE COAST ART FESTIVAL INC

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, and supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, Deductibility of Payments Made to Charities Conducting Fund-Raising Events. You may obtain copies of Publication 1391 from your local IRS Office. Guidelines for deductible amounts are also set forth in Revenue Ruling 67-246, 1967-2 C.B. 104 and Revenue Procedure 90-12, 1990-1 C.B. 471 and Revenue Procedure 92-49, 1992-26 I.R.B. 18.



# Short Form

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.  
▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **02/01/21**, and ending **01/31/22**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**SPACE COAST ART FESTIVAL INC**

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

**PO BOX 146**

Room/suite

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

**CAPE CANAVERAL****FL 32920****D** Employer identification number**\*\*-\*\*\*2006****E** Telephone number  
**321-543-0891****F** Group Exemption Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **N/A****J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ**H** Check ☐ if the organization is not required to attach Schedule B (Form 990).**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ▶ \$ **50,961**Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,000
	2	Program service revenue including government fees and contracts	2	35,961
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>50,961</b>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	6,494
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	34,001
17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>40,495</b>	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	10,466
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	10,417
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-1,400
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>19,483</b>

or Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2021)



**Part II Balance Sheets** (see the instructions for Part II)  
Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	7,762	22	16,828
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	2,655	24	2,655
25 Total assets	10,417	25	19,483
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,417	27	19,483

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O

(Grants \$ ) If this amount includes foreign grants, check here ☐ 28a 40,495

29

(Grants \$ ) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ☐ 32 40,495

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)  
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title

(b) Average hours per week devoted to position

(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)

(d) Health benefits, contributions to employee benefit plans, and deferred compensation

(e) Estimated amount of other compensation

MARILYN GRIGSBY  
PRESIDENT

0.00

0

0

0

LIZ MCGINLEY  
VP

0.00

0

0

0

CHICKIE ARENDAS  
SECRETARY

0.00

0

0

0



		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	X
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	X
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> NONE		
42a	The organization's books are in care of <input checked="" type="checkbox"/> MARILYN GRIGSBY 26 DANUBE RD Located at <input checked="" type="checkbox"/> COCOA BEACH FL ZIP + 4 <input checked="" type="checkbox"/> 32931 Telephone no. <input checked="" type="checkbox"/> 321-543-0891		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input checked="" type="checkbox"/> 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X



- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

# Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
----	--	---

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

- b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) 1099-NEC (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here

Signature of officer

MARILYN GRIGSBY

Date

PRESIDENT

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

\*\*\*\*\*

Paid

Preparer

Use Only

CHRISTOPHER DAVIS

CHRISTOPHER DAVIS

05/26/22

Firm's EIN ▶ \*\*-\*\*\*8410

Firm's name ▶

BREVARD ACCOUNTING GROUP, CPA'S, PA

Firm's address ▶

150 FORTENBERRY RD STE A  
MERRITT ISLAND, FL 32952-3681

Phone no. 321-452-5061

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

☐ Yes ☐ No



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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

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

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person 	Date <b>03-24-2025</b>
------------------	--	------------------------

**General Instructions**

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

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

**What's New**

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

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

**Purpose of Form**

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

Marketing Support Program - SPACE COAST ART FESTIVAL								
FY 2025-2026								
Event Income/Expense Report								
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR	
Festival Expense	\$12,225.00	\$12,987.00	-\$762.00	Artists	\$23,950.00	\$28,637.00	-\$4,687.00	
Artist Awards	\$6,000.00	\$6,428.00	-\$428.00	Food Vendors	\$1,000.00	\$900.00	\$100.00	
Schools Awards	\$1,500.00	\$1,500.00	\$0.00	Other Grants	\$3,000.00	\$3,045.00	-\$45.00	
Student Awards	\$1,980.00	\$1,980.00	\$0.00	Merchandise Sales	\$500.00	\$400.00	\$100.00	
Student Art Festival Expense	\$2,600.00	\$2,073.00	\$527.00	Other New Donations	\$750.00	\$0.00	\$750.00	
Expense Subtotal	\$24,305.00	\$24,968.00	-\$663.00					
Other Expenses								
Refunds (due to reschedule)	\$0.00	\$5,550.00	-\$5,550.00	Income Subtotal	\$29,200.00	\$32,982.00	-\$3,782.00	
Corporate Insurance	\$1,250.00	\$1,339.00	-\$89.00					
Office Rent	\$1,000.00	\$6,690.00	-\$5,690.00					
Other Office Expenses	\$525.00	\$886.00	-\$361.00	Income Sponsors	\$9,000.00	\$9,696.00	-\$696.00	
Accountant (CPA)	\$550.00	\$530.00	\$20.00					
Storage Space Rental	\$1,200.00	\$0.00	\$1,200.00	Cash in Bank to start	\$26,082.00	\$18,047.00	\$8,035.00	See Note 2
			\$0.00	Income Other				
			\$0.00	TDC grant funding	\$0.00	\$6,667.00	-\$6,667.00	
			\$0.00	Total Income	\$38,200.00	\$49,345.00	-\$11,145.00	
			\$0.00	Total Expenses Paid	\$38,930.00	\$50,877.00		
Other Expenses Subtotal	\$4,525.00	\$14,995.00	-\$10,470.00	Profit/Loss	-\$730.00	-\$1,532.00		
Marketing Expense								
Advertising	\$10,100.00	\$10,914.00	-\$814.00					
			\$0.00					
Marketing Subtotal	\$10,100.00	\$10,914.00	-\$814.00					
Total Expenses 2025-2026	\$38,930.00	\$50,877.00						
Notes Added								
1. VAR is calculated as 2025-2026 minus 2024-2025 to see the net change								
2. Bank Balance in 2025 includes pre-paid artist fees that were rolled over from 2024 due to reschedule								
3. Refunds: paid to some Artists due to reschedule in 2024								
4. Office Rent: Vacated physical office space to reduce Administrative expenses								
5. Amounts rounded, primary line items shown, but small expense categories not included								
6. Categorization of expenses may vary slightly from year to year but do not impact overall summary								
7. 2025-2026 Budget Plan reduced to impact of likely no TDC direct funding								









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

Applicant organization name: Space Coast Art Festival, Inc.

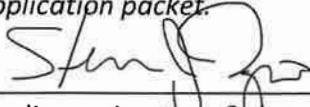
Applicant event name: Space Coast Art Festival

Applicant name completing this form: Steven Izzo

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

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

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

  
 Applicant signature & date

19 May 2025

## 38<sup>th</sup> Annual Veterans Reunion/Memorial Wall

[Return to Table of Contents](#)





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

---

Applicant Organization Name: Veterans Memorial Reunion Inc

Applicant Event Name: Traveling Wall exhibit

	Yes	No	Comment
1. Completed application	X		
2. Copy of IRS Articles of Incorporation – (if applicable)		X	N/A
3. Copy of IRS Determination letter – (if applicable)	X		
4. Copy of SunBiz.org (if applicable)	X		
5. Copy of 990 (if applicable)		X	Did not submit the document
6. Copy of completed W-9 (March 2024)	X		
7. Income/Expense worksheet (required for all applicants)	X		
8. Copy of the Applicant checklist	X		

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

YES	NO
-----	----

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

*Peter Cranis*      *7/2/2025*

Peter Cranis, Executive Director

# FY 2025-2026 Marketing Support Program application

Response ID:73 Data

## 2. (untitled)

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



Signature of: Michael K Roman

## 3. (untitled)

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

Cultural

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

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

Veterans Memorial Reunion Inc

**Organization address**

PO Box 110801

**State**

FL

**City**

Palm Bay

**Zip**

32911

**Primary contact name**

Charles Heywood IV

**Primary contact phone number**

561-445-8503

**Primary contact email**

coo@veteransmemorialreunioninc.org

**Secondary contact name**

Kennian T Torres

**Secondary contact phone number**

321-458-5852

**Secondary contact email**

vp@veteransmemorialreunioninc.org

**Organization website address**

www.veteransmemorialreunioninc.org

**5. (untitled)****4. Which best describes your organization?**

501(C)(3)

**6. (untitled)****5. What is your Federal Employee ID number?**

93-4441136

**7. (untitled)****6. Are you completing this application for an event or year-round programming?**

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

**8. (untitled)****7. EVENT INFORMATION - #1****Name of event**

38th Annual Veterans Reunion

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

same

**Event location**

Wickham Park, Melbourne, FL

9. (untitled)

8. What is the first date of your event?

05/02/2026

10. (untitled)

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

11

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Radio

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

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

TV/Video

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : veteransmemorialreunioninc

Instagram : veteransmemorialreunioninc

YouTube : NA

22. (untitled)

13. What hashtags do you currently use?

NA

23. (untitled)

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

[501c3\\_letter.pdf](#)

24. (untitled)

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

[990pf\\_extension.pdf](#)

25. (untitled)

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

26. (untitled)

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

[Detail\\_by\\_Entity\\_Name.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[W-9\\_FORM\\_June\\_2025.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[Event\\_Income\\_Expense\\_Report\\_FY25-26.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

[checklist.pdf](#)

30. (untitled)

20.

## ATTESTATION

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

A stylized, handwritten signature in black ink, appearing to read 'MR' followed by a flourish.

Signature of: Michael Roman

### 31. Thank You!

---

#### New Send Email

Jun 07, 2025 20:46:29 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;  
Terrence.Parks@VisitSpaceCoast.com





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

VETERANS MEMORIAL REUNION INC  
2290 N RONALD REAGAN BLVD SUITE 140  
LONGWOOD, FL 32750

Date:  
02/22/2024  
Employer ID number:  
93-4441136  
Person to contact:  
Name: Customer Service  
ID number: 31954  
Telephone: 877-829-5500  
Accounting period ending:  
December 31  
Form 990-PF required:  
Yes  
Effective date of exemption:  
January 1, 2024  
Addendum applies:  
No  
DLN:  
26053436009944

Dear Applicant:

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

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a private foundation within the meaning of Section 509(a).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

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

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

Sincerely,

*Stephen A. Martin*

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



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

## Detail by Entity Name

Florida Not For Profit Corporation  
VETERANS MEMORIAL REUNION INC.

