

ATTACHMENT 1

OFFICIAL AND FINANCIAL DOCUMENTS

IRS DOCUMENTS

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P.O. Box 2508 Cincinnati OH 45201

In reply refer to: 0248662390 Apr. 07, 2011 LTR 416BC ED 01-0655841 000000 00 00617077 BODC: TE

CAPE EANAVERAL LIGHTHOUSE FOUNDATION INC

PO BOX 1978 CPE CANAVERAL FL 32920-1978

:10693

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Employer Identification Number: 01-0655841 Person to Contact: NR. PATTERSON Toll Free Telephone Number: 1-877-029-5500

Dear TAXPAYER:

This is in response to your Mar. 29, 2011, request for information regarding your tax-except status.

Our records indicate that you were recognized as exempt under section SO1(c)(3) of the internal Revenue Code in a determination letter issued in JULY 2002.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

Please refer to our website www.irs.gov/en for information regarding filing requirements. Specifically, section 6033(j) of the Code provines that failure to file an annual information return for three______ consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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Depart	www.irs.gov/FormW9 for instructions and the latest information of the purpose of Form, below.									on.			Give form to the requester. Do n send to the IRS			
Befor																
	1 Name of entity/ind entity's name on I James Pa	ine 2.)	required. (For	a sole pro	oprietor or disr	regarded	entity, enter t	the owner's	name	on line	1, and	enter th	le pna	ness/c	tisreg	garded
	2 Business name/disregarded entity name, if different from above. Cape Canaveral Lighthouse Foundation 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check 4 Exemptions (codes apply only to															
Print or type. See Specific Instructions on page 3.	only one of the fo Individual/sole LLC. Enter the Note: Check to classification box for the tay M Other (see ins 3b If on line 3a you cl and you are provi this box If you hav 5 Address (number, PO Box 19 6 City, state, and 71	Ilowing seven boxe a proprietor b tax classification (the "LLC" box above of the LLC, unless i k classification of its tructions) <u>NO</u> necked "Partnershi ding this form to a the any foreign partnershi street, and apt. or 978 P code averal, FL 32	s. C corporatio C = C corporatio e and, in the e is a disregard sowner. n-Profit " or "Trust/ess partnership, ers, owners, c suite no.). See 2920	ttion, S = 8 Intry space led entity.	S corporation S corporation, e, enter the ap A disregarded checked "LLC" estate in which aries. See instr	P = Partu poropriate d entity sh	Partnership nership) . code (C, S, c ould instead ared "P" as it e an owners	Tre	tax approp	n, k i nama Issarel Issarel 1978	Exem Exem Com code (A/ and ad li LF	emption rtain eni e instruc- npt paye nption fr pliance - (if any) oplies to outside dress (o	ities, r stions e code om Fo Act (F/ accol the Ur	iot Ind on pag (if any reign A ATCA) ints ma inted S	lvidu je 3):) Acco repo sinta	unt Tax rting
Par	Taxnaver	Identificatio	n Numba	r (TIN)												
Enter backu reside	your TIN in the appr p withholding. For in nt alien, sole proprie s, it is your employe	opriate box. The idividuals, this is itor, or disregard	TIN provided generally yo ed entity, se	d must m ur social e the inst	atch the nan security nun tructions for	mber (SS Part I, Ia	iN). Howev ter. For oth	er, for a Ier	or			fication]-			
Note: Numb	If the account is in r er To Give the Requ	nore than one na ester for guidelin	me, see the es on whose	instruction number	ons for line 1 r to enter.	. See al	so What Na	me and	0	1	_ 0	6 5	-	r - r	4	1
Par	Certificat	tion									_		-			_
Under	penalties of perjury,	I certify that:														
	number shown on t not subject to back	and the second sec					-							nal Re	even	ue

- 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.

Here	Signature of U.S. person	\leq

General Instructions

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

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

What's New

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

24/24

Purpose of Form

Date

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

	990	Return of Organization Exempt From I	ncome Ta	Y	OMB No. 15	45-0047
Form	330				20	22
				dations)		
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A GOVE	2 Check this b	ox 🔲 if the organization discontinued its operations or disposed of more than 25%	ACHING ON BRIDE STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22
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Ă	17 Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	7	3.055		70,982
	18 Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		The second s		70,982
	19 Revenue les	s expenses. Subtract line 18 from line 12	3	4,881		30,793
100						
and a set			1,06	5,407	1,09	9,284
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_	and the second se					Conce a
nder p	senalties of perjury, I dec rrect, and complete. Dec	are that I have examined the return, including accompanying schedules and statements, and to the best of laration of preparer (other than officer) is based on all information of which preparer has any knowledge.	my knowledge and be	lie [#] , it is		
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	Firm's address	1353 N Courtenay Pkwy Ste O	Phone no.			
se (
	IDC d'annu ité	Merritt Island FL 32953 eturn with the preparer shown above? See instructions		COLUMN TO THE OWNER	- Pring	No

om	m 990 (2022) Cape Canaveral Li	ghthouse Fou	indation Inc		_	01-0655841	Page
Pa	Int III Statement of Program						
	Check If Schedule O contains a		o any line in this Part I		***		· · · [
	Briefly describe the organization's mission						
	Established to preserve th	e history, p	rovide needed	maintenance, a	and provide	education o	n the
	historic significance of t	he Cape Cana	veral Lighthou	se including t	he constru	ction of cot	tages
	house historic and educati	onal informa	tion.				
2	Did the organization undertake any signif	icant program servi	ces during the year wi	nich were not listed or	the		
	prior Form 990 or 990-EZ?	exercise en el	*******		es 1992 - 19	· · · · · · · Yes	x No
	If "Yes," describe these new services on S	Schedule O,				NG 2 M ARTA	al
1	Did the organization cease conducting, or		hanges in how it cond	ucts any mooram			
	services?		ineriges in nem in cama	erent only biodian		T Yes	1995
	If "Yes," describe these changes on Sche	duile (1)			ちたちたたたち	· · · Yes	X No
5			An Anna an Anna An			0920	
	Describe the organization's program serv	ice accomplishmer	its for each of its three	largest program servi	ces, as measure	id by	
	expenses. Section 501(c)(3) and 501(c)(4			amount of grants and	allocations to of	thers,	
	the total expenses, and revenue, if any, fo	r each program se	rvice reported.				
a	(Code:) (Expenses \$)	32,312	including grants of	\$) (Revenue	\$)
	The Foundation has regular	ly scheduled	weekly public	tours of the	lighthouse	and the sur	oundi
	grounds including the new 1	Keepers Cott	age.				
b	(Code:) (Expenses \$		Received and the second of the		an a	847	
M.	(Codd) (Expenses \$		including grants of	\$	_) (Revenue	\$)
	·						_
							-
	(Code:) (Expenses \$		including grants of	4	V 142 Michiles		
	(code:) (copenses: 4)		including grants of	5) (Revenue	s)
5	Other program services (Describe on Sche	A12-0, 385 August and a second					
1	· 전문 전문 전문 김 동안 전문 전 전문 이 이 가슴이 있는 것 같이 가지 않는 것이 가슴이 있다. 가슴이 많은	cluding grants of	5) (Revenue \$)	

and the second s	m 990 (2022) Cape Canaveral Lighthouse Foundation Inc 01-065: art IV Checklist of Required Schedules	5841	1	Page 3
1.4	intervision required ochedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
22	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
85	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? // "Yes," complete Schedule C, Part //	4		x
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		-	-
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-	-	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	-	x
	VII, VIII, IX, or X as applicable.		10.11	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes,"			1
	complete Schedule D, Part VI		-	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	11a	X	
		Sast		1.000
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	11b		х
0		1210		
12	이번 방어에서 잘 못했지만 사이에서 집에서 지난 일에서 이번 방법을 가면 지난 것이지는 것이 못했다. 이번 방법에서 방법에서 방법에서 방법에서 가지 않는 것이 없어요. 그는 것이 되었는 것이 없는 것이 없다. 것이 없는 것이 없다. 않은 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없다. 않은 것이 없는 것이 없다. 것이 없는 것이 없 않는 것이 없다. 않은 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없다. 않은 것이 없 않은 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없는 것이 없다. 않은 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없는 것이 없다. 않은 것이 없는 것이 없는 것이 없는 것이 없다. 않은 것이 없는 것이 없는 것이 없는 것이 없다. 것이 않은 것이 없는 것이 없는 것이 않은 것이 않는 것이 않는 것이 않은 것이 않은 것이 않은 것이 않은 것이 않이 않이 않다. 않은 것이 없는 것이 없는 것이 없는 것이 없다. 것이 않은 것이 없는 것이 않은 것이 않는 것이 않이 않는 것이 않이 않이 않이 않이 않 것이 것이 않아. 것이 않아. 않아. 것이 않아. 않아. 것이 없는 것이 없는 것이 없는 것이 없다. 것이 않아. 것이 않아. 것이 않아. 것이 않아. 것이 않아. 것이 없는 것이 없는 것이 없는 것이 없다. 것이 않아. 것이 않아. 것이 않아. 것이 않아. 것이 않아. 것이 없는 것이 없는 것이 없 것이 없 않아. 않아. 않아. 않아. 것이 없 않 않이 않아. 않아. 것이 않이 않아. 것이 없 것이 없 않이 않이	11c		х
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	12.722		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e.	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		х
ſ	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
10.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
p	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		1.1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F. Parts II and IV	15	-	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			- 10-
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	1 9	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1.4	A	
	If "Yes," complete Schedule G, Part III	19		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b		20a	-	X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		11
		6 61		- X

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Form 990 (2022)

Pa	m 990 (2022) Cape Canaveral Lighthouse Foundation Inc 01-0 art IV Checklist of Required Schedules (continued)	655841	-	Page
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	N
	Part IX, column (A), line 2? // "Yes," complete Schedule I, Parts I and III			
23	Did the emergination appropriate Bart VII. Section & line 2. 4 as 5 should reason in a file	- 22	-	13
9	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		1
24a	a second and a second and a second and a second and a second a s			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			10
	through 24d and complete Schedule K. If "No," go to line 25a	. 24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	· 24b		t
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		-	t
	to defease any tax-exempt bonds?	· 24c		Ľ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	-	÷
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	- 24d	-	+
24				L
Π.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	- 25a	_	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			E
	If "Yes," complete Schedule L, Part I	. 25b	£	
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		-	t
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1 I	
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	. 26		Ι.
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20	-	1
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		
Εř.	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			Г
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			L
в	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //			E
	"Yes," complete Schedule L, Part IV	. 28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	- 28b	-	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	, 200	-	1
3	"Yes," complete Schedule L, Part IV		1	
0	Did be organization more than \$25,000 in and such early the second state of the second	· 28c	-	Ŀ
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	- 29	_	
11	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30	1	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		
	Did the organization sall, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes,"			Г
	complete Schedule N, Part II	. 32		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		
	Was the organization related to any tax-exempt or taxable entity? // "Yes," complete Schedule R, Part II, III,	. 33		1
		1222		
2.	or IV, and Part V, line 1	. 34		
2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	- 35a		1
3	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		2
	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? // "Yes," complete Schedule R, Part VI	97		
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		1
		9654		
	19? Note: All Form 990 filers are required to complete Schedule O	- 38	х	L
I	t V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	5 100230	1.1.1	I
			Yes	Ĩ
a	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable	2	-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	0		
c :	Ulu the organization comply with backup withholding rules for reportable navmonie to vandore and			

Form 990 (2022)

Pa	ert 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		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26		x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	-		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b		-		-
	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 8888-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	()	
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76	•	x
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			~
	required to file Form 8282?	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	14	-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h	If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	-	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	20		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds,	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	0.0	1.1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	-	_
0	Section 501(c)(7) organizations. Enter:	9b	-	_
a	Initiation fees and capital contributions included on Part VIII, line 12		-	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 1	- 1	
1	Section 501(c)(12) organizations. Enter:	1.		
a			11	
b	Gross income from members or shareholders	1 1		
2a	Section 4047/sV(4) and support should be trusted in the superior to the Fig. Section 4047/sV(4) and support should be trusted in the superior to the Fig. Section 4047/sV(4) and support should be trusted in the superior to the Fig. Section 4047/sV(4) and support should be trusted in the superior to the Fig. Section 4047/sV(4) and support should be trusted in the superior to the Fig. Section 4047/sV(4) and support should be trusted in the superior to the Fig. Section 4047/sV(4) and support should be trusted in the superior to the superior			
b	가지 않는 것 같은 것 같은 것 같이 있는 것 같은 것 같	12a	-	_
3	If Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Is the organization licensed to issue qualified health plans in more than one state?			
0.227	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
19	dia and the first state of the f		- 1	
c	Fahret Fahr	-		
4a	Did the opportunition receive any payments for indexe technic and the technic and		-	
	HIMAGENEL STRATE FOR MARKET AND TO FRALE	148		x
5		145	-	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parective payment(s) during the user?	2221		
	excess parachule payment(s) during the year?	15		x
6				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	x
7	If "Yes," complete Form 4720. Schedule Q.			
	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

-	m 990 (2022) Cape Canaveral Lighthouse Foundation Inc 01-065 art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	5841	j11	Page
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	a "No"		
	Check if Schedule O contains a response or note to apy line in this Part VI	ŝ.		
Se	Check if Schedule O contains a response or note to any line in this Part VI			X
222	and management	-	1.000	1 2020
1a	Enter the number of voting members of the governing body at the end of the fax year	-	Yes	No
1.510	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
ь	Enter the number of voting members included in line to always who are list and a			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		
2	any other officer, director, trustee, or key employee?		=	
3	Did the organization delegate control over management duties customanly performed by or under the direct	2	-	X
120	supervision of officers, directors, trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
5	Did the organization become aware during the year of a significant diversion of the organization's asseta?	4	-	x
6	Did the organization have members or stockholders?	5	-	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6	x	
een. J	one or more members of the governing body?	VI281		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.a	-	х
	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		х
× .	the year by the following:			
a	The governing body?			
b	Each committee with authority to act an behalf of the accuration had a	8a	x	_
9	Each committee with authority to act on behalf of the governing body?	8b	x	
<i></i>	the organization's mailing address? If IVes Texaside the sector and the sector A, who cannot be reached at			
Sect	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
0	Phaneta and a state and a state of a state france of the state of the state of the		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a	1	х
ь	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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
<u>ا</u>	describe on Schedule O how this was done	12c		
3	Did the organization have a written whistleblower policy?	13		x
4	Did the organization have a written document retention and destruction policy?	14		x
5	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
	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.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ь Ì	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			
1	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		- 1	
	organization's exempt status with respect to such arrangements?	16b		x
ect	ion C. Disclosure		-	-
	List the states with which a copy of this Form 990 is required to be filedFlorida			-
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
1	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
9 1	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy.			
1	and financial statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Brendan McMillin (321)459-3363, PO Box 1978, Cape Canaveral, FL 32920			

Form 990 (20	(22) Cape Canaveral Lighthouse Foundation Inc	01-0655841	Page 7				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and				
	Check if Schedule O contains a response or note to any line in this Part VII		III.				
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 Image: 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							
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the					
organization's							
CONTRACTOR OF							

· 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.

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

(A) Name and title	(B) Average hours per week	box.	unles	Por eck m ss per	non in	han one s both a Arustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from rolated	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Jeanna Merrifield	2.00	1.000	-	-		-				1
Director		X	-	_		_	_	0	0	0
(2) Bev Merrifield Director	2.00	x						0	0	0
(3) Patricia Lautner	1.00	x						0	o	0
(4) Nancy Garwood	1.00		-					0	V	V
Director		x						0	0	0
(5) Rocky Johnson Director	1.00	x						0	0	o
(6) R_Norman_Woody	0.50									0
Director		x					- 1	0	0	0
(7) Ed Wilson Director	0.50	x						0	0	0
(8) Lisa Wilson	0.50	-	-	+		-		v	0	0
Director		x						0	0	0
(9) Shane Smith	0.50									v_
Director		x						0	0	0
(10)Mary Anne Moore Director	0.50							8211		
(11)Dixie Sansom	0.50	x	-	-	-	-	+	0	0	0
Director	0.50	x						0	0	
(12)Barry Compagnoni	1.00			1	+		+		0	0
Director		x						0	0	0
(13)Karen Arbuckle	<u>4.00</u>	x								
(14)James Underwood	0.00		-	+	-	-	-	9	0	0
Officer	2.00	x						0	0	0
EEA		-					-	U U		Form 990 (2022

Part VII Section A. Officers, Directors, T	rustees, I	Key E	Imp	oloy	/ee	s, an	d H	ighest Comp	ensated Empl	oyees		Page tinue
(A) Name and title	(B) Average hours per week (list any hours for related organizations	bax.	(C) Position not check more unites person er and a direct Institutional trustee			ion te than one x1 is both an		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NISC)	(E) Reportable compensation from related prganizations (W-2/ 1099-MISC/ 1099-NEC)	con fr organ	(F) of othe mpensa rom the riztation t organi	er ation e h and
	dotted line)	ustee	truslee		m	mpensaled						
(15)George Eustis Director	1.00	x						0	0			0
(16)Chris Ecker	2.00	x						0	0			D
17)Sharon Crockett Director	1.00	x				_		0	o			0
18)Ronald Ecker Let Vice President 19)Larry Ostarly	2.00			x				0	0			0
President 20)Todd McDowell	10.00			x		_		0	o			0
21)Cheryl Bennett	4.00		-	x	-	_		0	0			0
Secretary 22)Brendan McMillin	5.00	_	-	x	+	_		0	0			0
23)24)				x				0	0			0
25) 1b Subtotal		second.			**		1					
d Total (add lines 1b and 1c)	id to those lis	ted ab	ove)	who	•••	eived	more	0 than \$100,000 of	0			0
3 Did the organization list any former officer, director	, Irustee, key	emplo	yee,	orh	ighe	st com	pens	ated			Yes	No
 employee on line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is the sum of reorganization and related organizations greater than individual	portable com 1\$150.000? /	ipensa / "Yes,	tion " <i>con</i>	and nple	othe te Sc	r com chedul	pens e <i>./ f</i> c	ation from the <i>x such</i>		3		x
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? // "Yes," account of the organization?	compensatior complete Sch	n from Ie <i>dul</i> e	any i J for	unre suc	late h pe	d orga rson		ion or individual	1000 1200	5		x
Complete this table for your five highest compensation Complete this table for your five highest compensation	ited independ	lent co	ntrac	ctors	that	t recei	ved r	nore than \$100,00	00 of			
compensation from the organization. Report comp (A) Name and business address		ne cale	anda	r yea	31.61	iding v	vith o	r within the organ (B) Description of service		(C) Compensati	lon	
			_				_					
	_	_		_	_	-						