### Filing Information

<b>Document Number</b>	N23000013030
<b>FEI/EIN Number</b>	93-4441136
<b>Date Filed</b>	10/27/2023
<b>Effective Date</b>	01/01/2024
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

740 Glendale Ave NW  
Palm Bay, FL 32907

Changed: 06/07/2024

### Mailing Address

PO Box. 110801  
Palm Bay, FL 32911

Changed: 06/07/2024

### Registered Agent Name & Address

ROMAN, MICHAEL K  
740 Glendale Ave NW  
Palm Bay, FL 32907

Address Changed: 03/25/2025

### Officer/Director Detail

#### **Name & Address**

Title P

ROMAN, MICHAEL K  
740 GLENDALE AVE NW  
PALM BAY, FL 32907

Title VP

TORRES, KENNIAN C  
2702 CARLSON CIRCLE APT 202  
202 MELBOURNE, FL 32901

Title COO

HEYWOOD, CHARLES H, IV  
106 HURWOOD AVE  
MERRITT ISLAND, FL 32953

**Annual Reports**

Report Year	Filed Date
2025	03/25/2025

**Document Images**

<a href="#">03/25/2025 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/27/2023 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>Internal Revenue Service MAIL STOP 6054 1973 N Rulon White Bldg Ogden UT 84201-0045</i>	B. Received by (Printed Name)  C. Date of Delivery  <div style="border: 2px solid red; padding: 5px; text-align: center; color: red;">RECEIVED MAY 07 2025 OGDEN, UT IRS-OS</div>
2. Article Number (Transfer from service label)  9590 9402 9253 4295 3517 01	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
9589 0710 5270 2428 9182 09 PS Form 3811, July 2020 PSN 7530-02-000-9053	
Domestic Return Receipt	



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Veterans Memorial Reunion Inc (VMRI)</b>	
	<b>2</b> Business name/disregarded entity name, if different from above. <b>NA</b>	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>PO Box 110801</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Palm Bay, FL, 32911</b>		
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>									
			-				-		
<b>or</b>									
<b>Employer identification number</b>									
9	3	-	4	4	1	1	3	6	

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

**Sign Here**    **Signature of U.S. person**    *Michael K Roman*

**Date** 03 June 2025

**General Instructions**

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

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

**What's New**

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

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

**Purpose of Form**

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

Marketing Support Program - VETERANS MEMORIAL REUNION							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Delivery	\$100.00	\$123.74	-\$23.74	Donations	\$7,960.00	\$5,314.00	\$2,646.00
Event Contractors	\$9,000.00	\$2,631.40	\$6,368.60	Fundraising	\$2,390.00	\$9,160.00	-\$6,770.00
Bank Internet Service Fees	\$500.00	\$0.00	\$500.00	Vendor Donations	\$4,001.00	\$800.00	\$3,201.00
Business License Fees	\$2,500.00	\$225.00	\$2,275.00	Operating	\$602.84	\$0.00	\$602.84
Event Insurance	\$2,400.00	\$0.00	\$2,400.00				
Software Subscriptions	\$250.00	\$43.12	\$206.88				
Event Equipment	\$12,000.00	\$2,268.24	\$9,731.76				
Postage	\$225.00	\$182.00	\$43.00				
Fuel	\$250.00	\$0.00	\$250.00				
Subtotal Expense	\$27,225.00	\$5,473.50	\$21,751.50				
				Subtotal Income	\$14,953.84	\$15,274.00	-\$320.16
				<b>Income Sponsors</b>			
				Cash in Bank to start	\$18,692.54	\$275.00	\$18,417.54
				TDC grant funding	\$0.00	\$9,334.74	(\$9,334.74)
				Total Income	\$33,646.38	\$24,883.74	\$8,762.64
				Total Expenses Paid	\$31,125.00	\$6,181.48	\$24,943.52
Subtotal Other Expenses	\$0.00	\$0.00	\$0.00	<b>Profit/Loss</b>	<b>\$2,521.38</b>	<b>\$24,883.74</b>	
<b>Marketing - please specify Brevard/Out-of-County</b>							
Advertising	\$1,500.00	\$171.74	-\$1,328.26				
Printing and Publication	\$400.00	\$384.74	-\$15.26				
Booth and Event Fees	\$2,000.00	\$151.50	-\$1,848.50				
Subtotal Marketing	\$3,900.00	\$707.98	-\$3,192.02				
<b>Total Expenses 2025-2026</b>	<b>\$31,125.00</b>	<b>\$6,181.48</b>					
.							



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

Applicant organization name: Veterans Memorial Reunion Inc

Applicant event name: 38th Annual All Veterans Reunion

Applicant name completing this form: Michael Roman

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

		Applicant initial	TDO staff initial	TDO staff comments
1.	<b>Application –</b>	MKR	DW	
2.	<b>Copy of IRS Articles of Incorporation –</b> (submit if for-profit)		DW	N/A
3.	<b>Copy of IRS Determination Letter –</b> (submit if 501(c)(3))	MKR	DW	
4.	<b>Copy of SunBiz.com -</b> (if applicable, see application for details)	MKR	DW	
5.	<b>Copy of 990 form</b> (if applicable, see application)	MKR	DW	Did not submit a copy of 990
6.	<b>Copy of completed W-9 form</b> (March 2024)	MKR	DW	
7.	<b>Income/Expense worksheet</b> (required for all applicants)	MKR	DW	
8.	<b>Copy of this checklist –</b> (completed, initialed, and signed by applicant)	MKR	DW	

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

7 June 2025

Applicant signature & date

Wizard of OZ Museum

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

---

Applicant Organization Name: OZ Store LLC

Applicant Event Name: Year-round programming

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

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

YES	NO
-----	----

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

 7/2/2025

Peter Cranis, Executive Director

# FY 2025-2026 Marketing Support Program application

Response ID:20 Data

## 2. (untitled)

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



Signature of: Frederick Trust

## 3. (untitled)

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

Cultural

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

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

The Wizard of OZ Museum

**Organization address**

7099 N.Atlantic Ave

**State**

FL

**City**

Cape Canaveral

**Zip**

32920-2683

**Primary contact name**

Frederick Trust

**Primary contact phone number**

4105303265

**Primary contact email**

wizardofozmuseum@gmail.com

**Secondary contact name**

Palina Trust

**Secondary contact phone number**

3053546787

**Secondary contact email**

palinatrust@gmail.com

**Organization website address**

wizardofozflorida.com

5. (untitled)

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

For profit, LLC, Inc., etc.

6. (untitled)

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

85-0822863

7. (untitled)

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

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

8. (untitled)

**1. EVENT INFORMATION - #1**

**Name of event**

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

**Event location**

9. (untitled)

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

10. (untitled)

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

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

8. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)



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

---

18. (untitled)

---

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

---

19. (untitled)

---

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

---

20. (untitled)

---

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

Digital advertising (banner ads, etc.)

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

---

21. (untitled)

---

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

Facebook : @wizaradofozmuseum

Instagram : NA

YouTube : NA

---

22. (untitled)

---

**10. What hashtags do you currently use?**

#wizaradofozmuseum

---

23. (untitled)

---

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

---

24. (untitled)

---

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

---

25. (untitled)

---

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

[corporation.pdf](#)

---

26. (untitled)

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

[SunBiz.pdf](#)

27. (untitled)

13. Upload your completed W-9 form.

[w9.pdf](#)

28. (untitled)

14. Upload your completed Event Income/Expense report.

[Event\\_Income\\_Expense\\_Report\\_template\\_FY25-26-Test.pdf](#)

29. (untitled)

15. Upload your completed Checklist.

[MSP\\_applicant\\_checklist\\_5.21.2025.pdf](#)

30. (untitled)

16.

## ATTESTATION

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



Signature of: Fred Trust

31. Thank You!

New Send Email

May 21, 2025 15:19:03 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;  
Terrence.Parks@VisitSpaceCoast.com

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

L20000064047  
FILED 8:00 AM  
February 26, 2020  
Sec. Of State  
cmwood

**Article I**

The name of the Limited Liability Company is:

OZ STORE LLC

**Article II**

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

4333 N.ATLANTIC AVE  
COCOA BEACH, FL. 32931

The mailing address of the Limited Liability Company is:

100 BAYVIEW DRIVE  
UNIT 305  
SUNNY ISLES, FL. US 33160

**Article III**

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

PALINA TRUST  
100 BAYVIEW DRIVE  
UNIT 305  
SUNNY ISLES, FL. 33160

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

Registered Agent Signature: PALINA TRUST

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AR  
FRED TRUST  
100 BAYVIEW DRIVE, UNIT 305  
SUNNY ISLES, FL. 33160 US

L20000064047  
FILED 8:00 AM  
February 26, 2020  
Sec. Of State  
cmwood

### **Article V**

The effective date for this Limited Liability Company shall be:

02/27/2020

Signature of member or an authorized representative

Electronic Signature: PALINA TRUST

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



**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000064047

**Entity Name:** OZ STORE LLC

**Current Principal Place of Business:**

7099 ATLANTIC AVE  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

1691 WEKIVA DRIVE  
MELBOURNE, FL 32940 US

**FEI Number:** 85-0822863

**Certificate of Status Desired:** No

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

TRUST, FREDERICK  
1691 WEKIVA DRIVE  
MELBOURNE, FL 32940 US

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

**SIGNATURE:** FREDERICK TRUST

02/03/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AR  
Name TRUST, PALINA  
Address 1691 WEKIVA DRIVE  
City-State-Zip: MELBOURNE FL 32940

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PALINA TRUST

OWNER

02/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>THE WIZARD OF OZ MUSEUM</b>	
	2 Business name/disregarded entity name, if different from above. <b>OZ STORE LLC</b>	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. <b>7099 N. ATLANTIC AVE</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>CAPE CANAVERAL FL 32920</b>		
7 List account number(s) here (optional)		

**Taxpayer Identification Number (TIN)**

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

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


Social security number	
or	
Employer identification number	
85	0822863

**Certification**

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person 	Date <b>4-7-2025</b>
-----------	---	-------------------------

**General Instructions**

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

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

**What's New**

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

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

**Purpose of Form**

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



Marketing Support Program - WIZARD OF OZ							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Museum Operation	\$593,000.00	\$0.00	\$54,031.00	Museum Gross Income	\$ 612,000.00	\$556,301.00	\$55,699.00
Advertising		\$18,558.00	\$18,558.00				
Labor		\$51,338.00	\$51,338.00				
Depreciation		\$17,725.00	\$17,725.00				
Insurance		\$3,347.00	\$3,347.00				
Interest		\$15,310.00	\$15,310.00				
Office Expenses		\$6,302.00	\$6,302.00				
Repairs and Maintenance		\$7,060.00	\$0.00				
Other Expenses	\$593,000.00	\$119,640.00	\$54,031.00				
Other Business Property		\$85,116.00	\$85,116.00				
Supplies and Products		\$107,216.00	\$107,216.00				
Taxes and Licenses		\$26,297.00	\$26,297.00				
Utilities		\$12,719.00	\$12,719.00	Income Sponsors	\$0.00	\$0.00	
Other expenses			\$0.00				
Collectible for the museum		\$174,983.00	\$174,983.00	Cash in Bank to start	\$18,507.00	\$23,236.00	
Truck rental expenses		\$4,020.00	\$4,020.00	Income Other			
Rent and Lease		\$85,116.00	\$85,116.00	TDC grant funding	\$17,500.00	\$15,000.00	
Travel		\$8,878.00	\$8,878.00	Total Income	\$648,007.00	\$597,037.00	
Cost of goods		\$53,420.00	\$53,420.00				
			\$0.00	Total Expenses Paid	\$618,000.00	\$138,198.00	\$479,802.00
			\$0.00				
			\$0.00	Profit/Loss	\$30,007.00	\$458,839.00	-\$428,832.00
Marketing - please specify Brevard/Out-of-County	\$0.00	\$326,417.00	\$326,417.00				
Facebook, Google, Magazine	\$25,000.00	\$18,558.00	\$6,442.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Expense	\$25,000.00	\$18,558.00	\$6,442.00				
Total Expenses 2025-2026	\$618,000.00	\$138,198.00	\$479,802.00				



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

Applicant organization name: OZ STORE LLC

Applicant event name: \_\_\_\_\_

Applicant name completing this form: FRED TRUST

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

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

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

  
 Applicant signature & date 6-10-25



Green Gables

[Return to Table of Contents](#)



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

---

Applicant Organization Name: Green Gables

Applicant Event Name: Year-round programming

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

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

<b>YES</b>	<b>NO</b>
------------	-----------

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

 7/2/2025

Peter Cranis, Executive Director

# FY 2025-2026 Marketing Support Program application

Response ID:31 Data

## 2. (untitled)

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



Signature of: Annita Full

## 3. (untitled)

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

Cultural

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

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

Green Gables at Historic Riverview Village, Inc

**Organization address**

Po Box 1086

**State**

FL

**City**

Melbourne

**Zip**

32902

**Primary contact name**

Annita Full

**Primary contact phone number**

321-432-0848

**Primary contact email**

annita@greengables.org

**Secondary contact name**

Sue Fallon

**Secondary contact phone number**

321-536-6357

**Secondary contact email**

sue@greengables.org

**Organization website address**

greengables.org

5. (untitled)

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

501(C)(3)

6. (untitled)

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

27-4206685

7. (untitled)

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

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

8. (untitled)

**1. EVENT INFORMATION - #1**

**Name of event**

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

**Event location**

9. (untitled)

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



10. (untitled)

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

11. (untitled)

7. Do you have a second event?

Yes

12. (untitled)

4. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

8. Do you have a third event?

No

16. (untitled)

7. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

20. (untitled)

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

Radio

Social hashtags

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

21. (untitled)

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

Facebook : SaveGreenGables

Instagram : @greengables.org

YouTube : @greengables8868

22. (untitled)

**11. What hashtags do you currently use?**

NA

23. (untitled)

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

[IRS\\_Determination\\_Green\\_Gables.pdf](#)

24. (untitled)

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

[990-Tax\\_Return\\_2023-Green\\_Gables.pdf](#)

25. (untitled)

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

26. (untitled)

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

[SunBiz\\_2025-Green\\_Gables.pdf](#)

27. (untitled)

**15. Upload your completed W-9 form.**

[W9\\_Green\\_Gables.pdf](#)

28. (untitled)

**16. Upload your completed Event Income/Expense report.**

[Event\\_Income\\_Expense\\_Report\\_\\_FY25-26\\_Green\\_Gables.pdf](#)

29. (untitled)

**17. Upload your completed Checklist.**

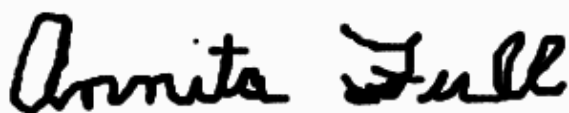
[Checklist-Green\\_Gables.pdf](#)

30. (untitled)

18.

## ATTESTATION

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



Signature of: Annita Full

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

DEPARTMENT OF THE TREASURY

Date: **JUL 24 2011**

GREEN GABLES AT HISTORIC RIVERVIEW  
VILLAGE INC  
C/O JOHN B DALY  
PO BOX 500856  
MALABAR, FL 32950

Employer Identification Number:

27-4206685

DLN:

17053174335001

Contact Person:

DEL TRIMBLE

ID# 31309

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

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

Form 990 Required:

Yes

Effective Date of Exemption:

November 29, 2010

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

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

Letter 947 (DO/CG)



**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011155

**Entity Name:** GREEN GABLES AT HISTORIC RIVERVIEW VILLAGE, INC.**Current Principal Place of Business:**ANNITA FULL  
2478 LAKES OF MELBOURNE DRIVE  
WEST MELBOURNE , FL 32904**Current Mailing Address:**GREEN GABLES AT HISTORIC RIVERVIEW VILLAGE, INC.  
POB 1086  
MELBOURNE, FL 32902 US**FEI Number:** 27-4206685**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BACCUS HORSLEY, DIANE ESQ.  
25W NEW HAVEN AVE  
SUITE G  
MELBOURNE, FL 32901 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** DIANE BACCUS HORSLEY

02/15/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title DIRECTOR, EDUCATION  
Name AMBROSE, MARION  
Address 1262 CIMARRON CIRCKE NE  
City-State-Zip: PALM BAY FL 32905Title DIRECTOR  
Name BACCUS HORSLEY, DIANE  
Address P. O. BOX 33572.  
City-State-Zip: INDIALANTIC FL 32903Title DIRECTOR  
Name FARRINGTON, ANNE  
Address 611 XAVIER AVENUE  
City-State-Zip: MELBOURNE FL 32935Title DIRECTOR, TREASURER  
Name FULL, ANNITA  
Address 2478 LAKES OF MELBOURNE DRIVE  
City-State-Zip: MELBOURNE FL 32904Title DIRECTOR  
Name SMITH, DOUG  
Address 2585 WILDWOOD DRIVE  
City-State-Zip: MELBOURNE FL 32940Title DIRECTOR  
Name CAMARGO, MAURICIO  
Address 527 MELANIE CIRCLE  
City-State-Zip: MELBOURNE FL 32901Title DIRECTOR, VP  
Name FALLON, SUE  
Address 1733 GREYTWIG PLACE  
City-State-Zip: GRANT-VALKARIA FL 32950Title DIRECTOR  
Name MELORO, MARIANNE  
Address 195 SUNRISE AVE  
City-State-Zip: SATELLITE BEACH FL 32937**Continues on page 2**

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

**SIGNATURE:** ANNITA FULL

TREASURER

02/15/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, PRESIDENT  
Name SZELAG, EDWINA  
Address 4335 LAKEGLEN DRIVE  
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR, SECRETARY  
Name RODRIGUEZ, CATHY  
Address 609 HAWKSBILL ISLAND DR  
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR  
Name FLETCHER, DAVID  
Address 1440 EAST COAST DR  
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR  
Name WISDOM, SAMANTHA  
Address 2674 KINGMAN AVE SE  
City-State-Zip: PALM BAY FL 32909

**FOR TAX YEAR 2023**

GREEN GABLES AT HISTORIC RIVERVIEW VILLAGE INC

Boehm & Associates, Inc.

1934 Dairy Road

W Melbourne, FL 32904

(321)956-1800

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

<b>A</b> For the 2023 calendar year, or tax year beginning , 2023, and ending , 20											
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table><tr><td><b>C</b> Name of organization <b>Green Gables at Historic Riverview Village Inc</b></td><td><b>D</b> Employer identification number <b>27-4206685</b></td></tr><tr><td>Doing business as</td><td></td></tr><tr><td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO Box 1086</b></td><td><b>E</b> Telephone number <b>(321) 794-8901</b></td></tr><tr><td>City or town, state or province, country, and ZIP or foreign postal code <b>Melbourne, FL 32902</b></td><td><b>G</b> Gross receipts \$ <b>796,170</b></td></tr><tr><td colspan="2"><b>F</b> Name and address of principal officer: <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number</td></tr></table>	<b>C</b> Name of organization <b>Green Gables at Historic Riverview Village Inc</b>	<b>D</b> Employer identification number <b>27-4206685</b>	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO Box 1086</b>	<b>E</b> Telephone number <b>(321) 794-8901</b>	City or town, state or province, country, and ZIP or foreign postal code <b>Melbourne, FL 32902</b>	<b>G</b> Gross receipts \$ <b>796,170</b>	<b>F</b> Name and address of principal officer: <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527											
<b>J</b> Website: <b>www.greengables.org</b>											
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <b>2011</b> <b>M</b> State of legal domicile: <b>FL</b>										

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To preserve and restore the historical landmark and surrounding green space known as Green Gables which represents the legacy of the early developers of South Brevard and to create there a living history museum and center for community engagement.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>45</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>108,026</b>	<b>Current Year</b> <b>796,083</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>126</b>	<b>87</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>108,152</b>	<b>796,170</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>3,050</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>70,891</b>	<b>46,038</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>70,891</b>	<b>46,038</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>37,261</b>	<b>750,132</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>326,688</b>	<b>End of Year</b> <b>1,076,721</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>112</b>	<b>16</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>326,576</b>	<b>1,076,705</b>

**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.

<b>Sign Here</b>	<b>Annita Full</b>	
	Signature of officer	Date
	<b>Annita Full, Treasurer</b>	
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Jacquelyn Boehm</b>	Preparer's signature
	Firm's name <b>Boehm &amp; Associates, Inc.</b>	Date <b>10-18-2024</b>
	Firm's address <b>1934 Dairy Road W Melbourne FL 32904</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01367298</b>
		Firm's EIN <b>321-956-1800</b>

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)



**Part III** **Statement of Program Service Accomplishments**

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

- 1** Briefly describe the organization's mission:  
**To preserve and restore the historical landmark and surrounding green space known as Green Gables which represents the legacy of the early developers of South Brevard and to create there a living history museum and center for community engagement.**
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **39,938** including grants of \$ ) (Revenue \$ **31,645** )  
**Green Gables offered an education program for home school groups, school classes and scouts. They provided living history experiences which included learning some history, playing games of the late 1800s, making goat milk soap, and kite making. Volunteers from Green Gables also presented the Green Gables history to senior citizens, both on and off the property. Additionally, 2 Eagle Scouts completed their Eagle projects for the organization.**

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

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

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

**4e** Total program service expenses **39,938**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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 . . . . .	<b>3</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> 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. . . . .	<b>4</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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. . . . .	<b>5</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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 . . . . .	<b>6</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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 . . . . .	<b>7</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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. . . . .	<b>9</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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 . . . . .	<b>10</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<b>11b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . .	<b>11c</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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 . . . . .	<b>11d</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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. . . . .	<b>11f</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>12b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>14b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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. . . . .	<b>15</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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. . . . .	<b>16</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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 . . . . .	<b>17</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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. . . . .	<b>18</b> <input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> 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. . . . .	<b>19</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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 . . . . .	<b>21</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

☒

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

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



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

**Section A. Governing Body and Management**

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	14	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5		X
6	Did the organization have members or stockholders? . . . . .	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body? . . . . .	8a	X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .	9		X

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

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

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.  
Annita Full (321)432-0848, PO Box 1086, Melbourne, FL 32902

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)Mauricio Camargo Director	10.00	X						0	0	0
(2)Doug Smith Director of Operations	20.00	X						0	0	0
(3)Lenora Grimm Director	10.00	X						0	0	0
(4)Edwina Szlag President	30.00	X						0	0	0
(5)David Fletcher Director	5.00	X						0	0	0
(6)Marianne Meloro Director	15.00	X						0	0	0
(7)Richard Szlag Director	5.00	X						0	0	0
(8)Diane Baccus Horsley Director	10.00	X						0	0	0
(9)Sue Fallon Director	30.00	X						0	0	0
(10)Marion Ambrose President/Living History Education	30.00	X						0	0	0
(11)Annita Full Treasurer	30.00	X						0	0	0
(12)Anne Raley Flotte Director	10.00	X						0	0	0
(13)Yuliya Gabbasova Director of Hospitality	20.00	X						0	0	0
(14)Anne Farrington Director of Technology	20.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b	Subtotal									
c	Total from continuation sheets to Part VII, Section A									
d	Total (add lines 1b and 1c)							0	0	0