	Check if Schedule O contains a response of	or not	e 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
	1a Federated campaigns	1a					11.1 C W 127 - 545 C C
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues	1b	23,250				
	c Fundraising events	1c	20,080				
	d Related organizations	1d					G 11
	e Government grants (contributions) · ·	1e					-
Ē	f All other contributions, gifts, grants,						
er S	- 이	1f	28,543				
100	g Noncash contributions included in		-15 (D) Rec(14)				
and		1g	the second s				
	h Total. Add lines 1a-1f	***		71,873			
	2a	-	Business Code				
	b						
JUE	c						
ver	d						
Program Service Revenue	8						
	f All other program service revenue	•					-
_	g Total. Add lines 2a-2f	* * *					
	3 Investment income (including dividends, intere						
	other similar amounts)						
	4 Income from investment of tax-exempt bond p		-				
	5 Royalties	••••					
	(i) Real		(ii) Personal				
	6a Gross rents 6a b Less: rental expenses 6b	-					
	b Less: rental expenses - 6b c Rental income or (loss) 6c	-					
	7a Gross amount from 0) Securilles		(ii) Other				
	sales of assets						
	other than inventory 7a						
	b Less: cost or other basis						
	and sales expenses 7b						
	c Gain or (loss) 7c						
2	d Net gain or (loss)						
20	8a Gross income from fundraising						
>	events (not including \$000						
	of contributions reported on line 1c). See Part IV, line 18	88					
	b Less: direct expenses	8b	34,921				
	c Net income or (loss) from fundraising events	Lesson L	22,096	12,825			
	9a Gross income from gaming	Ē		+=)020			12,82
	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						
		10a	39,327				
		10b	22,250	1.50 BB-60			
_	c Net income or (loss) from sales of inventory	• • •		17,077	17,077		
	115	-	Business Code				
8	11a						
Uav	в						
anuavan	d All other revenue	7					
	e Total. Add lines 11a-11d	-					
_	12 Total revenue. See instructions			101,775	17,077	0	12,82

Form 990 (2022) Cape Canaveral Lighthouse Foundation Inc. Part IX Statement of Functional Expenses

01-0655841

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Page 10

De	tion 501(c)(3) and 501(c)(4) organizations must complete all cold Check if Schedule O contains a response or note to not include amounts reported on lines 6b, 7b,	any line in this Part IX (A)			
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	Individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
ь	Legal				
c	Accounting	2.176	10.000		2 - 2×2 W
d	Lobbying	3,175	1,651	127	1,397
e	Professional fundraising services. See Part IV, line 17				
÷	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	승규가 방문에 걸려 온 것은 수가 많은 것 같은 것이 같은 것 가지. 것도 바람만 해 있었다. 프랑 방문에 바라가 다.				
12	(A) amount, list line 11g expenses on Schedule O.)	125			
13	Advertising and promotion	409	213	16	180
	Office expenses	10,581	601	9,472	508
14	Information technology	-			
15	Royallies				
16	Occupancy	982	511	39	432
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,476	22,716	760	
23	Insurance	7,093	3,688	284	3,121
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e, If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
8	Xeepers Cottage supplies	18,143			18,143
b	Membership relations	2,932	2,932		
C	Museum Fees	3,695			3,695
d	Education Program	33		33	
e	All other expenses	463		463	
5	Total functional expenses. Add lines 1 through 24e	70,982	32,312	11,194	27,476
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Par	tX	D22) Cape Canaveral Lighthouse Foundation Inc Balance Sheet			5841 Page
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-Interest-bearing	246,073	1	279,61
	2	Savings and temporary cash investments	10.000	2	
	3	Pledges and grants receivable, net		3	
	- 4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
12	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	19,663	8	19,63
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 879,500			
- 1	b	Less: accumulated depreciation	800,421	10c	799,75
	11	Investments - publicly traded securities	in testing a state of a	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
- 1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	250	15	25
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,066,407	16	1,099,28
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
20	22	Loans and other payables to any current or former officer, director,			1.000
		trustee, key employee, creator or founder, substantial contributor, or 35%			
LIGDIIIUES		controlled entity or family member of any of these persons		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties	(689)	24	1,39
	25	Other liabilities (including federal income tax, payables to related third			-100
		parties, and other liabilities not included on lines 17-24). Complete Part X			
- 1		ef Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	(689)	26	1,39
0		Organizations that follow FASB ASC 958, check here			
3		and complete lines 27, 28, 32, and 33.			
1010	27	Net assets without donor restrictions	1,067,096	27	1,097,88
5	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
		Capital stock or trust principal, or current funds		29	
20		Paid-in or capital surplus, or land, building, or equipment fund		30	
		Retained earnings, endowment, accumulated income, or other funds		31	
		Totel net assets or fund balances	1,067,096	32	1,097,88
<u>^</u>	33	Total liabilities and net assets/fund balances	1,066,407	33	1,099,28

	002004	01-	0	0	0.	01-0	065	5841			Page
											T
	1	. 1	. · · · ·		. 1	-	_				
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1000	3		11	120			_		-	1.12	98
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a	ocese j			*.*.*	* * *		-	*	2a		x
									2a 2b		
b	• • •		1.1			567-a (b.	- <u>1</u>	÷			
2	• • •					10-2-2- 10-2-2-	- <u>1</u>		2b 2c		x
2	• • •	110121				10-2-2- 10-2-2-	- <u>1</u>		2b		
2				• • •		•••	•••		2b 2c		x

SCHEDULE A	
(Form 990)	

Public Charity Status and Public Support

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

OMB	No.	1545-0047
1	2()22

Open to Public

Inspection

Employer Identification number

16

Department of the Treasury Internal Revenue Service
Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Par		Reason for Public Cl			ist comn	ete this r	01-065584	1
1111	124211	zation is not a private foundation					saru) dee instructio	115.
1		A church, convention of churches						
2	n,	A school described in section 17	0(b)(1)(A)(ii), (Atta	ch Schedule E /Form 990	1)	R TRARIJ-		
3		A hospital or a cooperative hospi				Arm		
4	ΠA	A medical research organization	operated in conlun	clion with a bosnital deser-	had in each	4)(m).	1411 A 11 11 11 11 11 11 11 11	
5		nospital's name, city, and state:	operated in confide	cuon with a nospital besch	bed in sec	ion 170(b)	(1)(A)(iii). Enter the	
5	_	동안 같은 것 같은 것 것 같은 것 같은 것 같은 것 같이 있었다. 가슴 집에 집한 것	honofit of a colloar	an indune the sum of a				
1		An organization operated for the section 170(b)(1)(A)(iv). (Comp		or university owned or o	perated by	a governm	ental unit described in	
6		A federal, state, or local governm	ent or governments	al unit described in section	n 170(b)(1)	(A)(v).		
7	XA	An organization that normally rec	eives a substantial	part of its support from a	governmer	tal unit or i	from the general public	
	d	lescribed in section 170(b)(1)(A)(vi). (Complete Pa	urt II.)	59.590 M (5)			
8		A community trust described in se	ection 170(b)(1)(A	(vi). (Complete Part II.)				
9		An agricultural research organiza			erated in c	oniunction	with a land-prant college	÷
	0	or university or a non-land-grant	college of apricultu	re (see instructions). Ente	r the name	city and s	tate of the college or	2
		iniversity:			1. N. C. THEITIG	, any, one o	ions of the college of	
0	SI	An organization that normally rec accepts from activities related to upport from gross investment in acquired by the organization after	its exempt function come and unrelate	 subject to certain excer d business taxable incom 	tions; and	(2) no mon ion 511 tax	a than 32 1/20/ of ite	15
1		In organization organized and op	perated exclusively	to test for public safety. Se	e section	509(a)(4).		
2	A	In organization organized and o	perated exclusively	for the benefit of, to perfo	rm the fund	tions of, or	to carry out the purpos	es of
	0	ine or more publicly supported or	ganizations descrit	oed in section 509(a)(1) o	r section 5	i09(a)(2). S	See section 509(a)(3). (Theck
	th	he box on lines 12a through 12d	that describes the	type of supporting organia	tation and i	complete li	nes 12e, 12f, and 12o	
а] Type I. A supporting organiza	tion operated, supe	arvised, or controlled by its	supported	organizatio	on(s), typically by giving	
		the supported organization(s) the power to regu	larly appoint or elect a ma	jority of the	directors o	r trustees of the	
		supporting organization. You					00.15.25.455.656.751.090.84	
b] Type II. A supporting organization				orted organ	lization(s), by having	
		control or management of the	supporting organi	zation vested in the same	persons th	at control o	r manage the supporte	ri -
		organization(s). You must co				11 - C - C - C - C - C - C - C - C - C -	erneninge sie ooppond	
c					nnection w	th. and fun	ctionally integrated with	
		its supported organization(s)						
d	1							
		that is not functionally integra	ted. The organizati	on cenerally must satisfy	a distributio	n requirem	ent and an attactional	5)
		requirement (see instructions)	You must comp	lete Part IV Sections A a	nd D. and J	n requiren Part V	ericano an anentivenes	5
0		Check this box if the organiza					There if There it	
	1000	functionally integrated, or Typ	e III non-functional	ly integrated supporting of	manitation	t is a Type	s type n, type iit	
e:	Ente	er the number of supported orga		A unediator apploiting o	Adding and i			
9		vide the following information ab		nmanization/e)				• (• (•)•)
	1001-000	e of supported organization	(II) ERV		(and a second second	005.010010270111	The second second second second	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	0.0000	of a subbrance in the second	100 6.959	(III) Type of organization (described on lines 1-10		rganization ar governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
					Yes	No		
62								
61								
1	_							1
	-							
al								

Par	t II Support Schedule for Organiz (Complete only if you checked to Part III. If the organization fails to	he box on line	ribed in Sect e 5, 7, or 8 of	tions 170(b)(Part I or if th	e organizatio	n failed to que	(vi)
-	tion A. Public Support			sida balan, pi	ouse compre	ao nan m.j	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	164,905	87,361	70,805	61,607	71,872	456,55
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the					1 1	
	organization without charge						
4	Total. Add lines 1 through 3	164,905	87,361	70,805	61,607	71,872	456,55
5	The portion of total contributions by		C SCHM-STLA	and the second			100,00
	each person (other than a	1			1. N. H.		
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						25,383
6	Public support. Subtract line 5 from line 4 .						431,167
No. of Concession, Name	ion B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	164,905	87,361	70,805	61,607	71,872	456,550
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						456,550
12	Gross receipts from related activities, etc.	(see instruction	ns)		Chamber 6	12	265 149
13	First 5 years. If the Form 990 is for the orga	anization's first	, second, third,	fourth, or fifth t	ax year as a se	ection 501(c)(3)	
	organization, check this box and stop here						araan i
	on c. computation of Public Suppor	t Percentage	·				
14	Public support percentage for 2022 (line 6	, column (f), div	vided by line 1	1, column (f))		14	94.44 %
15	Public support percentage from 2021 Sche	edule A, Part II,	line 14			15	02 02 %
16a	33 1/3% support test - 2022. If the organiz	ation did not ch	eck the box on	line 13, and lin	e 14 is 33 1/39	6 or more, chec	k this
¥2	box and stop here. The organization qualifi	ies as a publicly	y supported org	ganization .			- · · · ·
b	33 1/3% support test - 2021. If the organiz	ation did not ch	eck a box on li	ne 13 or 16a, a	nd line 15 is 33	1/3% or more,	check
240-2	this box and stop here. The organization qu	ualifies as a pu	blicly supported	d organization			
17a	10%-facts-and-circumstances test - 2022	2. If the organization	ation did not ch	eck a box on lir	ne 13, 16a, or 1	6b, and line 14	is
	10% or more, and if the organization meets	the facts-and-o	ircumstances	test, check this	box and stop I	nere, Explain in	
	Part VI how the organization meets the fac	ts-and-circums	stances test. Ti	he organization	qualifies as a	publicly support	rted
3	organization		CALCULATION OF SHEEP	Contract to the Contract of the	CHARLES AND		report and and
b	10%-facts-and-circumstances test - 2021	. If the organiza	ation did not ch	eck a box on lin	ne 13, 16a, 16h	or 17a, and lin	ie.
	15 is 10% or more, and if the organization n	neets the facts-	and-circumsta	nces test, chec	k this box and s	top here Expl	ain
	in Part VI how the organization meets the f	acts-and-circu	mstances test.	The organizati	on qualifies as	a publicly supp	ported
	organization		and shows a set	er e de ser e s	and the second second		···· П
18	Private foundation. If the organization did	not check a box	c on line 13, 16	a, 16b, 17a, or	17b, check this	box and see	1.254.254.744.767 - 1 11.7
	instructions		an an Èra				
EA.							(Form 990) 2022

	t III Support Schedule for Organiza	eral Light	house Found	lation Inc	N	01-065584	1 Pag
r ai		ations Desc	ribed in Sec	tion 509(a)(2	2)	NC 104	101.1025.548
	(Complete only if you checked the If the organization fails to qualify	under the tr	e 10 01 Part I	or if the orga	inization faile	d to qualify u	nder Part II.
Sect	tion A. Public Support	under bie b	sata nateu del	uw, please ci	Simplete Part	n.)	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(4) 2024	(.).0000	1
1	Gifts, grants, contributions, and membership fees	10/2010	(4) 2010	(0) 2020	(d) 2021	(e) 2022	(f) Total
	received. (Do not include any "unusual grants.")				0.		
2	Gross receipts from admissions, merchandise				_		1
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3							
	unrelated trade or business under section 513					E	
4	Tax revenues levied for the	1	10000	1			
	organization's benefit and either paid to		1				
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						1
6	Total. Add lines 1 through 5					-	
7a	Amounts included on lines 1, 2, and 3						
	received from disgualified persons .						
b							
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
ecti	on B. Total Support						
	dar year (or fiscal year beginning in)	(-) 2010	1110040	1.1.0000	1000000000		
9	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
0a	Gross income from interest, dividends,						1-1-2
va							
	payments received on securities loans, rents,						
b	royalties, and income from similar sources - Unrelated business taxable income (less						
D							
	section 511 taxes) from businesses						
120	acquired after June 30, 1975						
c	Add lines 10a and 10b						
1	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
2	Other income. Do not include gain or						
	loss from the sale of capital assets		/				
	(Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
4	First 5 years. If the Form 990 is for the orga	nization's first	second, third,	fourth, or fifth t	ax vear as a se	ction 501(nV3)	-
	organization, check this box and stop here	12111			10 49 55 5 5 5 5 5 5 5		· · · · · · · · · · · · · · · · · · ·
	on C. Computation of Public Support	Percentage	E				
5	Public support percentage for 2022 (line 8,	column (f), div	ided by line 13	3, column (f))		15	
5	Public support percentage from 2021 Schee	tule A, Part III	, line 15			16	
ctic	on D. Computation of Investment Inco	me Percen	tage				
6	Investment income percentage for 2022 (line	10c, column	(f), divided by li	ne 13 columo	(f))	17	
3	Investment income percentage from 2021 So	chedule A. Pa	rt III, line 17			18	
a	33 1/3% support tests - 2022. If the organiz	ation did not c	heck the hox or	n line 14 and li	no 15 le more il	10 32 1/20/	0 ad News
	17 is not more than 33 1/3%, check this box	and stop here	. The organiza	tion qualifier at	a nublichu er	nan 33 1/3%, al	id line
b	33 1/3% support tests - 2021. If the organization	did not check a l	hox on line 14 or	line for and line	s a publicity sup	poned organiza	nion [
	line 18 is not more than 33 1/3%, check this box an	d stop here. Th		und 198, and line	i to is more than	55 1/3%, and	
	Private foundation. If the organization did n	of check a har	e organization q	uaimes as a publi	icly supported on	panization .	····· [
	and a second a second a second and the	or ondur a D()	01 101 14, 19	a, or 190, check	k this box and s	see instructions	0000

Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, comp		
and B If you checked box 12b Bart I apprend to Criteria in you checked box 12a, Part I, comp	lete Se	ctions A
and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Pa	irt I, co	mplete
Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	e Part	V.)
All Supporting Organizations		
of the omenication's supported encoded in the state		Yes M
I of the organization's supported organizations listed by name in the organization's governing		
nents? If "No," describe in Part VI how the supported organizations are designated. If designated by		
or purpose, describe the designation. If historic and continuing relationship, explain,	1	
e organization have any supported organization that does not have an IRS determination of status		
section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		
ization was described in section 509(a)(1) or (2).		
e organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2	
b and 3c below.		
	3a	
e organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		
ed the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		
zation made the determination.	3b	
e organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		
ses? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
iny supported organization not organized in the United States ("foreign supported organization")? If	30	
and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.		
a organization have ultimate control and discretion in desiding whether the standard	48	
e organization have ultimate control and discretion in deciding whether to make grants to the foreign		
rted organization? If "Yes," describe in Part VI how the organization had such control and discretion		
e being controlled or supervised by or in connection with its supported organizations.	4b	
e organization support any foreign supported organization that does not have an IRS determination		
sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		_
ure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		
88.	4c	
organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	46	
r lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		
rs of the supported organizations added, subsitived assessment (ii) the names and EIN		
rs of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		
authority under the organization's organizing document authorizing such action, and (iv) how the action		
complished (such as by amendment to the organizing document).	5a	
or Type II only. Was any added or substituted supported organization part of a class already		
ated in the organization's organizing document?	5b	
tutions only. Was the substitution the result of an event beyond the organization's control?	50	
organization provide support (whether in the form of grants or the provision of services or facilities) to	00	
other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		
or more of its supported organizations, or (iii) other supporting organizations that also support or		
one or more of the filling organizations's supported essentiations 2.454		
one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	
organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		
ined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		
ard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990),	7	
organization make a loan to a disqualified person (as defined in section 4958) not described on line		
es," complete Part I of Schedule L (Form 990),	8	
e organization controlled directly or indirectly at any time during the tax year by one or more		
fied persons, as defined in section 4946 (other than foundation managers and organizations		
ed in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	9a	_
porting organization had an interest? If "Yes," provide detail in Part VI.	100	
squalified person (as defined on line 0a) have an even of the land of the	9b	
squalified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit		
sets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	
organization subject to the excess business holdings rules of section 4943 because of section		
(regarding certain Type II supporting organizations, and all Type III non-functionally integrated		
ng organizations)? If "Yes," answer 10b below.	102	
organization have any excess business holdings in the tax year? (Use Schedule C. Form 1720 to	iva	
ne whether the organization had excess business holdings)	3.00	
(n inț or	egarding certain Type II supporting organizations, and all Type III non-functionally integrated g organizations)? If "Yes," answer 10b below. ganization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to whether the organization had excess business holdings.)	egarding certain Type II supporting organizations, and all Type III non-functionally integrated g organizations)? If "Yes," answer 10b below. ganization have any excess business holdings in the tax year? (Use Schedule C. Form 4720 to