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

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

Section B. Independent Contractors

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

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

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

**Part VIII****Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	31,645		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	492,500		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	271,938		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 241,340		
	h	Total. Add lines 1a-1f		796,083		
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	87	87	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	6a			
b		Less: rental expenses	6b			
c		Rental income or (loss)	6c			
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	7a			
b		Less: cost or other basis and sales expenses	7b			
c		Gain or (loss)	7c			
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ 31,645 of contributions reported on line 1c). See Part IV, line 18	8a			
b		Less: direct expenses	8b			
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities. See Part IV, line 19	9a			
b		Less: direct expenses	9b			
c		Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See instructions		796,170	87	0



**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	400	280	60	60
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . .				
<b>12</b> Advertising and promotion . . . . .	1,671	1,170	251	250
<b>13</b> Office expenses . . . . .	4,514	3,160	677	677
<b>14</b> Information technology . . . . .	677	474	102	101
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	22,416	22,416		
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,289	3,289		
<b>23</b> Insurance . . . . .	1,280	896	192	192
<b>24</b> 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.)				
<b>a Bank and Merchant Fees</b> . . . . .	343	240	52	51
<b>b Postage and Printing</b> . . . . .	1,616	1,130	242	244
<b>c License and Permits</b> . . . . .	186	131	27	28
<b>d Event Expenses</b> . . . . .	9,646	6,752	1,447	1,447
<b>e</b> All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e. .	46,038	39,938	3,050	3,050
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	300,209	<b>1</b>	71,360
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	753	<b>4</b>	616
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	2,239
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 977,045		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 3,289	<b>10c</b>	973,756
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	25,726	<b>15</b>	28,750
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	326,688	<b>16</b>	1,076,721	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	112	<b>17</b>	16
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	112	<b>26</b>	16
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	326,576	<b>27</b>	1,076,705
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	326,576	<b>32</b>	1,076,705
	<b>33</b> Total liabilities and net assets/fund balances	326,688	<b>33</b>	1,076,721

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	796,170
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	46,038
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	750,132
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	326,576
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	(3)
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,076,705

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

EEA

Form 990 (2023)

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Green Gables at Historic Riverview Village Inc

27-4206685

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2023



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	14,546	186,569	85,322	59,791	764,438	1,110,666
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	14,546	186,569	85,322	59,791	764,438	1,110,666
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						211,172
<b>6 Public support.</b> Subtract line 5 from line 4.						899,494

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	14,546	186,569	85,322	59,791	764,438	1,110,666
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	17	259	201	126	87	690
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	9,109	17,827	32,671	20,396		80,003
<b>11 Total support.</b> Add lines 7 through 10						1,191,359
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	75.50 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	80.54 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>		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 <b>Part VI</b> .
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.
<b>3b</b>		



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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

Client Copy

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**Green Gables at Historic Riverview Village Inc**

Employer identification number

**27-4206685**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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



Name of organization

Green Gables at Historic Riverview Village Inc

Employer identification number

27-4206685

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Homeowners of Property 1501 S Harbor City Blvd Melbourne FL 32901	\$ 234,999	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

27-4206685

## Part II

(a) No. from Part I	(b) Description of noncash property given	(c) <b>FMV (or estimate)</b> (See instructions.)	(d) <b>Date received</b>
1	Percentage of fair market value of property	\$ 234,999	06-12-2023
(a) No. from Part I	(b) Description of noncash property given	(c) <b>FMV (or estimate)</b> (See instructions.)	(d) <b>Date received</b>
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) <b>FMV (or estimate)</b> (See instructions.)	(d) <b>Date received</b>
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) <b>FMV (or estimate)</b> (See instructions.)	(d) <b>Date received</b>
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) <b>FMV (or estimate)</b> (See instructions.)	(d) <b>Date received</b>
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) <b>FMV (or estimate)</b> (See instructions.)	(d) <b>Date received</b>
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) <b>FMV (or estimate)</b> (See instructions.)	(d) <b>Date received</b>
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) <b>FMV (or estimate)</b> (See instructions.)	(d) <b>Date received</b>
		\$	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Green Gables at Historic Riverview Village Inc

27-4206685

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

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

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

**Part II Conservation Easements**

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

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

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

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

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

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

Schedule D (Form 990) 2023





**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col.(B)). . . . .		

**Part VIII Investments - Program Related**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)). . . . .		

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) Construction in Progress . . . . .	28,750
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15 col. (B)). . . . .	28,750

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25 col. (B)). . . . .	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

**Green Gables at Historic Riverview Village Inc**

Employer identification number

**27-4206685**

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

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

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

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

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

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

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

		(a) Event #1 HOFB 23 (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	12,820			12,820
	2 Less: Contributions . . . . .	1,136			1,136
	3 Gross income (line 1 minus line 2) . . . . .	11,684			11,684
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .	68			68
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	1,932			1,932
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				2,000
11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				9,684	

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

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

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

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

b If "No," explain: \_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_



**SCHEDULE M  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**Green Gables at Historic Riverview Village Inc**

**27-4206685**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .	X	1	234,999	Fair Market Value
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( <b>Supplies</b> ) . . . . .	X	12	6,341	Purchase Price
26 Other ( ) . . . . .				
27 Other ( ) . . . . .				
28 Other ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Green Gables at Historic Riverview Village Inc

Employer identification number

27-4206685

**01. Unrelated business income explanation (Part V, line 3b)**

All of the work for Green Gables is completed by volunteers, thus a 990T is not required.

**02. Officer, directors, etc. family relationship (Part VI, line 2)**

2 board members are related

**03. Form 990 governing body review (Part VI, line 11)**

Accountant emails the 990 filing to the board members. They respond with questions or concurrence.

**04. Conflict of interest policy compliance (Part VI, line 12c)**

The written conflict of interest policy is reviewed and signed annually by all board members as per the laws of the State of Florida, with the official records.

**05. Governing documents, etc, available to public (Part VI, line 19)**

Governing documents and financial statements are provided upon request.

## Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

2023

Attachment  
Sequence No. 179

Name(s) shown on return

Green Gables at Historic Rivervi

Business or activity to which this form relates

FORM 990 - 1

Identifying number

27-4206685

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		12,045	5	HY	SL	1,205
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	06-2023	150,000	39 yrs.	MM	S/L	2,084
				MM	S/L	

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

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> 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	3,289
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://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**

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>Green Gables at Historic Riverview Village Inc</b>	Taxpayer identification number (TIN) <b>27-4206685</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO Box 1086</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Melbourne FL 32902</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations** (see instructions)

The books are in the care of **Annita Full, PO Box 1086 Melbourne FL 32902**

Telephone No. **321-432-0848** Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **11-15**, 20 **24**, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 **23** or

☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Green Gables at Historic Riverview Village, Inc</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) <b>501(c)(3)</b>	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>PO Box 1086</b> <b>6</b> City, state, and ZIP code <b>Melbourne, FL 32902-1086</b> <b>7</b> List account number(s) here (optional)	Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

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

<b>Social security number</b>								
			-					
or								
<b>Employer identification number</b>								
2	7	-	4	2	0	6	6	8 5

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

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

**Sign Here** Signature of U.S. person *Annita Full*

Date *3-15-2025*

**General Instructions**

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

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

**What's New**

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

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

**Purpose of Form**

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

Marketing Support Program - GREEN GABLES							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Event Advertisement/Signs	\$2,400.00	\$1,833.00	\$567.00	Events	\$63,000.00	\$59,937.00	\$3,063.00
Catering/Venue	\$13,000.00	\$12,518.00	\$482.00	Education Program	\$2,400.00	\$1,992.00	\$408.00
Educational Supplies	\$525.00	\$324.00	\$201.00	Donations	\$40,000.00	\$32,814.00	\$7,186.00
Entertainment	\$3,675.00	\$1,350.00	\$2,325.00	Grants	\$15,000.00	\$3,022.00	\$11,978.00
City Permits	\$900.00	\$450.00	\$450.00	In-Kind	\$4,000.00	\$3,882.00	\$118.00
Event Supplies	\$7,470.00	\$7,233.00	\$237.00				\$0.00
Event Security	\$840.00	\$840.00	\$0.00				\$0.00
Subtotal Expense	\$28,810.00	\$24,548.00	\$4,262.00				\$0.00
Other Expenses							\$0.00
Acct Fees	\$10,500.00	\$10,225.00	\$275.00				\$0.00
Dues	\$1,700.00	\$1,025.00	\$675.00	Subtotal Income	\$124,400.00	\$101,647.00	\$22,753.00
Insurance	\$1,600.00	\$1,460.00	\$140.00	Income Sponsors	\$20,000.00	\$10,750.00	\$9,250.00
Printing/Copying	\$3,000.00	\$3,024.00	-\$24.00	TDC grant funding	\$0.00	\$10,000.00	-\$10,000.00
Promo/Advertising	\$4,500.00	\$2,649.00	\$1,851.00	Cash in Bank to start	\$125,301.77	\$99,663.37	\$25,638.40
Other	\$3,500.00	\$1,000.00	\$2,500.00				
Depreciation	\$6,000.00	\$6,300.00	-\$300.00	Total Income	\$144,400.00	\$122,397.00	\$22,003
Equip Rental	\$3,000.00	\$2,900.00	\$100.00	Total Expenses Paid	\$70,835.00	\$69,492.00	\$1,343
Lawn Maintenance	\$3,325.00	\$2,425.00	\$900.00				
Utilities	\$1,800.00	\$1,520.00	\$1,805.00				
Other	0	\$948.00	\$852.00				
Subtotal Other Expenses	\$38,925.00	\$33,476.00	\$8,774.00	Profit/Loss	\$73,565.00	\$69,492.00	
Marketing - please specify Brevard/Out-of-County							
Out of county - radio	\$0.00	\$0.00	\$0.00				
Print ads	\$0.00	\$8,470.00	\$8,470.00				
Brevard County - print ads	\$3,000.00	\$2,881.00	-\$119.00				
social media	\$100.00	\$117.00	\$17.00				
			\$0.00				
			\$0.00				
			\$0.00				
Subtotal Marketing	\$3,100.00	\$11,468.00	\$8,368.00				
Total Expenses 2025-2026	\$70,835.00	\$69,492.00					



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

Applicant organization name: Green Gables at Historic Riverview Village, Inc.

Applicant event name: Season

Applicant name completing this form: Annita Full

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

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

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

Annita Full 5-30-2025  
Applicant signature & date

# Melbourne Art Festival

[Return to Table of Contents](#)



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

---

Applicant Organization Name: Melbourne Art Festival

Applicant Event Name: Melbourne Art Festival

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

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

YES	NO
-----	----

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

*Peter Cranis* 7/21/2025

Peter Cranis, Executive Director

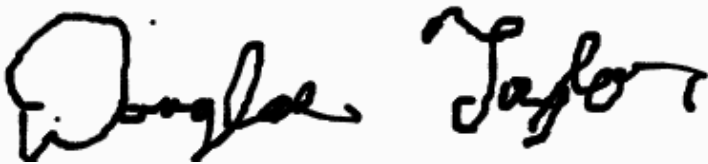


# FY 2025-2026 Marketing Support Program application

Response ID:46 Data

## 2. (untitled)

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



Signature of: Douglas Taylor

## 3. (untitled)

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

Cultural

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

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

Melbourne Art Festival, Inc.

**Organization address**

PO Box 611

**State**

FL

**City**

Melbourne

**Zip**

32902

**Primary contact name**

Doug Taylor

**Primary contact phone number**

3212887429

**Primary contact email**

news@melbournearts.org

**Secondary contact name**

Martha Case

**Secondary contact phone number**

716-523-1578

**Secondary contact email**

martha@melbournearts.org

**Organization website address**

<http://www.melbournearts.org/>

**5. (untitled)****4. Which best describes your organization?**

501(C)(3)

**6. (untitled)****5. What is your Federal Employee ID number?**

F52VVZY1N5H9

**7. (untitled)****6. Are you completing this application for an event or year-round programming?**

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

**8. (untitled)****7. EVENT INFORMATION - #1****Name of event**

Melbourne Art Festival

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

<https://melbourneartsfestival.org/>

**Event location**

Wickham Park, Melbourne, FL

9. (untitled)

8. What is the first date of your event?

04/25/2026

10. (untitled)

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

2

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Billboards  
Digital advertising (banner ads, etc.)  
Direct mail  
Radio  
Social hashtags  
Social media (Facebook, Instagram, YouTube, etc.)  
TV/Video  
Other - Please be specific.....: Print Advertising

20. (untitled)

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

21. (untitled)

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

Facebook : <https://www.facebook.com/MelbourneArtFestival>  
Instagram : <https://www.instagram.com/melbourneartfestival/>  
YouTube : <https://www.youtube.com/@melbourneartfestival5424>

22. (untitled)

**13. What hashtags do you currently use?**

#VisitSpaceCoast #MelbourneArtFestival #SpaceCoastArt #MAF41 #SupportArt #SupportArists

23. (untitled)

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

[MAF\\_IRS\\_non-profit\\_letter\\_small\\_size\\_file.pdf](#)

24. (untitled)

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

[Melbourne\\_Art\\_Festival\\_2020\\_990\\_form.pdf](#)

25. (untitled)

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

26. (untitled)

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

[MAF\\_2023\\_SunBiz\\_Detail\\_by\\_Entity\\_Name.pdf](#)

27. (untitled)

**17. Upload your completed W-9 form.**

[MAF\\_Sub\\_W9\\_Form.pdf](#)

28. (untitled)

**18. Upload your completed Event Income/Expense report.**

[Melbourne\\_Art\\_Festival\\_FY23-24\\_Budget.pdf](#)

29. (untitled)

**19. Upload your completed Checklist.**

[Checklist\\_for\\_MAF\\_2025-26\\_.pdf](#)

30. (untitled)

## ATTESTATION

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

Signature of:



**Internal Revenue Service**

**Department of the Treasury**

Washington, DC 20224

**Person to Contact:**

Melbourne Art Festival, Inc.  
P. O. Box 611  
Melbourne, FL 32902

Mr. Friedlander  
Telephone Number:  
(202) 566-3712

**Refer Reply to:**

E:EO:R:1-1

**Date:**

**MAY 31 1991**

Employer Identification Number: 59-2525180  
Key District: Atlanta  
Accounting Period Ending: March 31  
Foundation Status Classification: 509(a)(2)  
Effective Date of Ruling: October 2, 1990  
Advance Ruling Period Begins: October 2, 1990  
Advance Ruling Period Ends: March 31, 1995  
Form 990 Required: Yes

**Dear Applicant:**

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

You have agreed on your application for exemption under section 501(c)(3) of the Code that your exemption is effective October 2, 1990, the date your completed application was filed.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, beginning with the effective date of this ruling, we have determined that you can reasonably be expected to be a publicly supported organization described in the section(s) of the Code shown above.

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during the advance ruling period. This advance ruling period begins on the date your exemption under section 501(c)(3) of the Code is effective and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to your key District Director information needed to determine whether you have met the

Melbourne Art Festival, Inc.

requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the effective date of this ruling for purposes of sections 507(d) and 4940.

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

Donors (including private foundations) may rely on the advance ruling that you are not a private foundation until 90 days after your advance ruling period ends. If you submit the required information within 90 days, donors may continue to rely on the advance ruling until we make a final determination of your foundation status. However, if notice that you will no longer be treated as the type of organization shown above is published in the Internal Revenue Bulletin, donors may not rely on the advance ruling after the date of such publication. Also, donors (other than private foundations) may not rely on the classification shown above if they were in part responsible for, or were aware of, the act that resulted in your loss of that classification, or if they acquired knowledge that the Internal Revenue Service had given notice that you would be removed from that classification. Private foundations may rely on the classification shown above whether or not they were responsible for an act or failure to act that caused you to lose your classification as long as you were not directly or indirectly controlled by them or by disqualified persons with respect to them. However, private foundations may not rely on the classification shown above if they acquired knowledge that the Internal Revenue Service had given notice that you would be removed from that classification.

Melbourne Art Festival, Inc.

If your sources of support, or your purposes, character, or methods of operation change, please let your key district know so that office can consider the effect of the change on your exempt status and foundation status. In the case of an amended document or bylaws, please send a copy of the amended document or bylaws to your key district. Also, you should inform your key District Director of all changes in your name or address.

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

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other federal excise taxes. If you have questions about excise, employment, or other federal taxes, please contact your key District Director.

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your contributors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair-market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets and receipts in such a way that your contributors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, Deductibility of Payments Made to Organizations Conducting Fund-Raising Events. You may obtain copies of Publication 1391 from your key district office.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year normally are more than \$25,000. If your gross receipts each year are not normally more than \$25,000, we ask that you establish that you

Melbourne Art Festival, Inc.

are not required to file Form 990 by completing Part I of that Form for your first year. Thereafter, you will not be required to file a return until your gross receipts normally exceed the \$25,000 minimum. For guidance in determining if your gross receipts are "normally" not more than the \$25,000 limit, see the instructions for the Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. The maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application and supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is a failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under Code section 511. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513.

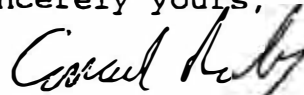
You need an employer identification number even if you have no employees. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

We are informing your key District Director of this ruling. Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

Melbourne Art Festival, Inc.

If you have any questions about this ruling, please contact the person whose name and telephone number are shown in the heading of this letter. For other matters, including questions concerning reporting requirements, please contact your key District Director.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Conrad Rosenberg".

Conrad Rosenberg  
Chief, Exempt Organizations  
Rulings Branch 1

Enclosure: Form 872-C





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## Detail by Entity Name

Florida Not For Profit Corporation  
MELBOURNE ART FESTIVAL, INC.

### Filing Information

<b>Document Number</b>	N08464
<b>FEI/EIN Number</b>	59-2525180
<b>Date Filed</b>	04/01/1985
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	11/20/2019
<b>Event Effective Date</b>	NONE

### Principal Address

2013 MELBOURNE COURT  
MELBOURNE, FL 32901

Changed: 11/20/2019

### Mailing Address

PO BOX 611  
MELBOURNE, FL 32902

Changed: 08/27/1991

### Registered Agent Name & Address

Gant, Johana G  
207 Buffett Ln  
West Melbourne, FL 32904

Name Changed: 02/18/2016

Address Changed: 02/18/2016

### Officer/Director Detail

#### **Name & Address**

Title President, Director

GANT, JOHANA G  
207 BUFFET LN  
WEST MELBOURNE, FL 32904

Title VP, Director

VAUGHN, ELISE  
2013 MELBOURNE COURT  
MELBOURNE, FL 32901

Title VP, Director

CASTELLI, LINDA  
2570 PINEAPPLE AVE  
MELBOURNE, FL 32935

Title Treasurer, Director

BELL, GREGORY  
115 HICKORY STREET  
STE 106  
MELBOURNE, FL 32904

Title Secretary, Director

CASE, MARTHA  
1972 SAGO PALM STREET NE  
PALM BAY, FL 32905

Title Director

VANSTRUM, MARK  
509 S PALM AVE  
INDIALANTIC, FL 32903

Title Director

KETCHEL, JOHN  
1700 BROOKSHIRE CIRCLE  
WEST MELBOURNE, FL 32904

Title Director

D'AMATO, SALVATORE  
827 E MELBOURNE AVE  
MELBOURNE, FL 32901

Title Director

HUCKABEE, RHONDA  
2330 STRATFORD POINTE DR  
MELBOURNE, FL 32904

## Title Director

TAYLOR, DOUG  
5011 DIXIE HWY NE  
APT A309  
PALM BAY, FL 32905

## Title Director

LECLAIR, PATRICIA  
2481 CROOKED ANTLER DR  
MELBOURNE, FL 32934

## Title Director

Bird, Cathleen  
255 River Road Circle  
Rockledge, FL 32955

**Annual Reports**

Report Year	Filed Date
2020	06/27/2020
2021	04/30/2021
2022	05/02/2022

**Document Images**

<a href="#">05/02/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/27/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/20/2019 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">03/05/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/13/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/04/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/18/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/22/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/19/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/06/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/09/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/19/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/14/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/20/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/07/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/14/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">08/03/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/14/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/02/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

<a href="#">01/09/2003 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/13/2002 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/05/2001 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/22/2000 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/26/1999 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/05/1998 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/08/1997 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/19/1996 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/01/1995 -- ANNUAL REPORT</a>	View image in PDF format

Florida Department of State, Division of Corporations

**Forms 990 / 990-EZ Return Summary**For calendar year 2019, or tax year beginning **10/01/19**, and ending **09/30/20****59-2525180****MELBOURNE ART FESTIVAL, INC.****Net Asset / Fund Balance at Beginning of Year** **101,924****Revenue**

Contributions	<u>15,383</u>	
Program service revenue	<u>34,114</u>	
Investment income	<u>10</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income		
<b>Total revenue</b>		<u><b>49,507</b></u>

**Expenses**

Program services		
Management and general		
Fundraising		
<b>Total expenses</b>		<u><b>27,783</b></u>
<b>Excess / (deficit)</b>		<u><b>21,724</b></u>

Changes

**Net Asset / Fund Balance at End of Year** **123,648****Reconciliation of Revenue**

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	

**Reconciliation of Expenses**

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	

**Balance Sheet**

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>111,561</u>	<u>133,285</u>	
Liabilities	<u>9,637</u>	<u>9,637</u>	
Net assets	<u><b>101,924</b></u>	<u><b>123,648</b></u>	<u><b>21,724</b></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_

Return / extended due date **08/16/21**

Failure to file penalty \_\_\_\_\_





# State of Florida

Chief Financial Officer  
Department of Financial Services  
Bureau of Accounting  
200 East Gaines Street  
Tallahassee, FL 32399-0354  
Telephone: (850) 413-5519 Fax:(850) 413-5550

## Substitute Form W-9

In order to comply with Internal Revenue Service (IRS) regulations, we require Taxpayer Identification information that will be used to determine whether you will receive a Form 1099 for payment(s) made to you by an agency of the State of Florida, and whether payments are subject to Federal withholding. The information provided below must match the information that you provide to the IRS for income tax reporting. Federal law requires the State of Florida to take backup withholding from certain future payments if you fail to provide the information requested.