Pari	ule A (Form 990) 2022 Cape Canaveral Lighthouse Foundation Inc 01-0 t IV Supporting Organizations (continued)	655841		ā	Page
	Supporting organizations (continued)			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			100	1
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b	and			
	11c below, the governing body of a supported organization?	1	1a		
b	A family member of a person described on line 11a above?	1	1b		
C	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,				
Sect	provide detail in Part VI. ion B. Type I Supporting Organizations	1	1c		
				Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rrs,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	- L			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supports	od			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	61 - F			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	10	1		
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pa	rt			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
ect	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	1	2		_
	Ji and a summaria		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the direct	lors	1	100	
	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	(C		- 1	
	the supported organization(s).				
ecti	on D. All Type III Supporting Organizations				
1	Did the executive investigation model is send of the second of a			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	- DI-			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppoi	1	-	-	_
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	ted	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	now	.		
3	By reason of the relationship described in line 2, above, did the organization's supported organization(s).	2		-	-
	a significant voice in the organization's investment policies and in directing the use of the organization's	ave			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			- 1	
	supported organizations played in this regard.	3			
ecti	on E. Type III Functionally Integrated Supporting Organizations			-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instru	ctic	ns).	
а	The organization satisfied the Activities Test. Complete line 2 below.			2	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions).	1		
2	Activities Test. Answer lines 2a and 2b below.		1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpose	s 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 determine that these activities constituted substantially all of its activities.				
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	23	8	-	
	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.	01			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	28	2	-	-
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	38			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	00			-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	31			

Schedule A (Form 990) 2022

1	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or Check here if the organization satisfied the Integral Part Test as a qualifying t instructions. All other Type III non-functionally integrated supporting organiz	rust o	n Nov. 20, 1970 (explain	n in Part VI). See s A through E.
	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		Andreistony
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		-
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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		
	Income tax imposed in prior year	5		-
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ly inte	egrated Type III supporti	ng organization

Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	-			
	organizations, in excess of income from activity	227 (2) 1.54		2	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported organ	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part V	0	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is resp	onsive		
	(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		1	10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 202
1	Distributable amount for 2022 from Section C, line 6			+	THIS STITLED ACK
2	Underdistributions, if any, for years prior to 2022			+	
	(reasonable cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022			-	
8	From 2017	And the second second		+	
b	From 2018			+	
C	From 2019				
d	From 2020				
е	From 2021			-	
f	Total of lines 3a through 3e			+	1
g	Applied to underdistributions of prior years			-	
h	Applied to 2022 distributable amount		19 19 19 19 19 19 19 19 19 19 19 19 19 1	+	
1	Carryover from 2017 not applied (see instructions)			-	
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			-	
4	Distributions for 2022 from	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		+	
	Section D, line 7: \$				
а	Applied to underdistributions of prior years			1	
b	Applied to 2022 distributable amount			-	
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, If				
	any. Subtract lines 3g and 4a from line 2. For result				
_	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018			1	
b	Excess from 2019				
С	Excess from 2020			1	
d	Excess from 2021			-	
e	Excess from 2022			-	

Part VI	Page 1 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	в
(Form 990)	

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

Department of the Treasury Internal Revenue Service Name of the organization

000
202

OMB No. 1545-0047

24

2022

Cape	Canaveral	Lighthouse	Foundation	Inc	
Organ	ization type (ch	eck one):			

Employer identification number 01-0655841

ilers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
orm 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

	rganization inaveral Lighthouse Foundation Inc	Empl	over identification number
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is n	01-0655841 needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	Calvin Myer	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	в	(Form	990)	(2022)
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SCHEDULE D (Form 990)		Supplemen	tal Financial	Statements		1	OMB No. 154	5-0047
(For	m 990)	Complete if the org	anization answered				202	2
Depart	ment of the Treasury	1	Attach to Form 990.			5	Open to P	ublic
Children and States	Revenue Service	Go to www.irs.gov/Form!	990 for instructions a		test information.			E.
	of the organization	1 10 10 10 10 10 10 10 10 10 10 10 10 10		En	nployer	dentificat	ion number	
		ighthouse Foundation Inc	-		01-	065584	1	_
Pa		ations Maintaining Donor Advised			its.			
	Complet	e if the organization answered "Yes"	15811772-511	in a diversity of the second se	_			_
1	Total number at a	nd of year	(iii) Donor	advised funds		(b) Funds	and other accounts	-
2		of contributions to (during year)			_			
3	지 않아야 지 않는 것 같아요. 말 소설 것	of grants from (during year)						
4		at end of year			_			
5		ion inform all donors and donor advisors in	writing that the second	s hold in donos aduland			_	_
0.750		anization's property, subject to the organiz					[].	
6		ion inform all grantees, donors, and donor					. Yes	No.
000-		purposes and not for the benefit of the de						
		nissible private benefit?					. ∏Yes	
Par	tll Conser	vation Easements.					- L YES	No
1.0.000	and the second s	e if the organization answered "Yes"	on Form 990 Part I	V lina 7				
1		servation easements held by the organiza			-	-		_
		of land for public use (for example, recreat		Preservation of a histe	or loolly.		NO _ N	
	Protection of n	승규는 것 같은 것 같	on or coucacony	Preservation of a cert	222 C 11 C 11	a receive a receive to the		
	Preservation o	방법 방법 방법 방법 방법 방법		Preservation of a cent	HIEG MIS	tone strut	cture	
2		a through 2d if the organization held a qua	lified concentration con	tribution in the form of a su				
100		last day of the tax year.	men conservation con	moution in the form of a co	nserva	1	Contract restored and	11 - 20 - UN
а		onservation easements				Held at	the End of the 1	Fax Year
b		tricted by conservation easements			23	-		
c					25			_
d		rvation easements on a certified historic st			2c			_
		rvation easements included in (c) acquired isted in the National Register			1 20			
3					2d			_
2		rvation easements modified, transferred, r	eleased, extinguished,	or terminated by the organ	ization	during th	e	
	tax year	where property subject to conservation ea						
5								
140		ation have a written policy regarding the pe						-
a	Violations, and em	forcement of the conservation easements	It holds?			* * * *	· Yes	No No
6	Stan and voluntee	er hours devoted to monitoring, inspecting,	handling of violations.	, and enforcing conservatio	n ease	ments du	ring the year	
7	Amount of expens	- ses incurred in monitoring, inspecting, han	dling of violations, and	enforcing conservation ea	sement	s during t	he year	
8	Does each conser	vation easement reported on line 2(d) abo	ove satisfy the requirer	nents of section 170(h)(4)(B)(i)		111 	
	and section 170(h)(4)(B)(ii)?			1.1.1.1	$\mathbf{f} \in \mathcal{F} \setminus \mathcal{F}$. Yes	No
9		be how the organization reports conservat						
		d include, if applicable, the text of the foot	note to the organization	n's financial statements tha	t descri	bes the		
Der		ounting for conservation easements.						
Part		ations Maintaining Collections			er Sim	ilar As	sets.	
400		if the organization answered "Yes" of						
1a	If the organization	elected, as permitted under FASB ASC 9	58, not to report in its n	evenue statement and bala	ince sh	eet works		
	of art, historical tre	asures, or other similar assets held for pu	blic exhibition, educati	on, or research in furtheran	ice of p	ublic		
1		Part XIII the text of the footnote to its final						
b		elected, as permitted under FASB ASC 9						
		ures, or other similar assets held for publi	c exhibition, education.	, or research in furtherance	of pub	lic service	3.	
	provide the following	ng amounts relating to these items:						
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1				. 5		
	(II) Assets include	ed in Form 990, Part X			0.000	· \$		
2	If the organization	received or held works of art, historical tre	asures, or other simila	r assets for financial gain, j	provide	the		
	following amounts	required to be reported under FASB ASC	958 relating to these it	terns)	0			
a	Revenue included	on Form 990, Part VIII, line 1		***********	1.10	. \$		
b	Assets included in	Form 990, Part X	********			- S		
		A						

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

1.00	rt III Organizations Maintaining	Lighthouse I Collections of	Art, His	storical Tr	easures. d	or Oth	01-065 er Similar As	sate /r	ontin	Pag
3	Using the organization's acquisition, acces	sion, and other record	rds, check	any of the fo	llowing that m	take sid	inificant use of its	3013 10	onun	nuco
	collection items (check all that apply):					2				
а	Public exhibition		đ	Loan or	exchange pro	ogram				
b			30	Other		1.000				
C	Preservation for future generations			1011		-			-	-
4	Provide a description of the organization's	collections and expla	in how the	ey further the	organization'	s exem	nt numosa in Part			
	XIII.						pripaliposa intrati			
5	During the year, did the organization solicit	or receive donations	of art, his	torical treasu	res, or other s	similar				
	assets to be sold to raise funds rather than	to be maintained as	part of the	organization	's collection?	and the second	nanaranana process	. ПY	00	N
Par	tiv Escrow and Custodial Arra	angements.							-	in the second second
	Complete if the organization	answered "Yes	" on For	m 990, Pa	rt IV, line 9	, or re	eported an am	ount or	For	m
_	990, Part A, Illie 21.							ount of	110	<u>.</u>
1a	Is the organization an agent, trustee, custor	dian or other interme	diary for c	ontributions of	r other asset	s not		_		
	included on Form 990, Part X7	********		1202227255			1000000	. DY		N
b	If "Yes," explain the arrangement in Part XII	and complete the fe	pliowing ta	ble:				а. <u>—</u> (9	19 I L	1 110
		2		1.50		-	0.00	ount		
C	Beginning balance					1c		- and	-	_
d	Additions during the year			2500200000.0	119-207 E-2023	10		_	-	_
8	Distributions during the year	********			nister forst	10		_	-	-
f	Ending balance		0.000100302		0.8531 1.6767	10		_	_	_
2a	Did the organization include an amount on I	Form 990, Part X IIn	e 21 for e	SCITINE OF OUR	ortial account	Hebm		17.0		1.22
ь	If "Yes," explain the arrangement in Part XIII	Check here if the e	volgestor	scrow or cus	odial account	Reparty	<i>"</i> • • • • • • • • •	• 🗌 Ye	5	N
-	t V Endowment Funds.	t check here if the e	xpianation	i nas been pr	ovided on Pa	rt XIII				
		portuged "Mart		- 000 0	107.0	23				
-	Complete if the organization		on For	m 990, Pa	rt IV, line 1	0.				
2	Resident of the bar	(a) Current year	(b) P:	fot year	(c) Two years be	ack	(d) Three years back	(0) For	it years	back
a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and								-	-
	losses									
						-				
d	Grants or scholarships									
d e	Grants or scholarships								_	
										-
	Other expenditures for facilities and									
e f	Other expenditures for facilities and programs									
e f g	Other expenditures for facilities and programs	rent year end balanc	e (line 1n	column (a)))	iold and					
e f g	Other expenditures for facilities and programs		e (line 1g,	column (a)) I	neld as:					
e f g	Other expenditures for facilities and programs	rent year end balanc	e (line 1g,	column (a)) I	neld as:					
e f g a b	Other expenditures for facilities and programs		e (line 1g,	column (a)) I	neld as:					
e f g a b	Other expenditures for facilities and programs	%	e (line 1g,	column (a)) I	neld as:					
e f g a b c	Other expenditures for facilities and programs	% puld equal 100%.								
e f g a b c a	Other expenditures for facilities and programs	% puld equal 100%.				for the				
e f a b c a	Other expenditures for facilities and programs	wild equal 100%.	ation that a	re held and a	administered t	for the			Yes	No
e f g a b c a	Other expenditures for facilities and programs	% ould equal 100%. ssion of the organize	ation that a	ire held and a	administered I	for the		3a(i)	Yes	No
e f g b c a	Other expenditures for facilities and programs	wild equal 100%.	ation that a	rre held and a	administered I	(1945) (1945)		3a(i) 3a(ii)	Yes	No
e f g a b c a b	Other expenditures for facilities and programs	wild equal 100%. ssion of the organiza	ation that a	rre held and a	administered I	(1945) (1945)		10000	Yes	No
e f g a b c a b	Other expenditures for facilities and programs	wild equal 100%. Ission of the organizations listed as require organization's endo	ation that a	rre held and a	administered I	(1945) (1945)		3a(ii)	Yes	Nc
e f g a b c a b	Other expenditures for facilities and programs	wild equal 100%. ssion of the organizations listed as require organization's endo	ation that a	ere held and a 	administered I	 		3a(ii) 3b		
e f g a b c a b	Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment% The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the VI Land, Buildings, and Equip Complete if the organization	wild equal 100%. ssion of the organizations listed as require organization's endo	ation that a	ere held and a 	administered I	 	e Form 990, P	3a(ii) 3b		
e f g a b c a b	Other expenditures for facilities and programs	wild equal 100%. ssion of the organizations listed as require organization's endo ment. answered "Yes"	ation that a red on Sch wment fur on Form rbasis	ere held and a 	administered I	 	e Form 990, P	3a(ii) 3b Part X, Ii	ine 1	
e f g b c a b b	Other expenditures for facilities and programs	wild equal 100%. Ission of the organizations listed as require organization's endo ment. answered "Yes"	ation that a red on Sch wment fur on Form rbasis	ne held and s nedule R? . ids. n 990, Par	administered I	a. Se		3a(ii) 3b	ine 1	
e f g b c a b b art	Other expenditures for facilities and programs	wild equal 100%. sission of the organizations listed as require organization's endo ment. answered "Yes" (a) Cost or othe (investment)	ation that a red on Sch wment fur on Form rbasis	ne held and s nedule R? . ids. n 990, Part (b) Costor of	administered I	a. Se	cumulated	3a(ii) 3b Part X, Ii	ine 1	
e f g b c a b b a att	Other expenditures for facilities and programs	wild equal 100%. sission of the organizations listed as require organization's endo ment. answered "Yes" (a) Cost or othe (investment)	ation that a red on Sch wment fur on Form rbasis	ne held and a hedule R? hods. h 990, Part (b) Cost or oth (othe	t IV, line 11	a. Se	cumurated eciation	3a(ii) 3b /art X, 1i (d) Bool	ine 1	0.
e f g b c a b b a att	Other expenditures for facilities and programs	wild equal 100%. sission of the organizations listed as require organization's endo ment. answered "Yes" (a) Cost or othe (investment)	ation that a red on Sch wment fur on Form rbasis	ne held and a hedule R? hods. h 990, Part (b) Cost or oth (othe	administered I	a. Se	cumulated	3a(ii) 3b /art X, 1i (d) Bool	ine 1	
e f g b c a b b art	Other expenditures for facilities and programs	wild equal 100%. sission of the organizations listed as require organization's endo ment. (a) Cost or othe (investme	ation that a red on Sch wment fur on Form rbasis	are held and a hedule R? hds. h 990, Part (b) Cost or off (othe 84	t IV, line 11	a. Se	rumualed aciation 75,027	3a(ii) 3b /art X, 1i (d) Bool	ine 1 tvalue 71,0	0.
e f g b c a b b a t b c l a	Other expenditures for facilities and programs	wild equal 100%. sistion of the organize ations listed as requir e organization's endo ment. answered "Yes" (a) Cost or othe (investment)	ation that a red on Sch wment fur on Form rbasis	ne held and a nedule R? ids. (b) Costor of (othe (othe 84)	t IV, line 11	a. Se	cumurated eciation	3a(ii) 3b Part X, 1i (d) Bool	ine 1	0.

	Complete if the preservation ensured By		A REAL PROPERTY AND A REAL
	Complete if the organization answered "Yes" on Fo	rm 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	영양 사람이 가슴 옷이 있는 것을 알려요. 이렇게 집에 집에 가슴을 걸려 가슴을 가지 않는 것을 다 가지 않는 것을 하는 것을 하는 것을 가지 않는 것을 하는 것을 수 있다. 이렇게 가슴		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 1	1c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	
		(b) Dook shing	(c) Method of valueson: Cost or end-of-year market value
(1)			Service of the option of the service
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
1011			
(9)	200 V (10 V)		
	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
otal. (Column	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
otal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description	n 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
otal. (Column Part IX] (1Becurit	Other Assets. Complete if the organization answered "Yes" on For	n 990, Part IV, line 1	
otal (Column Part IX (1Becurit (2)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description	m 990, Part IV, line 1	(b) Book value
otal. (Column Part IX (1Becurit (2) (3)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description	n 990, Part IV, line 1	(b) Book value
(1Becurit (2) (4)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description	n 990, Part IV, line 1	(b) Book value
(1Becurit (2) (3) (5)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description	n 990, Part IV, line 1	(b) Book value
(1Becurit (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description	m 990, Part IV, line 1	(b) Book value
(1Becurit (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description	m 990, Part IV, line 1	(b) Book value
(1Becurit (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description	n 990, Part IV, line 1	(b) Book value
(1)Becurit (1)Becurit (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Form (*) Description y deposit		(b) Book value 21
otal. (Column Part IX (1)Becurit (2) (3) (4) (5) (6) (7) (6) (7) (6) (9) otal. (Column	Other Assets. Complete if the organization answered "Yes" on Form (a) Description y deposit (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value 25
otal. (Column Part IX (1)Becurit (2) (3) (4) (5) (6) (7) (6) (9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form		(b) Book value 2!
otal. (Column Part IX (1)Becurit (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25.	n 990, Part IV, line 11	(b) Book value 25
(1Becurit (1Becurit (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (art X	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book ve	n 990, Part IV, line 11	(b) Book value 25
(1Becurit (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book ve	n 990, Part IV, line 11	(b) Book value 21
Ottal. (Column Part IX (1Becurit (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X 1) Federal in 2)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book ve	n 990, Part IV, line 11	(b) Book value 21
Ottal. (Column Part IX (1Becurit (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column 'art X 1) Federal in 2) 3)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book ve	n 990, Part IV, line 11	(b) Book value 2
otal. (Column Part IX (1Becurit (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column *art X 1) Federal in 2) 3) 4)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book ve	n 990, Part IV, line 11	(b) Book value 2
otal. (Column Part IX (1Becurit (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column *art X 1) Federal in 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book ve	n 990, Part IV, line 11	(b) Book value 2
otal. (Column Part IX (1Becurit (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X 1) Federal in 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book ve	n 990, Part IV, line 11	(b) Book value 2
otal. (Column Part IX (1Becurit (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column *art X (1) Federal in (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book ve	n 990, Part IV, line 11	(b) Book value 25
otal. (Column Part IX (1Becurit (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column Part X 1) Federal in 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book ve	n 990, Part IV, line 11	(b) Book value 2!
otal. (Column Part IX (1Becurit (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X 1) Federal in 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability (b) Book ve	n 990, Part IV, line 11	(b) Book value 21

Par	In D (Form 990) 2022 Cape Canaveral Lighthouse Foundation Inc XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization consumered "Vice" and Discourse of the organization of the organization construction construction of the organization construction construction of the organization construction construction of the organization construction construct	01-0655 r Return.	941 Page
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- 1	
a	Net unrealized gains (losses) on investments	0.00	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
đ	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	3	
8	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII.)	-	
c	Add lines 4a and 4b	-	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	
1	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Audited Financial Statements With Expenses per Audited Financial Statements Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
ь	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
diam'r.	XIII Supplemental Information.		

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) Supplemental Information Regarding Fundraising or Ga Complete if the organization answered "Yes" on Form 990, Part IV, line 17, organization entered more than \$15,000 on Form 990-EZ, line (Activities	OMB No. 1545-004	
			, or if the	2022	
Department of the Treasury Internal Revenue Service	Go to www.in	Attach to Form 990 or Form 990-EZ. s.gov/Form990 for instructions and the latest information.		Open to Public Inspection	
Name of the organization			Employer identi	lication number	
Cape Canaveral L:	ghthouse Foundation	Inc	01-06	55841	
Part I Fundrais	ing Activities. Complete	e If the organization answered "Yes" on Forr	n 990, Part IV	, line 17.	
Form 990	EZ filers are not required to	complete this part.		PADEMARK CONSER	
1 Indicate whether t	ne organization raised funds the	rough any of the following activities. Check all that apply			
a Mail solicitation		 Solicitation of non-government grad 			
b Internet and email solicitations		f Solicitation of government grants	1.000		
c Phone solicitations a Special fundraision events			1113		

g Special fundraising events

In-person solicitations d

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?

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	custody o	draiser have r control of utions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (I)	(vi) Amount paid to (or retained by) organization
1		Yes	No	-		
2						
3						
4						
5						
6						
1						
8						
9						
0						
tal	un is registered or il	censed to sol	icit contributi	ons or has been notif	find it is exempt from	

Yes No

-		gross receipts greater than	event contributions an \$5,000.			
			(a) Event #1 Muscle Car (event type)	(b) Event #2 Marathon (event type)	(c) Other events None (tota! number)	(d) Total events (add col. (a) through col. (c))
revenue	1	Gross receipts	36,355	13,942		50,297
	23	Less: Contributions Gross income (line 1 minus	20,080			20,080
+		line 2)	16,275	13,942		30,217
	4	Cesh prizes				
	5	Noncash prizes	2,917			2,917
500	6	Rent/facility costs	3,600	8,419		12,019
- and	7	Food and beverages	3,000			3,000
	8	Entertainment				
	9	Other direct expenses	121	2,131		2,252
	10	Direct expense summary, Add line		Consideration of the provide the provid		20,188
1.	44			15		11/10/10/10/10/10/10/10/10/10/10/10/10/1
ar	11 rt III	Net income summary. Subtract line Gaming, Complete if the org \$15,000 on Form 990-EZ, line	anization answered "Ye	es" on Form 990, Part IV,	line 19, or reported mo	10,029 re than
1		Gaming. Complete if the org	anization answered "Ye	(b) Pull tabs/instant bingo/progressive bingo	line 19, or reported mo (c) Other gaming	10,029 re than (d) Total gaming (add col. (a) through col. (c))
1		Gaming. Complete if the org	anization answered "Ye ne 6a.	(b) Pull tabs/instant	line 19, or reported mo	re than (d) Total gaming (add
		Gaming. Complete if the org \$15,000 on Form 990-EZ, li	anization answered "Ye ne 6a.	(b) Pull tabs/instant	line 19, or reported mo	re than (d) Total gaming (add
	t 	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue	anization answered "Ye ne 6a.	(b) Pull tabs/instant	line 19, or reported mo	re than
Par	t 1 2	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue	anization answered "Ye ne 6a.	(b) Pull tabs/instant	line 19, or reported mo	(d) Total gaming (add
	t III 1 2 3	Gaming, Complete if the org \$15,000 on Form 990-EZ, in Gross revenue Cash prizes Noncash prizes	anization answered "Ye ne 6a. (a) Bingo	b) Pull tabs/instant bingo/progressive bingo	line 19, or reported mo (c) Other gaming	(d) Total gaming (add
	t III 1 2 3 4	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs	anization answered "Ye ne 6a.	(b) Pull tabs/instant	line 19, or reported mo	re than
	t III 2 3 4 5	Gaming. Complete if the org \$15,000 on Form 990-EZ, in Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	anization answered "Ye he 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	line 19, or reported mo (c) Other gaming	re than
	t III 2 3 4 5 6	Gaming. Complete if the org \$15,000 on Form 990-EZ, in Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	anization answered "Ye he 6a. (a) Bingo (a) Bi	b) Pull tabs/instant bingo/progressive bingo	line 19, or reported mo (c) Other gaming Yes% No	re than (d) Total gaming (add
	t III 2 3 4 5 6 7 8 Ent 1s tř	Gaming. Complete if the org \$15,000 on Form 990-EZ, in Gross revenue	anization answered "Ye he 6a. (a) Bingo (a) Bi	<pre>bes" on Form 990, Part IV, (b) Pull tabs/instant bingo/progressive bingo</pre>	line 19, or reported mo (c) Other gaming Ves% No	re than (d) Total gaming (add col. (a) through col. (c))
9	1 2 3 4 5 6 7 8 Ent 1s th 1f Th	Gaming. Complete if the org \$15,000 on Form 990-EZ, in Gross revenue	anization answered "Ye te 6a. (a) Bingo (a) Bingo Yes% No a 2 through 5 in column (d) tract line 7 from line 1, colu- tion conducts gaming acti- gaming activities in each column	<pre>bit is the set states?</pre>	line 19, or reported mo (c) Other gaming (c) Other gaming (c) No	(d) Total gaming (add col. (a) through col. (c))

Schedule G (Form 990) 2022

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047		
Department of the Treasury	Attach to Form 990 or Form 990-EZ.		Open to Public	
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest info	rmation.	Inspection	
Name of the organization Cape Canaveral Light	thouse Foundation Inc		Identification number	
		01-06	55841	
UI. Members or stock	cholder classes and rights (Part VI, line 6)			
The Foundation is go	overned solely by its Board of Directors. Me	mbers are non-vo	ting and	
are not involved in	the day to day activities of the Foundation.	There are six	(6)	
		embership benefit		
primarily of access	to the Cape Canaveral lighthouse and the Fou	ndations' histor:	ical	
materials.				
02. Form 990 governi	ng body review (Part VI, line 11)			
The Foundation's Tre	asurer and other key members of the governin	g body review For	m 990 anđ	
approve the return p	rior to filing.			
)3. Governing docume	nts, etc, available to public (Part VI, line			
The Foundation makes	its documents available to the public upon a	request.		
4. Statement of Reve	enue (Part VIII)			
evenue from the sale	e of inventory at the Keepers Cottage and Mus	and the second of	- 24.0557.0045	
nominee identificat	ion number on Form 1099-K. This income is 1	00% the Organiza	tions and	
ot the nominee.				
5. List of other fee	es for services expenses (Part IX, line llg)			
	agement and set-up services for the new muse			
			lseum	
LIE shop in the newl	y constructed Lighthouse Keepers Cottage. \$	13,750		
Paperwork Paduation Act N	latice, see the Instructions for Form 990 or 990-EZ.			

m 4562 Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.						OMB No. 1545-0172	
Department of the Treasury Internal Revenue Service	Gote	o www.irs.gov/Form4562	for instructio	ns and the latest in	formation.	Attachment Sequence No. 179	
Name(s) shown on return			and in case of the second s	thich this form relates	1	_	fying number
Cape Canaveral	Lighthouse 1	Founda	POP	1 . 000		A 100 100	655841
Part I Election T	o Expense C	ertain Property Uno	fer Section	179			000012
Note: If you	J have any listed	d property, complete Pa	rt V before yo	u complete Part			
 Maximum amoun 	it (see instructio	ns)		********	Constant and the second	1 1	
2 Total cost of sect	ion 179 property	/ placed in service (see	instructions)			2	
3 Threshold cost of	section 179 pro	operty before reduction	in limitation	(see instructions)	***************	3	
4 Reduction in limit	ation. Subtract I	line 3 from line 2. If zer	o or less, ent	er-0		4	
5 Dollar limitation for	or tax year. Subt	tract line 4 from line 1.	If zero or less	s, enter -0 If man	ried filing		
separately, see in	structions		******	*******		5	
6 (a)	Description of proper	ty	(b) Cost (busin	tess use only)	(c) Elected cost		
7 Listed property. E	nter the amount	t from line 29		7			
8 Total elected cost	of section 179	property. Add amounts				8	
		aller of line 5 or line 8				9	
10 Carryover of disal	lowed deduction	n from line 13 of your 2	021 Form 45	62		10	
11 Business income lim	illation. Enter the s	smaller of business incom	e (not less than	t zero) or line 5. See	instructions	11	
12 Section 1/9 expe	nse deduction. /	Add lines 9 and 10, but	don't enter n	nore than line 11	1.00.00.00.00.00.00.00	12	
13 Carryover of disal	lowed deduction	n to 2023. Add lines 9 a	and 10, less l	ine 12 🔽	13		
lote: Don't use Part II	or Part III below	for listed property. Inst	ead, use Part	V			
Part II Special De	preciation Al	lowance and Other	Depreciati	on (Don't inclu	de listed property. Se	e instru	ctions.)
14 Special depreciati	ion allowance fo	or qualified property (ot	her than liste	d property) placed	t in service	TT	
during the tax yea	r. See instructio	ns				14	
15 Property subject to 15 Property subject to	o section 168(f)	 election 				15	
16 Other depreciation	n (including ACF	RS)				16	22,905
Part III MACRS De	apreciation (D	Don't include listed prop	perty. See ins	tructions.)		LUCE	64,30.
0		S	ection A	Tanken and the second se		_	
17 MACRS deduction	ns for assets pla	aced in service in tax ye	ars beginnin	g before 2022		17	
18 If you are electing	to group any as	aced in service in tax ye sets placed in service	during the ta	x year into one or	more general	17	
18 If you are electing asset accounts, cf	to group any as neck here	ssets placed in service	during the ta	x year into one or	more general		
18 If you are electing asset accounts, cf	to group any as neck here B - Assets Plac	sets placed in service	during the ta	x year into one or	more general		1
18 If you are electing asset accounts, ch Section	to group any as neck here B - Assets Plac	ssets placed in service	during the ta	x year into one or	more general	System	
 If you are electing asset accounts, cf Section (a) Classification of property 	to group any as neck here B - Assets Place (b) Month and year placed in	ed in Service During	during the ta 2022 Tax Ye (d) Recovery	x year into one or ar Using the Ge	more general	System	
 8 If you are electing asset accounts, cf Section (a) Classification of property 	to group any as neck here B - Assets Place (b) Month and year placed in	ced in Service During (c) Basis for depreciation (business/Investment use only-see instructions)	during the ta 2022 Tax Ye (d) Recovery period	ar Using the Ge (e) Convention	more general neral Depreciation : (f) Method	System	preciation deductio
 If you are electing asset accounts, cf Section (a) Classification of property 9a 3-year property 	to group any as neck here B - Assets Place (b) Month and year placed in	ed in Service During	during the ta 2022 Tax Ye (d) Recovery	x year into one or ar Using the Ge	more general	System	preciation deduction
8 If you are electing asset accounts, cf Section (a) Classification of property 9a 3-year property b 5-year property	to group any as neck here B - Assets Place (b) Month and year placed in	ced in Service During (c) Basis for depreciation (business/Investment use only-see instructions)	during the ta 2022 Tax Ye (d) Recovery period	ar Using the Ge (e) Convention	more general neral Depreciation : (f) Method	System	preclation deductio
 If you are electing asset accounts, cf Section Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 15-year property 	to group any as neck here B - Assets Place (b) Month and year placed in	ced in Service During (c) Basis for depreciation (business/Investment use only-see instructions)	during the ta 2022 Tax Ye (d) Recovery period	ar Using the Ge (e) Convention	more general neral Depreciation : (f) Method	System	preclation deductio
 If you are electing asset accounts, cf Section Classification of property 3-year property 5-year property 7-year property 10-year property 	to group any as neck here B - Assets Place (b) Month and year placed in	ced in Service During (c) Basis for depreciation (business/Investment use only-see instructions)	during the ta 2022 Tax Ye (d) Recovery period	ar Using the Ge (e) Convention	more general neral Depreciation : (f) Method	System	preclation deductio
 If you are electing asset accounts, cf Section Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 15-year property 	to group any as neck here B - Assets Place (b) Month and year placed in	ced in Service During (c) Basis for depreciation (business/Investment use only-see instructions)	during the ta 2022 Tax Ye (d) Recovery period	ar Using the Ge (e) Convention	more general	System	preclation deductio
 If you are electing asset accounts, cf Section Classification of property Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 	to group any as heck here B - Assets Place (b) Month and yea placed in service	ced in Service During (c) Basis for depreciation (business/Investment use only-see instructions)	during the ta 2022 Tax Ye (d) Recovery period 5	x year into one or ar Using the Ge (e) Convention MQ	more general neral Depreciation 1 (f) Method SL SL	System	preclation deductio
 If you are electing asset accounts, cf Section Classification of property 3-year property 5-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 	to group any as heck here B - Assets Place (b) Month and yea placed in service	ced in Service During (c) Basis for depreciation (business/Investment use only-see instructions)	during the ta 2022 Tax Ye (d) Recovery period 5 25 yrs. 27.5 yrs.	A year into one or ar Using the Ge (e) Convention MQ MM	more general neral Depreciation S (f) Method SL S/L S/L	System	preclation deductio
 8 If you are electing asset accounts, cf Section (a) Classification of property 9a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property g 25-year property h Residential rental 	to group any as heck here B - Assets Place (b) Month and yea placed in service	ced in Service During (c) Basis for depreciation (business/Investment use only-see instructions)	during the ta 2022 Tax Ye (d) Recovery period 5 25 yrs. 27.5 yrs. 27.5 yrs.	A year into one or ar Using the Ge (e) Convention MQ MM MM	more general neral Depreciation 3 (f) Method SL S/L S/L S/L S/L	System	preclation deductio
 8 If you are electing asset accounts, cf Section 9a 3-year property 9a 3-year property b 5-year property c 7-year property d 10-year property d 10-year property f 20-year property f 20-year property g 25-year property h Residential rental property i Nonresidential reata property 	to group any as heck here B - Assets Place (b) Month and yea placed in service	Sets placed in service Control of the service of t	during the ta 2022 Tax Ye (d) Recovery period 5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM MM	More general neral Depreciation S (f) Method SL S/L S/L S/L S/L S/L S/L S/L	(g) De	preciation deductio
 8 If you are electing asset accounts, cf Section 9a 3-year property 9a 3-year property b 5-year property c 7-year property d 10-year property d 10-year property f 20-year property f 20-year property g 25-year property h Residential rental property i Nonresidential reata property 	to group any as heck here B - Assets Place (b) Month and yea placed in service	Sets placed in service Control of the service of t	during the ta 2022 Tax Ye (d) Recovery period 5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM MM	More general neral Depreciation S (f) Method SL S/L S/L S/L S/L S/L S/L S/L	(g) De	preciation deductio
 8 If you are electing asset accounts, cf Section 9a 3-year property 9a 3-year property b 5-year property c 7-year property d 10-year property d 10-year property f 20-year property g 25-year property g 25-year property h Residential rental property i Nonresidential rea property Section C 	to group any as heck here B - Assets Place (b) Month and yea placed in service	ced in Service During (c) Basis for depreciation (business/Investment use only-see instructions)	during the ta 2022 Tax Ye (d) Recovery period 5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM MM	more general neral Depreciation S (f) Method SL S/L S/L S/L S/L S/L S/L S/L	(g) De	preciation deductio
 If you are electing asset accounts, cf Section Classification of property Classification of property 3-year property 5-year property 7-year property 10-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential read property Section C 	to group any as heck here B - Assets Place (b) Month and yea placed in service	Sets placed in service Control of the service of t	during the ta 2022 Tax Ye (d) Recovery period 5 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 2022 Tax Yea	MM MM MM MM MM MM	more general neral Depreciation S (f) Method SL S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) De	preciation deductio
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(This page is e-filed with the return. Include it if paper-i	filing.) 2022 PG01
Cape Canaveral Lighthouse Foundation Inc	SSWEW
	01-0655841
Section 1.263(a)-3(h) Safe Harbor Election	n for Small Taxpayers
NAME: Cape Canaveral Lighthouse Foundation Inc ADDRESS: PO Box 1978, Cape Canaveral, FL 32920 SSN/EIN: 01-0655841	2
SLECTION: The amounts paid for repairs, mainte similar activities performed on the eligible b qualify under the safe harbor provided in Reg.	milding(c) decerthed below
DESCRIPTION: Cape Cottage Museum	

ELEC.LO

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.