**Taxpayer Identification Number (FEIN):** 59-2525180

**IRS Name:** MELBOURNE ART FESTIVAL INC

**Address:** PO BOX 611  
MELBOURNE, FL  
32902-0000

**Business Designation:** Not For Profit

### Certification Statement:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer information **AND**
2. **I am not** subject to backup withholding because:
  - (a) I am exempt from backup withholding **or**
  - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, **or**
  - (c) the IRS has notified me that I am no longer subject to backup withholding **AND**
3. I am a U.S. citizen or other U.S. person (including U.S. resident alien)

Preparer's Name: DOUGLAS TAYLOR  
Preparer's Title: MELBOURNE ART FESTIVAL  
Phone: 321-288-7429  
Email: news@melbournearts.org

Date Submitted: 06/01/2022

<b>Marketing Support Program - MELBOURNE ART FESTIVAL</b>							
<b>FY 2025-2026</b>							
<b>Event Income/Expense Report</b>							
<b>Expenses</b>	<b>2025-2026 projection</b>	<b>2024-2025 actuals</b>	<b>VAR+10% increase</b>	<b>Income</b>	<b>2025-2026 projection</b>	<b>2024-2025 actuals</b>	<b>VAR</b>
Outside Aritsit Services/Fees	\$2,500.00	\$2,500.00	\$0.00	Sales - Beverages	\$22,000.00	\$19,800.00	\$2,200.00
Wickham Park & Services	\$9,000.00	\$8,840.00	\$160.00	Sales - Shirts/Posters	\$7,500.00	\$7,100.00	\$400.00
Insurance	\$11,250.00	\$11,009.00	\$241.00	Patron Tent Admission	\$2,500.00	\$2,100.00	\$400.00
Equipment	\$1,250.00	\$1,250.00	\$0.00	Raffles	\$850.00	\$850.00	\$0.00
Police / Security / Parking	\$15,000.00	\$14,555.00	\$445.00	Food / Concessions	\$8,500.00	\$8,132.00	\$368.00
Carts / Radios	\$6,850.00	\$6,825.00	\$25.00				
Rentals - TentLogix	\$25,200.00	\$24,045.00	\$1,155.00				
Subtotal Expenses	\$71,050.00	\$69,024.00	\$2,026.00				
<b>Other Expenses</b>							
Music and Production	\$15,250.00	\$15,041.00	\$209.00				
Porta-Potty	\$7,500.00	\$7,325.00	\$175.00				
Kids World	\$4,400.00	\$4,390.00	\$10.00	Subtotal Income	\$41,350.00	\$37,982.00	\$3,368.00
Storage	\$4,680.00	\$4,680.00	\$0.00				
Florida Sales Tax	\$6,600.00	\$6,440.00	\$160.00	Income Sponsors	\$25,000.00	\$23,000.00	\$2,000.00
Fees - State & Licensing	\$650.00	\$650.00	\$0.00	Cash in Bank to start			
Artist Awards / Judges / Reception	\$19,100.00	\$19,100.00	\$0.00	Income Other			
Miscellaneous	\$2,000.00	\$2,000.00	\$0.00	TDC grant funding	\$0.00	\$15,000.00	-\$15,000.00
Student Scholarships	\$1,750.00	\$1,500.00	\$250.00	<b>Total Income</b>	\$66,350.00	\$75,982.00	-\$9,632.00
				<b>Total Expenses Paid</b>	\$204,030.00	\$199,174.00	\$4,856.00
Subtotal Other Expenses	\$204,030.00	\$199,174.00	\$804.00	<b>Profit/Loss</b>	<b>-\$137,680.00</b>	<b>-\$123,192.00</b>	
<b>Marketing - please specify Brevard/Out-of-County</b>							
Artist Advertising (Out)	\$3,000.00	\$2,247.00	\$753.00				
Radio (Brev & Indian River)	\$500.00	\$500.00	\$0.00				
Facebook and Social (Out)	\$3,250.00	\$2,300.00	\$950.00				
Florida Today / Brev Bus New (Br	\$2,500.00	\$2,350.00	\$150.00				
Evvt Florida Today Online (Out)	\$895.00	\$895.00	\$0.00				
Spectrum TV (Brev)	\$1,000.00	\$1,000.00	\$0.00				
Brevard Live/Spotlight (Brev)	\$1,400.00	\$900.00	\$500.00				
Artist Directory / Posters	\$2,798.00	\$2,798.00	\$0.00				
Subtotal Marketing	\$15,343.00	\$12,990.00					
<b>Marketing Expense</b>							
<b>Total Expenses 2025-2026</b>	<b>\$204,030.00</b>	<b>\$199,174.00</b>					
.							



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

Applicant organization name: MELBOURNE ART FESTIVAL, Inc

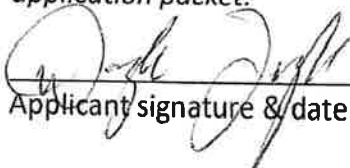
Applicant event name: 41st Melbourne Art Festival

Applicant name completing this form: DOUGLAS TAYLOR

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

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

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

  
Applicant signature & date

## Space Coast Birding and Wildlife Festival

[Return to Table of Contents](#)



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

---

Applicant Organization Name: Space Coast Birding & Wildlife

Applicant Event Name: Space Coast Birding & Wildlife Festival

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

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

YES	NO
-----	----

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

*Peter Cranis* 7/2/2025

---

Peter Cranis, Executive Director



# FY 2025-2026 Marketing Support Program application

Response ID:86 Data

## 2. (untitled)

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



Signature of: Brittany Jones

## 3. (untitled)

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

Cultural

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

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

Space Coast Birding & Wildlife Asso

**Organization address**

P.O. Box 74

**State**

FL

**City**

Mims

**Zip**

32754

**Primary contact name**

Brittany Jones

**Primary contact phone number**

904-885-0043

**Primary contact email**

director@scbwa.net

**Secondary contact name**

Linda McMahan

**Secondary contact phone number**

(863) 712-4500

**Secondary contact email**

linda@scbwa.net

**Organization website address**

https://scbwa.net

**5. (untitled)****4. Which best describes your organization?**

501(C)(3)

**6. (untitled)****5. What is your Federal Employee ID number?**

92-2238262

**7. (untitled)****6. Are you completing this application for an event or year-round programming?**

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

**8. (untitled)****7. EVENT INFORMATION - #1****Name of event**

Space Coast Birding & Wildlife Festival

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

https://scbwa.net

**Event location**

Radisson Resort at the Port & across the Space Coast

9. (untitled)

8. What is the first date of your event?

01/21/2026

10. (untitled)

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

5

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Radio

Social hashtags

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

TV/Video

20. (untitled)

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

21. (untitled)

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

Facebook : Space Coast Birding and Wildlife Festival

Instagram : @spacecoastbirdingfestival

22. (untitled)

**13. What hashtags do you currently use?**

#scbwa #spacecoast #spacecoastwildlife #birdbehavior #wildlifephotography

23. (untitled)

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

[IRS\\_DeterminationFinalLetter\\_92-2238262\\_SPACECOASTBIRDINGANDWILDLIFEASSOCIATIONINC\\_04202023\\_00.pdf](#)

24. (untitled)

---

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

[SC\\_Birding\\_990.pdf](#)

25. (untitled)

---

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

26. (untitled)

---

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

[SCBWA\\_Detail\\_by\\_Entity.pdf](#)

27. (untitled)

---

**17. Upload your completed W-9 form.**

[SCBWA\\_W9.pdf](#)

28. (untitled)

---

**18. Upload your completed Event Income/Expense report.**

[SCBWA\\_Terry\\_Event\\_Income\\_Expense\\_Report\\_template\\_FY25-26.xls.pdf](#)

29. (untitled)

---

**19. Upload your completed Checklist.**

[SCBWA\\_Checklist.pdf](#)

30. (untitled)

---

20.

## ATTESTATION

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



A handwritten signature in black ink, appearing to read 'Brittany Jones', with a large, stylized flourish at the end.

Signature of: Brittany Jones

### 31. Thank You!

---

#### New Send Email

Jun 09, 2025 13:15:34 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;  
Terrence.Parks@VisitSpaceCoast.com



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

SPACE COAST BIRDING AND WILDLIFE  
ASSOCIATION INC  
PO BOX 956  
CAPE CANAVERAL, FL 32920

**Date:**  
04/26/2023  
**Employer ID number:**  
92-2238262  
**Person to contact:**  
Name: Customer Service  
ID number: 31954  
Telephone: 877-829-5500  
**Accounting period ending:**  
April 30  
**Public charity status:**  
509(a)(2)  
**Form 990 / 990-EZ / 990-N required:**  
Yes  
**Effective date of exemption:**  
January 3, 2023  
**Contribution deductibility:**  
Yes  
**Addendum applies:**  
No  
**DLN:**  
26053514005413

Dear Applicant:

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

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

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

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

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

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



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- [Division of Corporations](#)
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**No Events**      **No Name History**

## **Detail by Entity Name**

Florida Not For Profit Corporation

SPACE COAST BIRDING AND WILDLIFE ASSOCIATION, INC.

### **Filing Information**

Document Number N23000001177FEI/EIN Number 92-2238262 Date Filed 01/03/2023 Effective Date 01/01/2023 State FL Status ACTIVE

### **Principal Address**

P.O. Box 74

Mims, FL 32754

Changed: 05/31/2024

### **Mailing Address**

P.O. Box 74

Mims, FL 32754

Changed: 05/31/2024

### **Registered Agent Name & Address** Jones, Brittany

207 Woodland Ave

St. Augustine, FL 32080

Name Changed: 05/28/2025

Address Changed: 05/28/2025

### **Officer/Director Detail** Name & Address

Title VP

Hood, Rochelle

1940 Tranquility Lane  
Titusville, FL 32796

Title Treasurer

LINTEREUR, PHILIP  
4465 BRIGHTON BLVD.  
MIAMI, FL 32754

Title Other

SIMPSON, DEE FAIRBANKS  
139 S. WILLOW ST  
FELLSMERE, FL 32948

Title P.

MCMAHAN, LINDA  
2920 SANCTUARY CIRCLE  
LAKE LAND, FL 33803

Title Secretary

JANTZER, CATHERINE  
3036 Elder Street  
Titusville, FL 32796

Title Director

Jones, Brittany  
207 Woodland Ave  
St. Augustine, FL 32080

## **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2024	03/05/2024
2024	06/12/2024
2025	05/28/2025

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

January 2, 2025

**CONFIDENTIAL**

Space Coast Birding and Wildlife  
Association, Inc.  
P.O. Box 74  
Mims, FL 32754

Dear Philip:

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

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

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

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

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

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

Sincerely,

Taylor & Lockard, PA.