TREASURER

SIGNATURE: JAMES PASSARELLI

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0200001956

Entity Name: CAPE CANAVERAL LIGHTHOUSE FOUNDATION INCORPORATED

Current Principal Place of Business:

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

Current Mailing Address:

PO BOX 1978 CAPE CANAVERAL, FL 32920-1978

FEI Number: 01-0655841

Name and Address of Current Registered Agent:

CAPE CANAVERAL LIGHTHOUSE FOUNDATION 2420 SYKES CREEK DRIVE MERRITT ISLAND, FL 32953 US

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

SIGNATURE	E: BRENDAN MCMILLIN			02/02/2024
	Electronic Signature of Registere	ed Agent		Date
Officer/Dire	ctor Detail :			
Title	Р	Title	TREASURER	
Name	ECKER, RONALD	Name	PASSARELLI, JAMES A	
Address		Address		
City-State-Zip:		City-State-Zip:		
Title	VP	Title	SECRETARY	
Name	SMITH, SHANE	Name	DOOLEY, JILL	_
Address		Address		
City-State-Zip:		City-State-Zip:		

Certificate of Status Desired: No

FILED Feb 02, 2024

Secretary of State

1258494867CC

02/02/2024 Date



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

Detail by Entity Name

Florida Not For Profit Corporation CAPE CANAVERAL LIGHTHOUSE FOUNDATION INCORPORATED

Filing Information

Document Number	N0200001956
FEI/EIN Number	01-0655841
Date Filed	03/13/2002
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	11/06/2002
Event Effective Date	NONE
Principal Address	
CAPE CANAVERAL LIGHT	HOUSE

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

Changed: 03/24/2009

Mailing Address

PO BOX 1978 CAPE CANAVERAL, FL 32920-1978

Changed: 03/24/2009

Registered Agent Name & Address

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

Name Changed: 01/27/2021

Address Changed: 11/02/2023

Officer/Director Detail

Name & Address

Title P

Ecker, Ronald

Title Treasurer

Passarelli, James A

Title VP

Smith, Shane

Title Secretary

Dooley, Jill

Annual Reports

Report Year	Filed Date
2023	01/18/2023
2023	11/02/2023
2024	02/02/2024

Document Images

02/02/2024 ANNUAL REPORT	View image in PDF format
11/02/2023 AMENDED ANNUAL REPORT	View image in PDF format
01/18/2023 ANNUAL REPORT	View image in PDF format
01/21/2022 ANNUAL REPORT	View image in PDF format
01/27/2021 ANNUAL REPORT	View image in PDF format
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05/01/2019 ANNUAL REPORT	View image in PDF format
02/13/2018 ANNUAL REPORT	View image in PDF format
01/21/2017 ANNUAL REPORT	View image in PDF format
01/06/2016 ANNUAL REPORT	View image in PDF format
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04/04/2008 ANNUAL REPORT	View image in PDF format
03/19/2007 ANNUAL REPORT	View image in PDF format

6/19/24, 8:20 AM

Detail by Entity Name

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Florida Department of State, Division of Corporations

0000033 06/16/22



Consumer's Certificate of Exemption

DR-14 R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8012591628C-3	08/31/2022	08/31/2027	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

CAPE CANAVERAL LIGHTHOUSE FOUNDATION INC 1670 S FISKE BLVD ROCKLEDGE FL 32955-2535

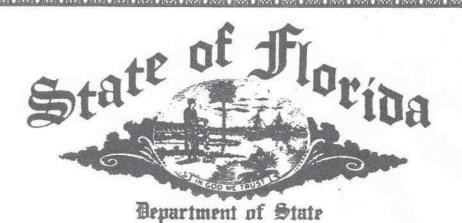
is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14 R. 01/18

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



I certify the attached is a true and correct copy of the Articles of Incorporation of CAPE CANAVERAL LIGHTHOUSE FOUNDATION INCORPORATED, a Florida corporation, filed on March 13, 2002, as shown by the records of this office.

The document number of this corporation is N02000001956.



CR2EO22 (1-99)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Nineteenth day of March, 2002

Atherine Harris Katherine Harris

Secretary of State

ARTICLES OF INCORPORATION

The undersigned, acting as incorporators of a Corporation pursuant to Chapter 617 Florida. Statutes (Not for Profit), adopts the following Articles of Incorporation of such corporation.

ARTICLE I

NAME

The name of the Corporation shall be the Cape Canaveral Lighthouse Foundation Incorporated. MAR 13 AM IO:

FILED

ARTICLE II

PLACE OF BUSINESS

The principal place of business will be the Cape Canaveral Lighthouse, Cape Canaveral Air Fore Station, Brevard County, Florida. The mailing address is Post Office Box 372012, Satellite Beach, Florida 32937.

ARTICLE III

PURPOSE

Acknowledging the singular significance of the Cape Canaveral Lighthouse among all American lighthouses, in that it is the only fully operational lighthouse owned by the United States Air Force, the purpose of organizing the Cape Canaveral Lighthouse Foundation, Inc. is to assist the 45th Space Wing in preserving, protecting, and interpreting the Cape Canaveral Lighthouse and its historical significance to the Florida Space Coast, State of Florida and our Nation. In furtherance thereof, the Foundation will generate, receive, hold and administer, all monetary and in kind donations to said Foundation.

ARTICLE IV

BOARD OF DIRECTORS

The initial Board of Directors will consist of the Incorporators of the Corporation and the manner of appointment of additional directors will be stated in the Bylaws.

ARTICLE V

The number constituting the initial Board of Directors of the Corporation is three. Their names and addresses are:

Incorporators:

Randall K. Horn Christy A. Lehnertz G. Kay Witt, Esq.

ARTICLE VI

The Corporation designates the following individual to act as the Registered Agent, in the State of

Florida.

Elbert E. "Sonny" Witt, PhD CCAFS/CD 180 W. Skid Strip Road Patrick AFB, Florida 32925-2330

Page 1 of 2

Signature of Registered Agent

Having been named as registered agent to accept service of process for the above stated Corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Chur . AM IO: Signatures of Incorporators 40 Christy Al. Kay/ Esq. ehnertz. date State of Florida, County of Brevard The forgoing instrument was acknowledged and sworn to before me this 15 day of <u>FEDrucy</u>, 2002, by <u>Christy A Lehners</u> and of the Cape Canaveral Lighthouse Foundation, Inc. G. Kay Witt Esg undy Will CINDY WILLIAMS MY COMMISSION # DD 066323 Notary Publik EXPIRES: January 30, 2006 anded Thru Notary Public Un My commission expires 21 Feb 2002

Randall K. Horn

State of Alabama, County of Lauderdale

The forgoing instrument was acknowledged and sworn to before me this $\frac{21}{2}$ day of Kandall K. Nern of the Cape Canaveral rebinary, 2002, by _ Lighthouse/Foundation, Inc.

Resina B. Shernel

Notary Public My commission expires

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Seal

FILED

Page 2 of 2



Cape Canaveral Lighthouse Foundation, Inc P.O. Box 1978 Cape Canaveral, Florida 32920 321-351-5052

Officers

Ronald L. Ecker President Shane Smith

1st Vice President

Todd McDowell 2nd Vice President

Brendan McMillin Treasurer

Jill Dooley Secretary

Directors

Sharon Crockett Christine Ecker George Eustis Nancy Garwood Rocky Johnson Patricia Lautner Jeanna Merrifield R. Norman Moody Mary Anne Moore James Passarelli Larry Ostarly Michele Rohrmann Dixie Sansom RADM James Underwood Maj Gen B. Edwin Wilson Lisa Wilson

21 September 2023

Colonel Anthony Graham Vice Commander, Support Space Launch Delta 45 1201 Edward H. White II Street, Bldg 423 Patrick SFB, FL 32925

Dear Colonel Graham:

Thank you again for meeting with our Cape Canaveral Lighthouse Foundation (CCLF) leadership on 6 September 2023 to discuss the foundation's mission and activities. We appreciate your willingness to review the history and current status of our long-standing partnership with Space Launch Delta 45, to include the continuation of the CCLF Use License Agreement No. USAF-AFSPC-DBEH-15-2-0261, executed on 2 July 2015.

Per your request, the CCLF hereby requests your concurrence that the referenced CCLF Use License Agreement is formally extended in perpetuity, or until such revised Term of Expiration as the SLD 45 sees fit. Towards this end, we will work with your Civil Engineering lead(s) to document the fact that the referenced agreement is (and will be) continued despite the "Term Expiration Date" of 31 March 2020 noted in the agreement. As we highlighted, the CCLF is in the process of submitting grant applications in order to complete our ongoing historical replication and restoration project(s) on the Cape Canaveral Lighthouse grounds. These grant applications will require documentation demonstrating that our CCLF Use License Agreement is current. So, the documentation above will be a critical piece of the submittal package in early 2024.

Again, thank you for making the time to discuss these important topics with our leadership team. We look forward to serving SLD 45 for many more years!

Very Respectfully,

Ron Ecker, President Cape Canaveral Lighthouse Foundation

www.canaverallight.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE." Cape Canaveral Lighthouse Foundation Incorporated Registration Number : CH36475 « 1-800-HELP-FLA (435-7352) www.FloridaConsumerHelp

From: **GRAHAM, ANTHONY C Col USAF SSC SLD 45/CV** <<u>anthony.graham@spaceforce.mil</u>> Date: Thu, Sep 21, 2023, 10:51 AM Subject: RE: [Non-DoD Source] CCLF Use License Agreement To: Lighthouse Foundation President <<u>cclf-president@canaverallight.org</u>> Cc: CRICK, TIFFANY L Capt USSF SSC SLD 45/CVE <<u>tiffany.crick.3@spaceforce.mil</u>>

CONCUR

Thanks

v/r

ABC

Anthony C. Graham, Col, USAF

Vice Commander, Space Launch Delta 45

Comm: 321-494-6609

DSN: 854-6609

From: Lighthouse Foundation President <<u>cclf-president@canaverallight.org</u>>
Sent: Thursday, September 21, 2023 10:44 AM
To: GRAHAM, ANTHONY C Col USAF SSC SLD 45/CV <<u>anthony.graham@spaceforce.mil</u>>
Cc: CRICK, TIFFANY L Capt USSF SSC SLD 45/CVE <<u>tiffany.crick.3@spaceforce.mil</u>>
Subject: [Non-DoD Source] CCLF Use License Agreement

Dear Colonel Graham

Per your request, the CCLF hereby requests your concurrence that the referenced CCLF Use License Agreement is formally extended in perpetuity, or until such revised Term of Expiration as the SLD 45 sees fit.

Thank you for all you do to keep our light shining into the future.

Ron Ecker, President

Cape Canaveral Lighthouse Foundation

cclf-president@canaverallight.org

321-591-9844

DEPARTMENT OF THE AIR FORCE

LICENSE TO THE CAPE CANAVERAL LIGHTHOUSE FOUNDATION

TO USE PROPERTY LOCATED ON CAPE CANAVERAL AIR FORCE STATION

Form Approved By SAF/GCN: 20 January 2015 Previous Versions Obsolete

License No. USAF-AFSPC-DBEH-15-2-0261

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DEPARTMENT OF THE AIR FORCE

LICENSE

TO THE CAPE CANAVERAL LIGHTHOUSE FOUNDATION

TO USE PROPERTY LOCATED ON CAPE CANAVERAL AIR FORCE STATION

PREAMBLE

THE SECRETARY OF THE AIR FORCE, hereinafter referred to as "Grantor", acting under the authority of 10 U.S.C. § 8013, hereby grants to The Cape Canaveral Lighthouse Foundation, a corporation or business entity organized and doing business under the laws of the State of Florida, hereinafter referred to as "Grantee", a License at will for real property surrounding the Cape Canaveral Air Force Station Lighthouse at Cape Canaveral Air Force Station, hereinafter referred to as "Installation," identified in EXHIBITS A and B, both attached hereto and made a part hereof, hereinafter referred to as the "Premises." Grantor and Grantee, when referred to together, are hereinafter referred to as the "Parties." For purposes of this License, Grantor includes the United States Government and the Department of the Air Force. The purpose of this License is to allow the Grantee to use land for the development, construction and maintenance of historically significant buildings, structures and infrastructure associated with the Lighthouse.

THIS LICENSE is granted subject to the following conditions.

BASIC TERMS

1. TERM

1.0. The term of this License shall be five (5) years commencing 1 April 2015 ("Term Beginning Date") and ending 31 March 2020 ("Term Expiration Date"), unless sooner terminated by Grantor. The obligations of Grantee (excluding those of Condition 2), including those regarding remediation of environmental damage and removal of structures, facilities, and equipment installed by Grantee, shall remain in effect after the termination of this License unless otherwise agreed to by the Parties.

2. RENT

2.1. The consideration for this license will be the protection, care and maintenance of the Premises.

2.2. The use, operation, and occupation of the Premises pursuant to this License shall be without cost or expense to the Department of the Air Force.

3. CORRESPONDENCE

3.0. All correspondence to be sent and notices to be given pursuant to this License shall be addressed, if to Grantor, to 45 CES/CEI, Real Property Office, 1224 Jupiter Street, Patrick AFB, Florida 32925, and, if to Grantee, to P.O. Box 1978, Cape Canaveral, Florida 32920, or as may from time to time otherwise be directed by the Parties. Notice shall be deemed to have been duly given if and when enclosed in a properly sealed envelope or wrapper addressed as aforesaid, deposited, postage prepaid, and postmarked in a post office regularly maintained by the United States Postal Service or any recognized delivery service.

4. USE OF THE PREMISES

4.1. The use, operation, and occupation of the Premises are subject to the general supervision and control of the Installation Commander or his duly authorized representative, hereinafter referred to as "said officer."

4.2. In accepting the rights, privileges, and obligations established hereunder, Grantee recognizes that the Installation serves the national defense and that Grantor will not permit the Grantee to interfere with the Installation's military mission. This Installation is an operating military Installation which is closed to the public and is subject to the provisions of the Internal Security Act of 1950, 50 U.S.C. § 797 and of 18 U.S.C. § 1382. Access to the Installation is subject to the control of its Commanding Officer and is governed by such regulations and orders as have been lawfully promulgated or approved by the Secretary of Defense or by any designated military commander. Any access granted to Grantee, its officers, employees, contractors of any tier, agents, and invitees is subject to such regulations and orders. This License is subject to all regulations and orders currently promulgated or which may be promulgated by lawful authority as well as all other conditions contained in this License. Violation of any such regulations, orders, or conditions may result in the termination of this License. Such regulations and orders may, by way of example and not by way of limitation, include restrictions on who may enter, how many may enter at any one time, when they may enter, and what areas of the Installation they may visit, as well as requirements for background investigations, including those for security clearances, of those entering. Grantee is responsible for the actions of its officers, employees, contractors of any tier, agents, and invitees while on the Installation and acting under this License.

4.3. In the event all or any portion of the Premises shall be needed by the United States or in the event the presence of Grantee's property shall be considered detrimental to governmental activities, Grantee shall, from time to time and at Grantee's expense, upon notice to do so, and as often as so notified, remove or relocate its property to such other location or locations on the Premises (or substitute land of Grantor which shall then become part of the Premises) as may be designated by said officer, and in the event Grantee's property shall not be removed or relocated within thirty (30) days after any aforesaid notice, the Installation Commander may cause the same to be done at the expense of the Grantee.

5. DEFAULT, REMEDIES, AND TERMINATION

5.0. This License may be terminated at will by the Grantor and such termination shall not create any liability on the part of Grantor for Grantee's costs, anticipated profits or fees, and costs of construction, installation, maintenance, upgrade, and removal of facilities, or any other costs, profits, or fees, and any such costs and anticipated profits or fees will not be recoverable from Grantor.

OPERATION OF THE PREMISES

6. EASEMENTS AND RIGHTS OF WAY

6.0. This License is subject to all outstanding easements, rights-of-way, leases, permits, licenses, and uses for any purpose with respect to the Premises. Grantor shall have the right to grant additional easements, rights-of-way, leases, permits, and licenses, and make additional uses with respect to the Premises with due regard for this License.

7. CONDITION OF PREMISES

7.0. Grantee has inspected and knows the condition of the Premises. The Premises are granted in an "as is, where is" condition without any warranty, representation, or obligation on the part of Grantor to make any alterations, repairs, improvements, or corrections to defects whether patent or latent. At such times and for such part of the Premises as said officer may determine, the Parties will sign a Physical Condition Report to reflect the condition of the Premises prior to the Premises being disturbed by the activities of Grantee. Such Report shall be used to indicate the condition of the Premises prior to their being disturbed in order to compare them with the Premises subsequent to the activities of Grantee to ensure Grantee has returned the Premises to the condition required by this License.

8. MAINTENANCE OF THE PREMISES

8.0. Regarding the Grantee's use of the Premises and its property on the Premises, Grantee shall, at all times, protect, repair, and maintain the Premises in good order and condition at its own expense and without cost or expense to Grantor. Grantee shall exercise due diligence in protecting the Premises against damage or destruction by fire,

50

vandalism, theft, weather, or other causes related to Grantee's activities. Any property on the Premises damaged or destroyed by Grantee incident to the exercise of the rights and privileges herein granted shall be promptly repaired or replaced by Grantee to the satisfaction of said officer.

9. TAXES

9.0. Grantee Payment of Taxes. The Grantee shall pay to the proper authority, when and as the same become due and payable, all taxes, assessments, and similar charges which, at any time during the term of this License may be imposed on the Grantee or the Premises.

10. INSURANCE

10.1. Risk of Loss. The Grantee shall, in any event and without prejudice to any other rights of the Government, bear all risk of loss or damage or destruction to the Premises, including any buildings, improvements, fixtures, or other property thereon, arising from any causes whatsoever, with or without fault by the Government; provided, however, the Government shall not be relieved of responsibility for loss or damage that is solely the result of the gross negligence or willful misconduct of the Government to the extent such loss or damage is not covered by coverage of insurance required under this License.

10.2. License Insurance Coverage. During the entire period this License shall be in effect, the Grantee, at no expense to the Government, will carry and maintain, and as appropriate, require any contractor performing work on the Premises to carry and maintain, the following at no expense to the Government, the following insurance coverages:

10.2.1. Property insurance coverage against loss or damage by open perils or its equivalent, including fire, in an amount not less than One Hundred Percent (100%) of the full replacement cost of the buildings, building improvements, improvements to the land, fixtures, and personal property on the Premises. The policies of insurance carried in accordance with this Condition shall contain a "Replacement Cost Endorsement." Such full replacement cost shall be determined from time to time, upon the written request of the Government or the Grantee, but not more frequently than once in any twenty-four (24) consecutive calendar month period (except in the event of substantial changes or alterations to the Premises undertaken by the Grantee as permitted under the provisions of the License).

10.2.2. Commercial general liability insurance, on an occurrence basis, insuring against claims for bodily injury, death and property damage, occurring upon, in or about the Premises, including any building thereon and sidewalks, streets, passageways and interior space used to access the Premises. Such insurance must be effective at all times throughout the License Term, with limits of not less than single limit minimum coverage of \$5 million each occurrence and \$10 million aggregate, and include coverage for fire, legal liability, and medical payments. This coverage may be provided under primary

liability and umbrella excess liability policies.

10.2.3. If and to the extent required by law, Workers' compensation or similar insurance covering all persons employed in connection with the work and with respect to whom death or bodily injury claims could be asserted against the Government or the Grantee, in form and amounts required by law (statutory limits), and employers' liability, with limits of \$5 million each coverage and policy limit.

10.3. General Requirements. All insurance required by this License shall be: (i) effected under valid and enforceable policies, in such forms and amounts required under this License; (ii) underwritten by insurers authorized to underwrite insurance in the State where the Premises are located, and must have a rating of at least B+ by the most recent edition of Best's Key Rating Guide; (iii) provide that no reduction in amount or material change in coverage thereof shall be effective until at least sixty (60) days after receipt by the Government of written notice thereof; (iv) provide that any cancellation of insurance coverage based on nonpayment of the premium shall be effective only upon ten (10) days' written notice to the Government; (v) provide that the insurer shall have no right of subrogation against the Government; and (vi) be reasonably satisfactory to the Government in all other respects. The Government shall appear in all policies as 45 CES/CEI, Real Property Office, 1224 Jupiter Street, Patrick AFB, Florida 32925. In no circumstance will the Grantee be entitled to assign to any third party rights of action that the Grantee may have against the Government. The Grantee understands and agrees that cancellation of any insurance coverage required to be carried and maintained by the Grantee or contractor under this License will constitute a failure to comply with the terms of the License, and the Government shall have the right to terminate the License upon receipt of any such cancellation notice, but only if the Grantee fails to cure such noncompliance to the extent allowed.

10.4. Commercial general liability and business auto liability insurance required pursuant to this agreement shall be maintained for the limits specified, and shall provide coverage for the mutual benefit of the Grantee and the Government as an additional insured with equal standing with the named insured for purposes of submitting claims directly with the insurer. Property policies will provide for the Government as a loss payee to the same coverage as the named insured.

10.5. Evidence of Insurance. The Grantee shall deliver or cause to be delivered upon execution of this License (and thereafter not less than fifteen (15) days prior to the expiration date of each policy furnished pursuant to this License), at the Government's option, a certified copy of each policy of insurance required by this License, or a certificate of insurance evidencing the insurance and conditions relating thereto required by this License, in a form acceptable to the Government, and including such endorsements necessary.

10.6. Damage or Destruction of Premises. In the event all or part of the Premises is damaged (except *de minimis* damage) or destroyed, the Grantee shall promptly give

notice thereof to the Government and the Parties shall proceed as follows:

10.6.1. In the event that the Government in consultation with the Grantee determines that the magnitude of damage is so extensive that the Premises cannot be used by the Grantee for its operations and the repairs, rebuilding, or replacement of the Premises cannot reasonably be expected to be substantially completed within three (3) months of the occurrence of the casualty ("Extensive Damage or Destruction of Premises"), either Party may terminate this License as provided herein. If this License is terminated, any insurance proceeds received as a result of any casualty loss to the Premises shall be applied to the restoration of the Premises prior to being afforded to the Grantee.

10.6.2. In the event that the Government in consultation with the Grantee shall determine that Extensive Damage or Destruction of the Premises has not occurred, neither Party shall have the right to terminate this License. The Grantee shall, as soon as reasonably practicable after the casualty, restore the Premises as nearly as possible to the condition that existed immediately prior to such loss or damage. Any insurance proceeds received as a result of any casualty loss to the Premises shall be applied first to restoring the damaged area and removing any related debris to the reasonable satisfaction of the Government and second, to repairing, rebuilding, and/or replacing the Premises to the reasonable satisfaction of the Government.

10.6.3. Notwithstanding any other provision of this License, the Grantee may, with the prior consent of the Government, self-insure any risk for which insurance coverage is required under this License; provided, however, that if the Grantee's statutory limits of liability or other impediments to the assumption of liability are less than the limits of insurance required in this License, the Grantee shall obtain commercial coverage which is sufficient in amount and nature to satisfy the insurance requirements of this License when added to any such self-insurance. In order to obtain the consent of the Government to self-insure, the Grantee shall provide the Government with a writing setting forth the limitations and impediments, if any, to which the Grantee's self-insurance is subject, the Grantee's source of funds to pay any claim from any risk for which insurance is required under this License, and any other information which the Government may require to assess the Grantee's request. If commercial insurance is required for any purpose, the total amount of commercial insurance and self-insurance shall meet the dollar limitations provided in this License.

11. ALTERATIONS

11.0. No additions to or alterations of the Premises shall be made without the prior written approval of said officer.

12. COSTS OF UTILITIES/SERVICES

12.0. Regarding the Grantee's use of the Premises and its property on the Premises, Grantee is responsible for all utilities, janitorial services, building maintenance, and

grounds maintenance for the Premises without cost to the Department of the Air Force. The Air Force may, if its capabilities permit, consent to provide certain of these services to Grantee on a reimbursable basis.

13. RESTORATION

13.0. On or before (or, in the case of abandonment, after) the date of expiration of this License or its termination by the Grantor, Grantee shall vacate the Premises, remove its property therefrom, and restore the Premises to its original condition without expense to the United States. Such restoration shall include, if applicable, removal of contamination caused by Grantee.

CHANGES IN OWNERSHIP OR CONTROL

14. TRANSFER, ASSIGNMENT, SUBLETS, OR DISPOSAL

14.0. Grantee shall not transfer, permit, license, assign, lease, or dispose of in any way, including, but not limited to, voluntary or involuntary sale, merger, consolidation, receivership, or other means (all referred to in this Condition 14 as "transfer"), this License or any interest therein or any property on the Premises, or otherwise create any interest therein.

15. LIENS AND MORTGAGES

15.0. Grantee shall not engage in any financing or other transaction creating any mortgage upon the Premises, place or suffer to be placed upon the Premises any lien or other encumbrance, or suffer any levy or attachment to be made on Grantee's interest in the Premises under this License. On the date of the execution or filing of record of any such mortgage, encumbrance, or lien, regardless of whether or when it is foreclosed or otherwise enforced, this License shall terminate without further action by Grantor.

ENVIRONMENT

16. ENVIRONMENTAL COMPLIANCE

16.1. In its activities under this License, Grantee shall comply with all applicable environmental requirements, and in particular those requirements concerning the protection and enhancement of environmental quality, pollution control and abatement, safe drinking water, and solid and hazardous waste. Responsibility for compliance with such requirements rests exclusively with Grantee, including liability for any fines, penalties, or other similar enforcement costs.

16.2. The Licensee shall comply with the Cape Canaveral Air Force Station and 45 Space Wing spill prevention control and countermeasure plan and hazardous materials/wastes plan, or in the alternative, its own such plans for operations on the

Premises, provided the plans have been approved by the appropriate regulatory authorities and are acceptable to the Commander.

17. ASBESTOS-CONTAINING MATERIALS AND LEAD-BASED PAINT

17.1. Asbestos-Containing Materials (ACM). The Grantee is warned that the Leased Premises may contain current and former improvements, such as buildings, facilities, equipment, and pipelines, above and/or below the ground, that may contain ACM. The grantee shall refer to the Environmental Baseline Survey (EBS) attached here as Exhibit D for disclosure of known ACM on the Premises. The Government is not responsible for any handling, removal or containment of asbestos or ACM, associated with or attributable to improvements of the Premises by the grantee or, to the extent consistent with applicable law, for any liability related thereto.

17.2. Lead-Based Paint (LBP). The Grantee recognizes and acknowledges that LBP materials may be present on exterior and interior surfaces of facilities within the Premises or in the soil. The Grantee will be responsible at its sole cost and expense for the management, maintenance, removal and disposal of all LBP either located in or attributable to the Improvements of the Premises by the Grantee. Removal and disposal of LBP must be carried out in compliance with all Applicable Laws.

18. SAFETY, HAZARDOUS MATERIALS, AND WASTE MANAGEMENT

18.1. Grantee, at its expense, shall comply with all applicable laws on occupational safety and health, the handling and storage of hazardous materials, and the proper handling and disposal of hazardous wastes and hazardous substances generated by its activities. Responsibility for the costs of proper handling and disposal of hazardous wastes and hazardous substances discovered on the Premises is governed by applicable law. The terms hazardous materials, hazardous wastes, and hazardous substances are as defined in the Federal Water Pollution Control Act, the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, the Solid Waste Disposal Act, the Clean Air Act, and the Toxic Substances Control Act, and their implementing regulations, as they have been or may be amended from time to time.

18.2. Any unexploded ordnance, as that term is defined in Title 10, United States Code, discovered on the Premises by Grantee is the responsibility of Grantor and will not be disturbed by Grantee but, upon discovery, shall be immediately reported to said officer.

19. HISTORIC PRESERVATION

19.0. Grantee shall not remove or disturb, or cause or permit to be removed or disturbed, any historical, archaeological, architectural, or other cultural artifacts, relics, vestiges, remains, or objects of antiquity. In the event such items are discovered on the Premises, Grantee shall cease its activities at the site and immediately notify said officer and protect

the site and the material from further disturbance until said officer gives clearance to proceed. Any costs resulting from this delay shall be the responsibility of Grantee.

20. INSTALLATION RESTORATION PROGRAM (IRP)

20.1. IRP Records. On or before the Term Beginning Date, the Government shall provide the Grantee access to the IRP records applicable to the Premises, if any, and thereafter shall provide to the Grantee a copy of any amendments to or restatements of the IRP records affecting the Premises. If the Installation has been listed on the National Priorities List (NPL) at the time this License is granted, or is listed subsequent to the granting of this License, the Air Force will provide the Grantee with a copy of any Federal Facility Agreement (FFA) that is entered into between the Air Force and the U.S. Environmental Protection Agency (USEPA), along with any amendments to the FFA when they become effective. Should any conflict arise between the terms of the FFA as it may be amended and the provisions of this License, the terms of the FFA shall govern.

20.2. No Liability for Interference. The Grantee expressly acknowledges that it fully understands the potential for some or all of the response actions to be undertaken with respect to the IRP may impact the Grantee's quiet use and enjoyment of the Premises. The Grantee agrees that notwithstanding any other provision of this License, the Government shall have no liability to the Grantee should implementation of the IRP or other hazardous waste cleanup requirements, whether imposed by law, regulatory agencies, or the Government or the Department of Defense, interfere with the Grantee's use of the Premises. The Grantee shall have no claim or cause of action against the United States, or any officer, agent, employee, contractor, or subcontractor thereof, on account of any such interference, whether due to entry, performance of remedial or removal investigations, or exercise of any right with respect to the IRP or under this License.

20.3. Government Right of Entry. The Government and its officers, agents, employees, contractors, and subcontractors shall have the right, upon reasonable notice to the Grantee, to enter upon the Premises for the purposes enumerated in this Condition.

20.3.1. To conduct investigations and surveys, including, where necessary, drilling, soil and water samplings, test pitting, testing soil borings, and other activities related to the IRP;

20.3.2. To inspect field activities of the Government and its contractors and subcontractors in implementing the IRP;

20.3.3. To conduct any test or survey related to the implementation of the IRP or environmental conditions at the Premises or to verify any data submitted to the United States Environmental Protection Agency (EPA) or the State environmental department by the Government relating to such conditions; and 20.3.4. To construct, operate, maintain, or undertake any other response or remedial action as required or necessary under the IRP, including, but not limited to, monitoring wells, pumping wells, and treatment facilities. Any investigations and surveys, drilling, test pitting, test soil borings, and other activities undertaken pursuant to this Subparagraph 20.3.4 shall be conducted in a manner that is as inconspicuous as practicable. Any monitoring wells, pumping wells, and treatment facilities required pursuant to this Paragraph 20.3.4 shall be designed and installed to be as inconspicuous as practicable. The Government shall attempt to minimize any interference with the Grantee's quiet use and enjoyment of the Premises arising as the result of such wells and treatment facilities. The Government shall, subject to the availability of appropriations therefor, repair any damage caused by its exercise of the rights in this Paragraph.

20.4. Response or Remedial Actions. The Grantee agrees to comply with the provisions of any health or safety plan in effect under the IRP or any hazardous substance remediation or response agreement with environmental regulatory authorities during the course of any of the above described response or remedial actions. Any inspection, survey, investigation, or other response or remedial action will, to the extent practicable, be coordinated with representatives designated by the Grantee. The Grantee or its invitees shall have no claim arising from such entries against the Government or any of its officers, agents, employees, contractors, or subcontractors. In addition, the Grantee shall comply with all applicable Federal, state, and local occupational safety and health regulations.

20.5. Alterations and Environmental Cleanup. The Grantee further agrees that it shall deliver to the Government prior written notice accompanied by a detailed written description of all proposals for any Alterations (as defined in Condition 11) that may impede or impair any activities under the IRP, or the FFA if applicable, or are to be undertaken in certain areas of the Premises identified as "Areas of Special Notice" on Exhibit C to this License. These Areas of Special Notice consist of either "Operable Units" (as defined in the National Contingency Plan) or other areas of concern because of the potential for environmental contamination and include buffer areas as shown on Exhibit C. The notice and accompanying written description of such proposals shall be provided to the Government sixty (60) days in advance of the commencement of any such Alterations. In addition, Alterations shall not commence until Grantee has complied with the provisions of Condition 11. The detailed written description must include the effect such planned work may have on site soil and groundwater conditions and the cleanup efforts contemplated under the IRP and the FFA, if applicable. Notwithstanding the preceding three sentences, the Grantee shall be under no obligation to provide advance written notice of any Alterations that will be undertaken totally within any structure located on the Premises, provided that such work will not impede or impair any activities under the IRP or the FFA, if applicable. However, any work below the floor of any such structure within any Area of Special Notice that will involve excavating in and/or disturbing concrete flooring, soil and/or groundwater, or will impede or impair any activities under the IRP or the FFA, if applicable, will be subject to the sixty (60) day notice requirement imposed by this Condition 20.5.

21. ENVIRONMENTAL BASELINE SURVEY/ CONDITION OF PROPERTY

21.0. An Environmental Baseline Survey (EBS) or EBS waiver for the Premises dated April 2014, has been delivered to the Grantee and is attached as Exhibit D hereto. If provided, the EBS sets forth those environmental conditions and matters on and affecting the Premises on the Term Beginning Date as determined from the records and analyses reflected therein. The EBS is not, and shall not constitute, a representation or warranty on the part of the Government regarding the environmental or physical condition of the Premises, and the Government shall have no liability in connection with the accuracy or completeness thereof. In this regard the Grantee acknowledges and agrees that the Grantee has relied, and shall rely, entirely on its own investigation of the Premises in determining whether to enter into this License. A separate EBS for the Premises shall be prepared by the Government, after the expiration or earlier termination of this License ("Final EBS"). Such Final EBS shall document the environmental conditions and matters on and affecting the Premises on the Term Expiration Date as determined from the records and analyses reflected therein. The Final EBS will be used by the Government to determine whether the Grantee has fulfilled its obligations to maintain and restore the Premises under this License including, without limitation, Paragraphs 13 and 16.

GENERAL PROVISIONS

22. GENERAL PROVISIONS (AIR FORCE PROPERTY)

22.0. Any interference with the use of or damage to property under control of the Department of the Air Force, incident to the exercise of the rights and privileges herein granted shall be promptly corrected by Grantee to the satisfaction of said officer. If Grantee fails to promptly repair or replace any such property after being notified to do so by said officer, said officer may repair or replace such property and Grantee shall be liable for the costs of such repair or replacement.

23. SPECIAL PROVISIONS

23.0. RESERVED.

24. RIGHTS NOT IMPAIRED

24.1. Rights Not Impaired. Nothing contained in this License shall be construed to diminish, limit, or restrict any right, prerogative, or authority of the Government over the Premises relating to the security or mission of the Installation, the health, welfare, safety, or security of persons on the Installation, or the maintenance of good order and discipline on the Installation, as established in law, regulation, or military custom.

24.2. Installation Access. The Grantee acknowledges that it understands that the Installation is an operating military Installation that could remain closed to the public and accepts that the Grantee's operations may from time to time be restricted temporarily or

permanently due to the needs of national defense. Access on the Installation may also be restricted due to inclement weather and natural disasters. The Grantee further acknowledges that the Government strictly enforces Federal laws and Air Force regulations concerning controlled substances (drugs) and that personnel, vehicles, supplies, and equipment entering the Installation are subject to search and seizure under 18 U.S.C. § 1382. The Government will use reasonable diligence in permitting the Grantee access to the Premises at all times, subject to the provisions of this paragraph. Notwithstanding the foregoing, the Grantee agrees the Government will not be responsible for lost time or costs incurred due to interference, delays in entry, temporary loss of access, barring of individual employees from the base under Federal laws authorizing such actions, limitation, or withdrawal of an employee's on-base driving privileges, or any other security action that may cause employees to be late to, or unavailable at, their work stations, or delay arrival of parts and supplies. The Government retains the right to refuse access to the Premises by the Grantee Parties. The Grantee, its assignees, employees, and invitees fully agree to abide with all access restrictions imposed by the Government in the interest of national defense.

24.3. Permanent Removal and Barment. Notwithstanding anything contained in this License to the contrary, the Government has the right at all times to order the permanent removal and barment of anyone from the Installation, including but not limited to Grantee's officers, employees, contractors of any tier, agents, and invitees, if it believes, in its sole discretion, that the continued presence on the Installation of that person represents a threat to the security or mission of the Installation, poses a threat to the health, welfare, safety, or security of persons occupying the Installation, or compromises good order and/or discipline on the Installation.

24.4. No Diminishment of Rights. Except as provided in Paragraph 24.1, nothing in this License shall be construed to diminish, limit, or restrict any right of the Grantee under this License.

25. COMPLIANCE WITH APPLICABLE LAWS

25.0. Grantee shall comply with all applicable Federal, state, interstate, and local laws, regulations, and requirements. This may include the need for Grantee to obtain permits to engage in its activity. Grantor is not responsible for obtaining permits for Grantee nor for allowing Grantee to use permits obtained by Grantor.

26. AVAILABILITY OF FUNDS

26.0. The obligations of Grantor under this License shall be subject to the availability of appropriated funds. No appropriated funds are obligated by this License.

27. CONGRESSIONAL REPORTING

27.0. This License is not subject to 10 U.S.C. § 2662.

28.0. This License may only be modified or amended by the written agreement of the Parties, duly signed by their authorized representatives.

29. GENERAL INDEMNIFICATION

29.1. Grantor shall not be responsible for damage to property or injuries to persons which may arise from, or be attributable or incident to, the condition or state of repair of the Premises, due to its use and occupation by Grantee. Grantee agrees that it assumes all risks of loss or damage to property and injury or death to persons, whether to its officers, employees, contractors of any tier, agents, invitees, or others, by reason of or incident to Grantee's use of the Premises, and its activities conducted under this License. Grantee shall, at its expense, pay any settlements of or judgments on claims arising out of its use of the Premises.