## **Filing Instructions**

### **Space Coast Birding and Wildlife Association, Inc.**

#### **Short Form Exempt Organization Tax Return**

**Taxable Year Ended April 30, 2024**

**Date Due:** AS SOON AS POSSIBLE

**Remittance:** None is required. Your Form 990-EZ for the tax year ended 4/30/24 shows no balance due.

**Mail To:** Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

If a private delivery service is used, mail to:  
OSPC  
1973 Rulon White Blvd.  
Ogden, UT 84201-1000

**Signature:** The return should be signed and dated on Page 4 by an officer representing the organization.

Space Coast Birding and Wildlife  
Association, Inc.  
P.O. Box 74  
Mims, FL 32754

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

Form <b>990-EZ</b>  Department of the Treasury Internal Revenue Service	<b>Short Form</b> <b>Return of Organization Exempt From Income Tax</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	OMB No. 1545-0047 <div style="border: 1px solid black; padding: 5px; font-size: 24pt; font-weight: bold;">2023</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold;">Open to Public Inspection</div>
Do not enter social security numbers on this form, as it may be made public. Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.		

**A For the 2023 calendar year, or tax year beginning 05/01/23, and ending 04/30/24**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">SPACE COAST BIRDING AND WILDLIFE ASSOCIATION, INC.</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Number and street (or P.O. box if mail is not delivered to street address)  <div style="border: 1px solid black; padding: 2px;">P.O. BOX 74</div> </div> <div style="width: 35%;">           Room/suite  <div style="border: 1px solid black; padding: 2px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           City or town, state or province, country, and ZIP or foreign postal code  <div style="border: 1px solid black; padding: 2px;">MIMS FL 32754</div> </div> </div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">92-2238262</div> <b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">386-690-4705</div> <b>F</b> Group Exemption Number <div style="border: 1px solid black; padding: 2px;"></div>
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		
<b>I</b> Website: <b>SCBWA.NET</b>		
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____		

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... \$ **161,160**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

 Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received .....	1	6,161
	2	Program service revenue including government fees and contracts .....	2	
	3	Membership dues and assessments .....	3	
	4	Investment income .....	4	
	5a	Gross amount from sale of assets other than inventory .....	5a	
	b	Less: cost or other basis and sales expenses .....	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) .....	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) .....	6a	
<b>Expenses</b>	b	Gross income from fundraising events (not including \$ <b>6,161</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....	6b	154,999
	c	Less: direct expenses from gaming and fundraising events .....	6c	145,084
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	6d	9,915
	7a	Gross sales of inventory, less returns and allowances .....	7a	
	b	Less: cost of goods sold .....	7b	
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) .....	7c	
	8	Other revenue (describe in Schedule O) .....	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....	9	16,076
	<b>Net Assets</b>	10	Grants and similar amounts paid (list in Schedule O) .....	10
11		Benefits paid to or for members .....	11	
12		Salaries, other compensation, and employee benefits .....	12	
13		Professional fees and other payments to independent contractors .....	13	
14		Occupancy, rent, utilities, and maintenance .....	14	
15		Printing, publications, postage, and shipping .....	15	
16		Other expenses (describe in Schedule O) .....	16	20,129
17		<b>Total expenses.</b> Add lines 10 through 16 .....	17	20,129
<b>Net Assets</b>	18	Excess or (deficit) for the year (subtract line 17 from line 9) .....	18	-4,053
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	19	5,000
	20	Other changes in net assets or fund balances (explain in Schedule O) .....	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 .....	21	947

For Paperwork Reduction Act Notice, see the separate instructions.

 Form **990-EZ** (2023)

Check if the organization used Schedule O to respond to any question in this Part II

Check if the organization used Schedule O to respond to any question in this Part III

Check if the organization used Schedule O to respond to any question in this Part IV

567<sup>(202)</sup>

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<b>X</b>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<b>X</b>
<b>b</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		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	<b>X</b>
<b>38a</b> 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?	<b>38a</b>	<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 _____; section 4912 _____; section 4955 _____		
<b>b</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	<b>40b</b>	<b>X</b>
<b>c</b> 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		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>	<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		
<b>42a</b> The organization's books are in care of <b>DEBORAH GREEN</b> Telephone no. <b>386-690-4705</b> P.O. BOX 74 Located at <b>MIMS</b> FL ZIP + 4 <b>32754</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	<b>X</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country _____	<b>42c</b>	<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	<b>X</b>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>	<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	<b>X</b>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	<b>45b</b>	<b>X</b>



	Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	<b>46</b>	<b>X</b>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
<b>47</b> 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 .....	<b>47</b>	<b>X</b>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	<b>48</b>	<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	<b>49a</b>	<b>X</b>
<b>b</b> If "Yes," was the related organization a section 527 organization? .....	<b>49b</b>	
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 .....**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 .....**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

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

<b>Sign Here</b>	Signature of officer <b>PHILIP LINTEREUR</b>		Date <b>TREASURER</b>		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ERROL BANNISTER</b>	Preparer's signature <b>ERROL BANNISTER</b>	Date <b>01/02/25</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P03175232</b>
	Firm's name <b>TAYLOR &amp; LOCKARD, PA.</b>			Firm's EIN <b>59-2519864</b>	
	Firm's address <b>3960 SOUTH BANANA RIVER BLVD. COCOA BEACH, FL 32931</b>			Phone no. <b>321-784-4515</b>	

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

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

SPACE COAST BIRDING AND WILDLIFE  
ASSOCIATION, INC.

Employer identification number

92-2238262

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

☐

Enter the number of supported organizations \_\_\_\_\_
- g

☐

Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

<b>12</b> Gross receipts from related activities, etc. (see instructions)	<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b>		<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					6,161	6,161
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					154,999	154,999
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5					161,160	161,160
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						161,160

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6					161,160	161,160
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)					161,160	161,160
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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).		
<b>2</b>		
<b>3</b> 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.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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.		Yes	No
<b>2a</b>			
<b>b</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.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>3a</b>			
<b>b</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.			
<b>3b</b>			

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

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

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

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

**SCHEDULE G  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

**SPACE COAST BIRDING AND WILDLIFE  
ASSOCIATION, INC.**

Employer identification number

**92-2238262****Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,  
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be  
compensated at least \$5,000 by the organization.

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

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>BIRDING &amp; WILDL</u> (event type)	(event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts .....	161,160			161,160
	2 Less: Contributions .....	6,161			6,161
	3 Gross income (line 1 minus line 2) .....	154,999			154,999
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....	22,071			22,071
	8 Entertainment .....	28,780			28,780
	9 Other direct expenses .....	94,233			94,233
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				145,084
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				9,915

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

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

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

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

b If "No," explain: .....

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

b If "Yes," explain: .....

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a

The organization's facility

13a

%

b

An outside facility

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party:

Name

Address

16

Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	SPACE COAST BIRDING AND WILDLIFE ASSOCIATION, INC.	Employer identification number	92-2238262
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FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
BIRDING & WILDLIFE FESTIVAL	
	\$ 8,387
HOTELS	\$ 10,018
MEALS	\$ 297
TRANSPORTATION	\$ 1,427
TOTAL	\$ 20,129

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CREDIT CARD PAYABLE	\$ 0	\$ 12

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

SPACE COAST BIRDING AND WILDLIFE ASSOCIATION'S (SCBWA) SOLE PURPOSE IS TO ENCOURAGE AWARENESS, APPRECIATION, EDUCATION, PRESERVATION, AND PROTECTION OF THE DIVERSITY OF BIRDS, WILDLIFE, AND HABITAT THE SPACE COAST HAS TO OFFER.

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

Space Coast Birding and Wildlife  
Association, Inc.  
P.O. Box 74  
Mims, FL 32754

A standard linear barcode consisting of vertical black bars of varying widths on a white background.

# Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.  
**Brittany Jones**

2 Business name (disregarded entity name, if different from above)  
**space coast Birding and wildlife Association Inc.**

3 Check appropriate box for federal tax classification. Check only one of the following seven boxes:  
☐ Individual sole proprietor or single-member LLC  
☐ Limited liability company. Enter the tax classification (LLC corporation, S-S corporation, Partnership) **Partnership**  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate  
☐ Other (see instructions) **Partnership**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt owner code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 Master or deemed partner code (for LLC) \_\_\_\_\_

5 Address (number, street, and apt. or suite no.)  
**PO BOX 74**

6 City, state, and ZIP code  
**Mims, FL 32754**

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

OR

Employer identification number

9	2	-	2	2	3	8	1	6	2
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here **Signature of U.S. person** **Brittany Jones** Date **06/04/2025**

## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after its release) is at [www.irs.gov/efile](http://www.irs.gov/efile).

## Purpose of Form

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 3.

By signing the filled-out form, you:

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



Marketing Support Program - SPACE COAST BIRDING AND WILDLIFE							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Venue + F&B	\$17,553.62	\$17,553.00	\$0.62	Registration	\$27,000.00	\$26,288.10	\$711.90
Hotel Rooms	\$9,261.00	\$9,261.00	\$0.00	Exhibitors	\$15,000.00	\$15,030.00	-\$30.00
Pipe & Drape	\$5,259.00	\$5,259.30	-\$0.30	Field Trips	\$68,000.00	\$63,510.00	\$4,490.00
Audio Visual	\$6,521.00	\$6,521.00	\$0.00	Keynotes/Workshops	\$6,000.00	\$5,710.00	\$290.00
Ticket Platform	\$2,625.00	\$5,840.50	-\$3,215.50				
Website Hosting & Support	\$1,626.28	\$1,626.28	\$0.00				
PO Box	\$464.00	\$464.00	\$0.00				
Admin/Paid Staff Compensation	\$56,769.41	\$56,769.41	\$0.00				
Subtotal Expense	\$100,079.31	\$103,294.49	-\$3,215.18				
Other Expenses							
Insurance	\$2,399.42	\$2,399.42	\$0.00				
Rentals	\$450.00	\$450.00	\$0.00				
Quickbooks & Microsoft	\$174.99	\$174.99	\$0.00	Subtotal Income	\$116,000.00	\$110,538.10	\$5,461.90
Taxes & Licenses	\$71.25	\$71.25	\$0.00	Income Sponsors			
Credit Card Fees	\$3,591.35	\$3,591.35	\$0.00				
Keynote/Trip Leader	\$3,131.68	\$3,131.68	\$0.00	Cash in Bank to start	\$12,141.68	\$10,000.00	\$2,141.68
Transportation	\$28,780.10	\$28,780.10	\$0.00				
Water & Outside F & B	\$4,119.32	\$4,119.32	\$0.00	TDC grant funding	\$0.00	\$0.00	\$0.00
Printing	\$1,154.14	\$1,154.14	\$0.00	Total Income	\$116,000.00	\$110,538.10	\$5,461.90
Membership & Subscriptions	\$510.00	\$510.00	\$0.00	Total Expenses Paid	\$157,837.29	\$159,849.08	-\$2,011.79
Supplies	\$1,375.73	\$1,375.73	\$0.00	Profit/Loss	-\$41,837.29	-\$49,310.98	
Subtotal Other Expenses	\$45,757.98	\$45,757.98	\$0.00				
Marketing - please specify Brevard/Out-of-County							
Advertising (Brevard)	\$9,000.00	\$8,386.62	\$613.38				
Promotion (out of county)	\$3,000.00	\$2,409.99	\$590.01				
Subtotal Marketing	\$12,000.00	\$10,796.61	\$1,203.39				
Marketing Expense							
Total Expenses 2025-2026	\$157,837.29	\$159,849.08					