29.2. Grantee shall indemnify and hold Grantor harmless against any and all judgments, expenses, taxes, liabilities, claims, and charges of whatever kind or nature that may arise as a result of the activities of Grantee under this License, whether tortious, contractual, or other, except to the extent such damage is the result of gross negligence or willful misconduct on the part of the Grantor.

30. ENTIRE AGREEMENT

30.0. It is expressly understood and agreed that this written instrument embodies the entire agreement between the Parties regarding the use of the Premises by the Grantee, and there are no understandings or agreements, verbal or otherwise, between the Parties except as expressly set forth herein.

31. CONDITION AND PARAGRAPH HEADINGS

31.0. The headings contained in this License, its Attachments, and Exhibits are to facilitate reference only and shall not in any way affect the construction or interpretation hereof.

32. STATUTORY AND REGULATORY REFERENCES

32.0. Any reference to a statute or regulation in this License shall be interpreted as being a reference to the statute or regulation as it has been or may be amended from time to time.

33. PRIOR AGREEMENTS

33.0. This License supersedes all prior agreements, if any, to the Grantee for the Premises, but does not terminate any obligations of the Grantee under such prior Licenses

that may by their terms survive the termination or expiration of those Licenses, except to the extent such obligations are inconsistent with this License.

34. EXHIBITS

34.0. Five exhibits are attached to and made a part of this License, as follows:

- Exhibit A MAP OF PREMISES
- Exhibit B DESCRIPTION OF PREMISES
- Exhibit C AREAS OF SPECIAL NOTICE
- Exhibit D ENVIRONMENTAL BASELINE SURVEY/ENVIRONMENTAL CONDITION OF THE PROPERTY
- Exhibit E ENVIRONMENTAL MANAGEMENT PLAN

License No. USAF-AFSPC-DBEH-15-2-0261

IN WITNESS whereof, I have hereunto set my hand by authority of the Secretary of the Air Force, this 25 day of 100 and 2015.

THE UNITED STATES OF AMERICA by the Secretary of the Air Force

BY

NINA M. ARMAGNO Brigadier General, USAF Commander

This License is also executed by Grantee this 2^{∞} day of 5 cly, 2015.

CAPE CANAVERAL LIGHTHOUSE FOUNDATION (CCLF)

O. ROBERT MERRILEES, RADM (RET) President, CCLF

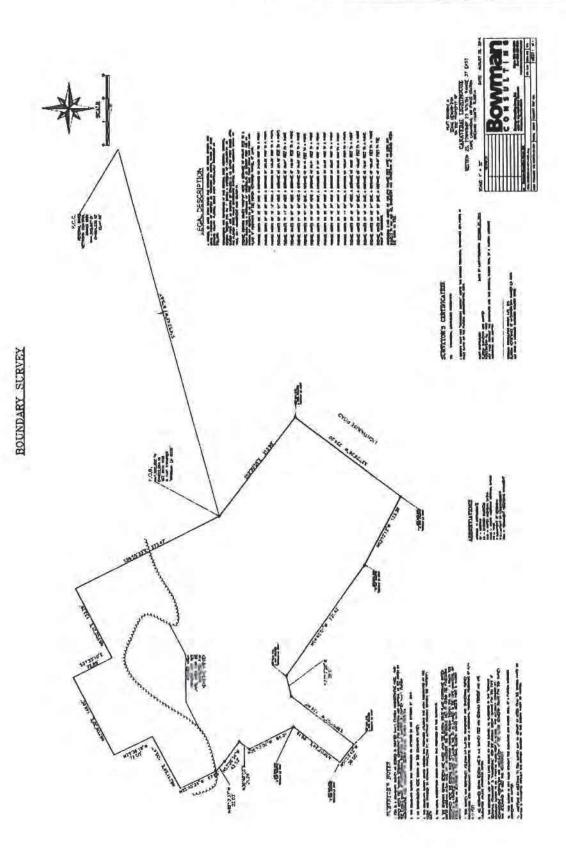


EXHIBIT A-MAP OF PREMISES



Lighthouse Area at Cape Canaveral Air Force Station

Form Approved By SAF/GCN: 20 January 2015 Previous Versions Obsolete



Form Approved By SAF/GUN: 20 January 2015 Previous Versions Obsolete

EXHIBIT B—DESCRIPTION OF PREMISES

Facility 7700, lighthouse, was built in 1868 of stone block and mortar walls and a built up roof. The structure is approximately 160 feet tall with a footprint of approximately 980 square feet. The structure has been evaluated as Individual National Register Eligible on 1 September 2006. The physical address of the lighthouse is 4001 Lighthouse Road, Cape Canaveral Air Force Station, FL 32925.

Facility 7701 (formerly known as 1355), oil house, was built in 1900 of brick walls and a shingle roof which was replaced with a metal roof. The structure contains approximately 225 square feet. The structure has been evaluated as Individual National Register Eligible on 1 April 2006. The physical address of the oil house is 4001A Lighthouse Road, Cape Canaveral Air Force Station, FL 32925.

The Premises contains approximately 5 acres of land comprised of generally flat topography of mowed grass. The area contains unpaved parking and a pathway of crushed white shells bordered by rocks.

Exhibit A contains a map and boundary survey of premises.

License No. USAF-AFSPC-DBEH-15-2-0261

EXHIBIT C—AREAS OF SPECIAL NOTICE



UNITED STATES AIR FORCE 45TH SPACE WING

Fact Sheet For: IN RTHOUSE AREA, FACILITY #**** WANT NO 100 INSTALLATION RESTORATION PROGRAM- SITE 5.44% CAPE CANAVERAL AIR FORCE STATION, FLORIDA



SOIL REMEDIATION COMPLETED - NO REMAINING SOIL CONCERNS, GROUNDWATER LONG TERM MONITORING AND CONTROLS UNDER WAY

Vin History: Vold Waste Menapement Und (SWMU) No. 200, the Lightboux Area, or located wort of Lightboux Road (or rate map below), south of its interviewent with Camera Road B in. Cape Cancerni Air Force Station (CCAFS). The Lightboux Area or located pottments of Hangar C. The current light-house was sequently communed as 1848 or a foreton. Earlier to the exit replicing an earlier structure that was deemed nor to provide idequate navigational assistance for was moved to its earlier location in 1892, when therefore earlier structure that was deemed nor choir to provide idequate accignment assistance for was moved to its earlier location in 1892, when therefore earlier structure that was deemed nor choir to provide idequate excignment and support structure on the ster in eddetions to the theighteous Waste CCAFS was created new structures were added for use to the military and some existing structures were adapted for industrial use. Today only the lightbouw struct sheal sheal sheal sheal

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The Laphdrones Area was originally included in SWMU No. 061. Investigations there primarily focused on the nearby Tacshones Area, but did include some accounter in the Vannary of the Laphbrone SWMU No. 061 was approved for No. Further Astron. in 1997. Based on the discovery of paint-inland contamination in the Laphbrone Area in 2006, past operations on the visualty wave reviewed in general deal. A number of parameter discovery of the set of the

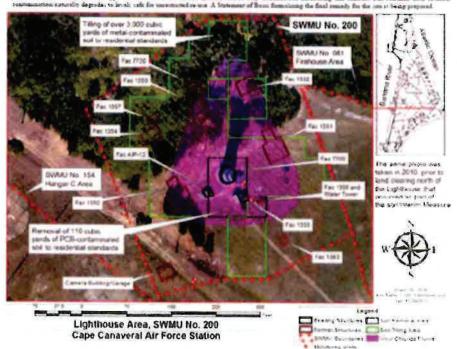
Excessions and Media and Contentionset: Green dwater Randoul indicated relevant, and metali wave detected in presidential or concentrations: slove segmenting values. The law levels and notified same of the determine did not warrant treatment. The decision was much to impropriate the well must the nearby monitoring program in Ranges C. Within the furty wave of monitoring, metali monitoring was almosted. One well continues to be monitored for low levels of theode ball. Each arcent. Excession and PCBs were detected at constantiations wavesdag providential cleanage levels. Concentrations: sloves and no-site tailing to

methysite load sevence and harrow contamination. FCB: are not restablis for tilling to a small must was wars and and disposed aff use

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Force: Action: Soil has been approved for Na Further Action (parentseted on use). Considerator in configuration security depode to in slit of, and for successfully use A furthermal of hum formulation als will be



For further information regarding this site please courses the 45% NW IRP Office at \$15,816,7011

Form Approved By SAF/GCN: 20 January 2015 Previous Versions Obsolete



License No. USAF-AFSPC-DBEH-15-2-0261

tar course for: 30.2 UNITED STATES AIR FORCE



45th SPACE WING Fact Sheet For: HANGARC AREA AND M BATATION TRANSFORMER AT



FACILITY "602, SWMU NO 184 INSTALLATION RESTORATION PROGRAM- SITE DP4"6 CAPI CANAVERAL AIR FORCE STATION, FLORIDA

MONITORED NATURAL ATTENUATION OF GROUNDW ATER ON Cursent Status: COINC, MAINTENANCE OF GROUNDWATER LAND USE CONTROLS

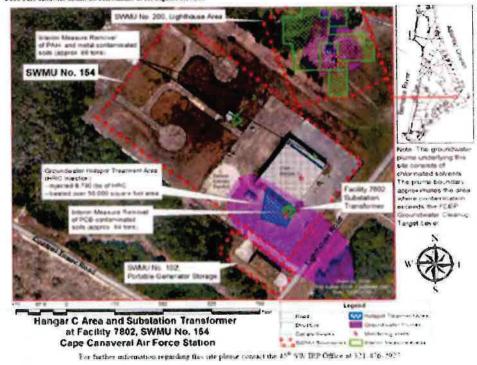
Same History, Social Write Management Carl (SWMC) No. 154 counts of the Rangel C Area, located in the samera generation of Cape Construent Are Perce instance (CCAP5) Industrial Area wood of Lighthouse Road and north of Control Tower Road time use may below) Hanges C was constructed in 1913 and is one of the older kangas, on the installance. Over the years of kat housed a years of function, including accessible of manufer under the Vangasid program and reflectuations of manufer for the Au Force Space and Manufe Measure. This SWHU was originally identified during the installation wole Pol-vekloreported Bighened (PCR) Transformer Preliminary Assessment (PA), which was undertaken to exclusive annumber electronal superment that horizontal ty contained PCB dialectric final may have released PCB; to the anymouster. The cubritation transformer (Facility 'S12) located of the contents of the langue transformer (Facility 'S12) located of the content of the langue transformer (Facility 'S12) located of the vortient of the langue transformer (Facility 'S12) located of the vortient of the langue transformer (Facility 'S12) located of the vortient of the langue transformer (Facility 'S12) located of the vortient of the langue transformer (Facility 'S12) located of the vortient of the langue transformer of the langue transformer (Facility 'S12) located of the vortient of the langue transformer of the languet transformer of transformer of the languet transformer of th previously investigated at was decided to expand the boundaries of the SWIC and include the entries zero in the expanded in in inset

Environmental Media and Contemtantica Generalization: Deblocations (DC2) and varial chloride (VC) new descend in the promitivities of concentrations that marianed is promitivities treatment action.

Soil: PCB:, polymerican memorie by describent (PAHs), and match contamination in encours of regulatory roundards was identified in the soil: Two Instrum Massions (IM) were preferring to recove the contaminated roll down to residential standards Surface Water Sodiments No tenfore water bodies are located at or near the true.

Corrective Action Summary: In accordance with the U.S. Environmental Protection Apancy - Environment environmental Receivers Act (RCEA) -Prelaminary Accounter (PA) intended Facility '902 at a location that Insteincally utilized electrical apaptment contraining PCB dedictive: fluid lineal Configuratory Sampling (CS) was completed in the record stage of the PA in 2001. The PA/CS Report identified PCB contrainment levels in the resol that ecreded regulatory standards. Due to the levels of PCBs that were present in oil, an Extended CS was planned to dedineste the indicator method in the resolution is classify provide the source that marks had not included into the relevantice. At that must was decided to further expand the accounter to include the Hingus C area as a table. Bidger C had not provide been accounted by the ERP and must of the installation are known to to include the Hyapit C area is a whole Halpit C had not percends been account by the RDP and match if the integration in the intrinsident we known the have supported operators that unlared hanneless and tenar substances or produced watter. Therefore, the SWMC boundaries, were expanded and the Extended C5 included groundwatter and and inapping from throughout the Hangar C area. In 2003, an Bd was, remducing an order to remove the PCE-contention and and the area rescending the transformer Serie four (64) term of contaminated unit, were removed and transported for off-are despiral Constrained with the C5 in 2004 a second Bd was conduced in order to remove PAR and metal-contention and that were informable on the size doming the C5. Series-one (66) ten of contaminated only were removed and transported for off-are dispiral. The C5 michaeld with a recommen-dation of No Tarthas Acron (NTA) for (n) or Hangar C No PCBs were detected in promisered for df are dispiral. The C5 michaeld with rescatoring the size of No Tarthas Acron (NTA) for (n) or Hangar C No PCBs were detected in promisered for df are implicit in the measure PAR in the size of No the Si Since of the transmission second the first standard for allow mentered natural standards in the definition of the transmission wave and an end of the standard data and the mentered natural standards are a possible on transmission of the characteristic second natural standards are as a possible of the transmission of the characteristic second natural standards are as a possible of the standard data and a standard data are as a standard data are as a standard data are as a possible of the standard data are as a possible of the standard data are as a standard data are as a possible of the standard data are as a possible of the standard data are as a standard da yrepared documenting this recommendation

Intere Actions: 1M activities concluded with a recommendation for Na Further Action on ord at Hanges C. Measureed Matural Attauantion is on group to text and action for contained autoral dependation of two-based groundwate containmation. Lond Use Controls (LUK c) will also be maintained until resolution communities in within regulatory stradionic Act of approximately 2009 low-devel used thirde containmation in the nearby Lighthouse Acts (SWM): C 200) has been combined into the Hanges C measureing program. This was appropriate for terms location, including the presents of the resonance of the terms of the strategies of the term of the terms of the terms of the terms of the term of terms of the term of terms of terms of the term of terms of the term of term of terms of the term of the term of terms of the term of terms of terms of the term of terms of terms



Form Approved By SAF/GCN: 20 January 2015 Previous Versions Obsolete

EXHIBIT D—ENVIRONMENTAL BASELINE SURVEY/ENVIRONMENTAL CONDITION OF THE PREMISES

PHASE I ENVIRONMENTAL BASELINE SURVEY LIGHTHOUSE, OILHOUSE AND PROERTY CAPE CANAVERAL AIR FORCE STATION BREVARD COUNTY, FLORIDA

PREPARED FOR:

Cape Canaveral Lighthouse Foundation P.O. Box 1978 Cape Canaveral, Florida 32920

And

45th Space Wing, CCAFS Florida

PREPARED BY:

Gator Engineering & Aquiler Restoration, Inc.



April, 2014

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8.0 CERTIFICATIONS

8.1 CERTIFICATIONS BY ENVIRONMENTAL PROFESSIONALS

This Phase I Environmental Baseline Survey was prepared for the proposed license to the Foundation the CCAFS lighthouse facility and surrounding land area. We declare that, to the best of our professional knowledge and belief, we meet the definition of Environmental Professional as defined in 40 C F R 312.10. We have the specific qualifications based on education, training, and expenses to assess a property of the nature history and setting of the subject property. We have developed and performed all of the appropriate inquiries in conformance with the standards and practices set forth in 40 C F R 912.12

Certified by

Date May Carry

John Kaiser PMP Environmental Manager Gator Engineering & Aquifer Restoration

Approved by

Date: 5/8/14

A. James Kelly PE Engineering Manager Gator Engineering & Aquifer Restoration

Phase (Environmental Basenne Survey Lighthouse Facility, April 2014

39

Form Approved By SAF/GCN: 20 January 2015 Previous Versions Obsolete

8.2 CERTIFICATION OF THE ENVIRONMENTAL BASELINE SURVEY

Galor Engineering & Aquiter Restoration, Inc. (GEAR) has conducted this Environmental Baseline Survey on behalf of the CCAFS Lighthouse Foundation GEAR has reviewed all appropriate records made available, and conducted visual inspections of the selected facilities following an analysis of information during the record search. The information contained within the survey report is based on records made available and to the best of the Preparer's knowledge is correct and current as of April 10, 2014.

Certified by

Date:

Date + In 14

Jim Kelly P E Project Engineer Gator Engineering & Aquiler Restoration

Approved by

Patrick S. Giniewski, Chiel Installation Management Flight USAF 45 SW

Phase I Commissed al Basesne, Survey Commune Lanky, April 2014

71

8.3 CERTIFICATION OF PCB CLEARANCE

A record search and on-site inspection indicate that this property does not now contain PCB equipment or material, but had been exposed in the past to paint containing PCBs. However those records indicate the paint, and any paint chips and /or dust containing PCBs has been removed from the property.

Certified by, Am Kelly PE

Date:

Project Engineer Galor Engineering & Aquiler Restoration

Approved by

Patrick S. Ginewski, Chief Installation Management Flight USAF, 45 SW

In w Date

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Phase | Linvronmental Baseline Survey Lightnesse Facility, April 2014

EXHIBIT E-ENVIRONMENTAL MANAGEMENT PLAN

The purpose of this exhibit is to identify special environmental considerations for the use of the Cape Canaveral Air Station Lighthouse (Facility 7700), Oil House (Facility 7701), and associated brick sidewalk(s) by the Cape Canaveral Lighthouse Foundation (CCLF). The facilities and associated infrastructure are all considered Individual National Register Eligible and as such require special consideration for use and/or general maintenance. Any questions or clarifications should be directed to the 45 SW Cultural Resource Office at (321) 853-0886.