# Space Coast FLORIDA

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

Applicant organization name: space coast Birding + wildlife As

Applicant event name: space coast Birding + wildlife Festival

Applicant name completing this form: Brittany Jones

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

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

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

Brittany Jones 06/07/25  
Applicant signature & date

## Small SAT Conference at Center for Space Education, Kennedy Space Center

[Return to Table of Contents](#)



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

---

Applicant Organization Small SAT Education

Applicant Event Name: Small Sat Conference, Center for Space Education at Kennedy Space Center

	Yes	No	Comment
1. Completed application	X		
2. Copy of IRS Articles of Incorporation – (if applicable)	X		<b>Does not meet the 2-year eligibility requirement</b>
3. Copy of IRS Determination letter – (if applicable)		X	<b>N/A</b>
4. Copy of SunBiz.org (if applicable)	X		
5. Copy of 990 (if applicable)		X	<b>N/A</b>
6. Copy of completed W-9 (March 2024)	X		
7. Income/Expense worksheet (required for all applicants)	X		
8. Copy of the Applicant checklist	X		

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

YES	NO
-----	----

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

 7/2/2025

Peter Cranis, Executive Director

# FY 2025-2026 Marketing Support Program application

Response ID:76 Data

## 2. (untitled)

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



Signature of: Diane Ward

## 3. (untitled)

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

Cultural

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

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

SmallSat Education

**Organization address**

1303 Vision Drive

**State**

FL

**City**

Palm Beach Gardens

**Zip**

33418

**Primary contact name**

Kevin Simmons

**Primary contact phone number**

9046263512



**Primary contact email**

ksimmons@bluecubesat.org

**Secondary contact name**

Diane Ward

**Secondary contact phone number**

7164817181

**Secondary contact email**

dwardbartelo@gmail.com

**Organization website address**

smallsateducation.org

**5. (untitled)****4. Which best describes your organization?**

501(C)(3)

**6. (untitled)****5. What is your Federal Employee ID number?**

99-1855171

**7. (untitled)****6. Are you completing this application for an event or year-round programming?**

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

**8. (untitled)****7. EVENT INFORMATION - #1****Name of event**

SmallSat Education Conference

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

smallsateducation.org

**Event location**

Center for Space Education, Kennedy Space Center

9. (untitled)

8. What is the first date of your event?

10/24/2025

10. (untitled)

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

3

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)

Direct mail

Radio

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

Social hashtags

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

TV/Video

20. (untitled)

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

21. (untitled)

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

Facebook : SmallSat Education Conference

YouTube : Aerospace Innovation Academy

22. (untitled)

**13. What hashtags do you currently use?**

#NextGenSTEM #SmallSatEducation

23. (untitled)

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

[SSEC\\_Art-of-Incorp.pdf](#)

24. (untitled)

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

[990\\_SSEC.pdf](#)

25. (untitled)

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

26. (untitled)

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

[SSEC,Inc.\\_SunBiz.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[W9\\_SSEC.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[SmallSat\\_Education\\_Conference\\_Marketing\\_report.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

[MSP\\_applicant\\_checklist\\_4.30.2025\\_\(1\).pdf](#)

30. (untitled)

20.

## ATTESTATION

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



Signature of: Diane Ward

### 31. Thank You!

---

#### **New Send Email**

Jun 08, 2025 14:58:52 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;  
Terrence.Parks@VisitSpaceCoast.com



# **Electronic Articles of Incorporation For**

**N24000000663  
FILED  
January 16, 2024  
Sec. Of State  
tscott**

SMALLSAT EDUCATION, INC.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

## **Article I**

The name of the corporation is:

SMALLSAT EDUCATION, INC.

## **Article II**

The principal place of business address:

1303 VISION DRIVE  
PALM BEACH GARDENS, FL. UN 33418

The mailing address of the corporation is:

1303 VISION DRIVE  
PALM BEACH GARDENS, FL. UN 33418

## **Article III**

The specific purpose for which this corporation is organized is:

TO ORGANIZE AND CONDUCT THE SMALLSAT EDUCATION CONFERENCE;  
TO CONDUCT AEROSPACE EDUCATION AND OUTREACH.

## **Article IV**

The manner in which directors are elected or appointed is:

DIRECTORS WILL BE ELECTED VIA THE BYLAWS IN JAN.

## **Article V**

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

KEVIN SIMMONS  
1303 VISION DRIVE  
PALM BEACH GARDENS, FL. 33418

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

Registered Agent Signature: KEVIN L. SIMMONS

## Article VI

The name and address of the incorporator is:

KEVIN L SIMMONS  
1303 VISION DRIVE

PALM BEACH GARDENS FL 33418

Electronic Signature of Incorporator: KEVIN L SIMMONS

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

## Article VII

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

Title: P  
KEVIN SIMMONS  
1303 VISION DRIVE  
PALM BEACH GARDENS, FL. 33418 UN

Title: VP  
JASMIN SCHAUER  
1390 WAYNE AVE.  
MARCO ISLAND, FL. 34145 UN

Title: SEC  
SHAWNA CHRISTENSON  
1303 VISION DRIVE  
PALM BEACH GARDENS, FL. 33418 UN

## Article VIII

The effective date for this corporation shall be:

01/21/2024



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

## Detail by Entity Name

Florida Not For Profit Corporation  
SMALLSAT EDUCATION, INC.

### Filing Information

**Document Number** N24000000663  
**FEI/EIN Number** 99-1855171  
**Date Filed** 01/16/2024  
**Effective Date** 01/21/2024  
**State** FL  
**Status** ACTIVE

### Principal Address

1303 VISION DRIVE  
PALM BEACH GARDENS, FL 33418 UN

### Mailing Address

1303 VISION DRIVE  
PALM BEACH GARDENS, FL 33418 UN

### Registered Agent Name & Address

SIMMONS, KEVIN  
1303 VISION DRIVE  
PALM BEACH GARDENS, FL 33418

### Officer/Director Detail

#### **Name & Address**

Title P

SIMMONS, KEVIN  
1303 VISION DRIVE  
PALM BEACH GARDENS, FL 33418 UN

Title Vice Chair

Johnson, Kevin  
1420 Cable Sable Road  
Melbourne, FL 32940

Title Secretary

Ward, Diane  
222 Pierce Avenue  
Hanburg, NY 14075 UN

Title Treasurer

Kang, Jin  
1603 McGuckian Street  
Annapolis, MD 21401

#### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2025	02/24/2025

#### **Document Images**

<a href="#">02/24/2025 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/16/2024 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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

<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>SmallSat Education, Inc</b>	
<b>2</b> Business name/disregarded entity name, if different from above. <b>SmallSat Education Conference</b>	
<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ <b>non-profit</b>	
<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>1303 Vision Drive</b>	<b>Requester's name and address (optional)</b>
<b>6</b> City, state, and ZIP code <b>Palm Beach Gardens, FL 33418</b>	
<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>								
			-			-		
<b>or</b>								
<b>Employer identification number</b>								
9	9	-	1	8	5	5	1	7

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person <i>Kevin L Simmons</i>	Date <i>17 JAN 2025</i>
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**General Instructions**

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

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

**What's New**

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

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

**Purpose of Form**

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



Marketing Support Program - SMALLSAT EDUCATION, INC							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Location rental	\$13,000.00	\$13,000.00	\$0.00	Sponsors	\$16,000.00	\$17,500.00	-\$1,500.00
Lanyards signage badges supplies	\$1,000.00	\$700.00	\$300.00	Tickets	\$15,000.00	\$13,219.00	\$1,781.00
Pizza lunch (Zarrellas)	\$4,000.00	\$3,000.00	\$1,000.00				
Swag bags for attendees	\$800.00	\$600.00	\$200.00				
Swag Items	\$800.00	\$500.00	\$300.00				
Subtotal Expense	\$19,600.00	\$17,800.00	\$1,800.00				
Other Expenses							
Coffee from Scullys Café	\$1,800.00	\$1,600.00	\$200.00				
pens stickers	\$500.00	\$300.00	\$200.00				
Robot kits stamps	\$500.00	\$300.00	\$200.00	Subtotal Income	\$31,000.00	\$30,219.00	\$281.00
\$5000 award for teachers	\$5,000.00	0		Income Sponsors			
\$500 award for students	\$500.00			Cash in Bank to start	\$9,000.00	\$4,000.00	\$5,000.00
				TDC grant funding	\$0.00	\$0.00	\$0.00
				Total Income	\$40,000.00	\$34,219.00	\$5,781.00
				Total Expenses Paid	\$19,700.00	\$19,300.00	\$400.00
Subtotal Other Expenses	\$8,300.00	\$300.00	\$600.00	Profit/Loss	\$20,300.00	\$14,919.00	
Marketing - please specify Brevard/Out-of-County							
Orlando Family mag ad	\$800.00	\$600.00	\$200.00				
Marketing FB X Google ads	\$1,000.00	\$600.00	\$400.00				
Subtotal Marketing	\$1,800.00	\$1,200.00	\$600.00				
Marketing Expense							
Total Expenses 2025-2026	\$19,700.00	\$19,300.00					
.							



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

Applicant organization name: SmallSat Education Conference

Applicant event name: Diane Ward

Applicant name completing this form: Diane Ward

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

		Applicant initial	TDO staff initial	TDO staff comments
1.	<b>Application –</b>	DW	<i>[Signature]</i>	
2.	<b>Copy of IRS Articles of Incorporation –</b> (submit if for-profit)	DW	<i>[Signature]</i>	— N/A
3.	<b>Copy of IRS Determination Letter –</b> (submit if 501(c)(3))	DW	<i>[Signature]</i>	— *Did not meet eligibility for 2 YRS as 501(c)(3)
4.	<b>Copy of SunBiz.com</b> - (if applicable, see application for details)	DW	<i>[Signature]</i>	
5.	<b>Copy of 990 form</b> (if applicable, see application)	DW	<i>[Signature]</i>	— did not submit document
6.	<b>Copy of completed W-9 form</b> (March 2024)	DW	<i>[Signature]</i>	
7.	<b>Income/Expense worksheet</b> (required for all applicants)	DW	<i>[Signature]</i>	
8.	<b>Copy of this checklist –</b> (completed, initialed, and signed by applicant)	DW	<i>[Signature]</i>	

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

Diane Ward

Applicant signature & date