The following actions are authorized without prior approval from the 45 SW Cultural Resource Office:

- Maintenance of existing grounds and landscaping
- Pruning of shrubbery and trees to allow light to reach walls and prevent undue dampness and mildew
- Routine cleaning of gutters and downspouts
- · Cleaning walls, floors and ceilings with water and natural bristle brushes
- Repair of parking areas and roads in existing locations with materials and finishes that match existing materials and finishes
- Reglazing and caulking broken window panes to match original
- Replacement or repair of existing window screening to match existing
- Replacement or repair of existing door screening to match existing

The following actions are NOT authorized without prior approval from the 45 SW Cultural Resource Office:

- Painting of the structure (interior and exterior)
- Altering brick walls, flooring, cabinets, wooden walls, doors, windows, etc (this
 includes hanging or attaching ANYTHING to the walls)
- Allowing anyone, unless authorized, to go above level 5 in the lighthouse
- Altering lighting inside lighthouse
- Driving, parking or walking on the prehistoric archaeological component
- Digging of any kind anywhere on the site
- Altering the exterior of the lighthouse or oil house
- Altering the interior of the lighthouse or oil house
- Use of ANY cleaning fluids of ANY kind (exception: window cleaner on new window panes)
- Storing hazardous materials of any kind

MEMORANDUM OF AGREEMENT BETWEEN THE 45TH SPACE WING AND THE CAPE CANAVERAL LIGHTHOUSE FOUNDATION, INC. FOR LOCAL ID AGREEMENT NUMBER 15A-2-15 OR AFI 25-201 AGREEMENT NUMBER FB2520-19XXX-515

This is a Memorandum of Agreement (MOA) between the 45th Space Wing, (45 SW) and the Cape Canaveral Lighthouse Foundation, Inc., (CCLF). When referred to, the 45 SW and CCLF are referred to as Supplier and Receiver, respectively.

1. BACKGROUND: The Cape Canaveral Lighthouse (herein after referred to simply as "the Lighthouse") is owned and maintained by the 45 SW. The United States Coast Guard operates the lighthouse beacon as a navigational aid. The 45 SW collects, preserves, restores, interprets, and exhibits the Lighthouse and items that relate to the heritage of the Lighthouse mission. In addition, the 45 SW serves as a medium to inform and educate the public on the important historical significance of the Lighthouse to the Florida Space Coast, the State of Florida and the United States.

2. PURPOSE: The 45 SW Commander is responsible for the overall operation of the Lighthouse. The 45 SW Commander exercises this authority through the 45th Mission Support Group Commander and the 45th Mission Support Group/Detachment1, Commander. The CCLF is responsible to the 45 SW Commander for Foundation activities. The CCLF will coordinate activities that may affect the USAF with the 45 SW's designated representative. The CCLF is a philanthropic organization whose purpose is to assist in the development and operation of the Lighthouse and other historic sites as they relate to the Lighthouse and to support the 45 SW to preserve this historical landmark. The CCLF may raise funds and provide financial support to maintain the operation of the Lighthouse and other related historic sites as they relate to the Lighthouse. They also Receive and administer gifts from persons, organizations, corporations, foundations and philanthropies for the best interest of the Lighthouse and the 45 SW.

3. RESPONSIBILITIES OF THE PARTIES:

3.1. The Supplier Will:

3.1.1. Provide funding for the following operations and maintenance expenses of the Lighthouse to the extent funds are available and such funding is consistent with other priorities:

3.1.1.1. Utilities

3.1.1.2. Security and fire protection

3.1.1.3. Routine maintenance and repair of the facilities and USAF-owned Exhibits, (mostly pictures) as permitted by mission priorities.

3.1.1.4. Other expenditures as permitted by public law, Department of Defense and USAF guidance, policy, directives, regulations and instructions.

3.1.2. In accordance with reference 2.1. above, authorize and approve the operation of a CCLF gift shop.

3.1.3. Provide, via 45th Mission Support Group/Detachment 1, periodic and timely information about the Lighthouse's current and future operations, including any formal planning or budget documents.

3.2. The Receiver will:

3.2.1. Conduct operation in accordance with AFI 34-223, *Private Organizations Programs* in compliance with other relevant law or regulations.

3.2.2. Operate/manage the gift shop.

3.2.3. To the extent Foundation funds are available, and subject to approval by Foundation Board of Directors, provide funding for:

3.2.3.1. Lighthouse capital improvements (the terms of CCLF support and involvement for each improvement will be contained in a separate MOA).

3.2.3.2. Minor construction that cannot be funded through USAF sources.

3.2.3.3. Volunteer programs, Lighthouse-unique supplies, items to be sold in the gift shop and exhibit restoration that cannot be funded through USAF sources.

3.2.4. Promote the Lighthouse through advertisements brochures or other means as funding is available.

3.2.5. Coordinate and obtain approval from the 45 SW Commander or designee before:

3.2.5.1. Applying for grants or soliciting gifts for amounts greater than \$5,000.

3.2.5.2. Entering into any contracts or other agreements for the purpose of providing a source of revenue to support the Lighthouse.

3.2.5.3. Taking any action that will obligate the Lighthouse or the 45 SW Commander to either current or future actions or financial burdens.

3.2.6. The CCLF will conduct its activities in accordance with this MOA and will refrain from doing anything that could reflect poorly on the USAF, the 45 SW or the Lighthouse.

3.2.7. The CCLF will obtain liability insurance, unless waived, in accordance with API 34-223.

4. PERSONNEL: Supplier and Receiver are responsible for all costs of its personnel, including pay and benefits, support, and travel. Supplier and Receiver are responsible for supervision and management of its personnel.

5. GENERAL PROVISIONS:

5.1. POINTS OF CONTACT: The following points of contact (POC) will be used by the Parties to communicate in the implementation of this MOA. The Supplier and Receiver may change its point of contact upon reasonable notice to the other.

5.1.1. For the Supplier

5.1.1.1. Support Agreement Manager (321) 494-4338.

5.2.1. For the Receiver

5.2.1. Primary POC: President (321) 750-7227

5.2.2. Alternate POC: VPresident (321) 795-6006

5.2. CORRESPONDENCE: All correspondence to be sent and notices to be given pursuant to this MOA will be addressed, if to Supplier, to

5.2.1. 970 South Patrick Drive Building 820, Patrick AFB FL 32925

and, if to the Receiver, to

5.2.2. P.O. Box 1978, Cape Canaveral FL 32920

5.3. REVIEW OF AGREEMENT: This MOA will be reviewed annually on or around the anniversary of its effective date for financial impacts and triennially in its entirety. It shall also be reviewed whenever changing conditions or circumstances may require changes or development of a new agreement. Changes may be made at any time by mutual agreement. Changes shall be noted and initialed on the existing document or set forth in a signed memorandum that shall be attached to the existing agreement.

5.4 MODIFICATION OF AGREEMENT: This MOA may only be modified by the written agreement of the Supplier or Receiver, duly signed by their authorized representatives.

5.5 DISPUTES: Any disputes relating to this MOA will, subject to any applicable law, Executive Order, Directive, or Instruction, be resolved by consultation between the Supplier and the Receiver, or in accordance with DoDI 4000.19.

5.6. TERMINATION OF AGREEMENT: This MOA may be terminated by either the Supplier or Receiver by giving at least 180 days written notice to the other. The MOA may also be terminated at any time upon the mutual written consent of the Supplier and Receiver.

5.7. TRANSFERABILITY: This Agreement is not transferable except with the written consent of the Supplier and Receiver.

5.8. ENTIRE AGREEMENT: It is expressly understood and agreed that this MOA embodies the entire agreement between the Supplier and Receiver regarding the MOA's subject matter.

5.9. EFFECTIVE DATE: This MOA takes effect beginning on the day after the Supplier signs.

5.10. EXPIRATION DATE: Upon signature by the Supplier Approving Authority as the final signatory to the support agreement, an expiration date will be added to this support agreement. This expiration date will be a date certain that is eight years and 364 days from the approval date. This Agreement expires on

AGREED:

For the Supplier

DOUGLAS A. SCHIESS Brigadier General, USAF Commander, 45th Space Wing

<u>1 Oct 2019</u> (Date) For the Receiver

JAMES W. UNDERWOOD Rear Admiral, USCG (Ret) President, CCLF

8/23/2019 (Date)

Statement of Financial Position As of June 30, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Building Fund Money Market Account	152,968.11
Corporate Contributions	-78.84
DO NOT USE, DUPLICATE, PNC- Gift Shop	0.00
JON Account	2,903.27
Outfitting Certificate of Deposit	71,375.47
PayPal	1,073.22
Petty Cash	100.00
PNC Gift Shop	50,380.89
PNC-Building Fund	0.00
PNC-Operating 2595	84,565.79
Reserve Account / Keeper's Clos	0.00
Total Bank Accounts	\$363,287.91
Accounts Receivable	
Accounts Receivable	0.00
Total Accounts Receivable	\$0.00
Other Current Assets	
Grant Receivable	0.00
In Kind Donations	568.57
Inventory Asset	19,623.52
Undeposited Funds	0.00
Total Other Current Assets	\$20,192.09
Total Current Assets	\$383,480.00
Fixed Assets	
Accumulataed Depreciation	-79,705.00
Furniture	6,750.00
Inventory	0.00
Land Improvements	22,850.00
Museum Building	847,140.66
Website	3,800.00
Total Fixed Assets	\$800,835.66
Other Assets	
Keepers' Cottages Construction	0.00
Security Deposit	250.00
Total Other Assets	\$250.00
TOTAL ASSETS	\$1,184,565.66

Statement of Financial Position As of June 30, 2024

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
PNC Credit Card	0.00
Total Credit Cards	\$0.00
Other Current Liabilities	
Grant Reserve	0.00
Sod/Walkway	0.00
Trailer/Funds/Donations	0.00
Total Other Current Liabilities	\$0.00
Total Current Liabilities	\$0.00
Total Liabilities	\$0.00
Equity	
Opening Balance Equity	0.00
Temp Res Net Assets Sod	0.00
Temp Res Net Assets Trailer	0.00
Temporary Restricted Net Assets	0.00
Unrestricted Net Assets	1,169,911.19
Net Revenue	14,654.47
Total Equity	\$1,184,565.66
TOTAL LIABILITIES AND EQUITY	\$1,184,565.66



Premium Business Money Market

PNC Bank		,		-			A CONTRACTOR OF A DATA
	For the Period 05/	/01/2024 to 05/	/31/2024	Pa	imary Account Number: age 1 of 1 umber of enclosures: 0		
	CAPE CANAVER		ISE	1		on to	
CAPE CANAVERAL LIGHTHOUSE SAVINGS ACCOUNT					PNC Bank Online Bankir		
2420 SYKES CREEK DR MERRITT IS FL 32953-2908					FREE Online Bill Pay		
					For customer service call PNC accepts Telecommu calls.		e (TRS)
					Para servicio en espanol	, 1-877-BUS-BNKG	
Building Fu	und Proof			М	oving? Please contact you	r local branch	
				-	Write to: Customer Serv		
					PO Box 609		
				c	Pittsburgh, PA 15230-97		
					Visit us at PNC.com/sma	libusiness	
Premium Busines	s Money Mar	ket Summ	nary			anaveral Lighthouse Account	
Balance Summar							
		eginning balance	Deposit other add		Checks and other deductions	Ending balance	
	151,	488.14		4.26	.00	151,992.40	
					Average ledger	Average collected	
					balance 151,504.40	balance 151,504.40	
nterest Summary						- ,	
nterest Summary	Annual Perce		Number of da		Average collected balance for APYE	Interest paid	Interest paid
	Yield Earned (APYE) 4.00	interest pe	eriod 31	balance for APYE 151,504.40	this period 504.26	year-to-date 1,992.40
Deposits and Other A	dditions	1.00		1	ecks and Other Dedu		1,002.10
		ems	Amount			Items	Amount
Other Additions		1	504.26				
otal		1	504.26	Tot	al	0	.00
aily Balance							
ate	Ledger balance	Date			edger balance		
5/01	151,488.14	05/31			151,992.40		
Activity Detail Deposits and Other A	dditions						
Other Additions							
ate osted	Amount	Transaction description					Reference number
5/31	504.26	Interest P	ayment			I-GEN124	053100094799
etail of Services Us	ed During Curre						
lote: The total charge for ne item entitled Service C	the following servic harge Period Endin	es will be post g 05/31/2024.	ed to your acc	ount o	on 06/03/2024 and will appe	ar on your next statem	ent as a single
escription			Volur	ne	Amount		
Account Maintenance C	harge				.00	Requirements N	Vlet
otal For Services Used	1 This Period				.00		
Total Carvian Charge					00		

Total Service Charge



.00

6/12/24, 6:45 PM

PNC Bank Online Banking

Outfitting Fund	Proof - \$50,000) approved to m	ove to	Building Fund	Privacy Last Sign On: Tue		Sign Off 24 at 4:07 p.m. er Profile
My Accounts Summary Accourt	Transfer Funds at Activity	Pay Bills Al	erts	Business Tools	Customer Service	My Of	ffers
Account Activity							
Certificate Of Dep	osit	Balance: \$71,094.62					
Summary						Edit Accour	nt Nickname
Account Address			CD Inf	formation			
2420 SYKES CREEK DR		Edit	Maturit	ty Date:			09/26/2024
MERRITT ISLAND , FL 329	53 - 2908		Interes	t Rate:			4.66 %
			Curren	t Balance:			\$71,094.62
			Term:				8 MONTHS
			Issue [Date:			01/26/2024
Account Summary							
Interest Paid	Latest	Interest		Interest Information			

Interest Paid		Latest Interest		Interest Information		
Last Year	to Date	Paid Date	Paid Amount	Interest Frequency	Interest Method	
\$0.00	\$1,094.62	05/26/2024	\$270.76	monthly from issue	Credit CD	

Online Banking & Bill Pay Guarantee | Service Agreement | Privacy Policy | Online Security © Copyright 2024. The PNC Financial Services Group, Inc. All Rights Reserved. Need Help? View our Contact Numbers and Hours of Operation

https://www.onlinebanking.pnc.com/alservlet/PNCOnlineBankingServletLogin

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Statement of Activity

January - December 2023

	TOTAL
Revenue	
Brick Campaign Income	
Brick Sales	3,808.56
Total Brick Campaign Income	3,808.56
Direct Public Support	2,938.00
Board Members Support	57.49
Corporate Contributions	3,102.94
Donations Boxes	1,607.83
In Kind Income	568.57
Individ, Business Contributions	3,052.92
Total Direct Public Support	11,327.75
Fundraising Income	3,230.00
Fresnel Lense	3,755.51
Marathon	3,328.62
Parade of Homes	752.50
Raffle Tickets	14,600.00
Total Fundraising Income	25,666.63
Gift Shop Income (K Closet)	
Donations to Keeper's Closet	27.71
Sales at Keeper's Closet	38,246.65
Total Gift Shop Income (K Closet)	38,274.36
Membership Income/Dues	24,761.23
Museum Income	
Museum Grants	22,850.00
Total Museum Income	22,850.00
Services	-300.00
Sponsorship	24,250.00
Uncategorized Income	2,310.00
Total Revenue	\$152,948.53
GROSS PROFIT	\$152,948.53
Expenditures	÷••=,•••••
Brick Campaign Expenses	
Brick Campaign Bank Fees	44.04
Misc Brick Walkway Expenses	2,078.43
PayPal Fees for Bricks	20.28
Total Brick Campaign Expenses	2,142.75
Contract Services	2,112.70
Accounting Fees	3,933.00
Total Contract Services	3,933.00
Decendants Day	560.81

Statement of Activity

January - December 2023

	TOTAL
Fundraising Expense	520.83
Fresnel Lense	368.25
Marathon	1,111.25
Total Fundraising Expense	2,000.33
Gift Shop Expenses	756.05
Bank Fees	25.00
Inventory Purchases	17,658.20
Sales Tax	3,198.47
Square Fees	52.65
Supplies	398.51
Total Gift Shop Expenses	22,088.88
JON Acct Expenses (labor, etc.)	-20.93
Membership Expenses	2,531.30
PayPal fees for Memberships	239.63
Total Membership Expenses	2,770.93
Museum	3,629.42
Museum Expenses (K Cottage)	3,782.09
Museum Exp-Prof Fees(K Cottage)	17,750.00
Total Museum Expenses (K Cottage)	21,532.09
Operating Expenses	383.11
Brochures	719.97
Business Registration Fees	178.00
Dues and Subscriptions	307.00
Insurance	6,484.04
IT Related	1,482.26
Lighthouse Supplies	3,589.52
Office Supplies	86.60
Operating Account Bank Fees	5.00
PayPal Fee Sponsorship	3.48
Postage	429.75
Printing and Supplies	75.00
Rent Expense	982.56
Repairs and Maintenance	4,569.82 19,296.11
Total Operating Expenses	19,290.11
Other Types of Expenses	005.00
Memberships and Dues Total Other Types of Expenses	385.00 385.00
	365.00
Promotional Events	656.75
Advertising Total Promotional Events	656.75
Uncategorized Expense	227.78

Statement of Activity

January - December 2023

	TOTAL
Volunteer Expense	
Volunteer Badges	8.50
Volunteer Lunch Expenses	1,315.00
Volunteer Polo Shirts	871.00
Total Volunteer Expense	2,194.50
Total Expenditures	\$81,397.42
NET OPERATING REVENUE	\$71,551.11
Other Expenditures	
Reconciliation Discrepancies-1	135.00
Total Other Expenditures	\$135.00
NET OTHER REVENUE	\$ -135.00
NET REVENUE	\$71,416.11

CCLF Phase 2 Projected Revenue and Expenses notes

This information is provided to facilitate understanding of the projected revenue and expenses following project completion

While the TDO provided an out-of-county attendance estimate of 6001 for 2022, Downs and St. Germain estimated 9,500 out-of-county attendees in 2023, which is in line with the increase in tourism we saw in 2023 over 2022. The report also states that 52% of our visitors were out-of-county, with 48% in-county. That yields 8,769 in-county visitors, for a total of 18,269 visitors in 2023, our baseline year.

CCLF's fiscal year is January through December. The baseline financial information is from the last completed year -2023. The Projected Income and Expenses worksheet is for January through December 2026, following project completion in December 2025.

ation - Attachment #1
aseline
Annual Operating Income in Dollars
(Estimate of Income)
\$3,809
\$24,761
\$38,274
\$11,328
\$24,250
\$25,667
\$22,850
\$2,000
\$0
\$152,939
Annual Operating Expense in Dollars
(Estimate of Expenses)
\$2,143
\$2,771
\$22,089
\$2,000
\$24,248
\$6,465
\$21,683
\$0
\$81,399
\$71,540

The ROI study projects 15% growth in attendance the first year after opening the new cottages (2026) and 5% per year thereafter. We carried that 15% growth throughout all revenue and expense items directly impacted by increased attendance for the Projected Revenue and Expenses for 2026. Although the report also estimated a 5% increase each year in 2024 and 2025, prior to project completion, we chose to base the 2026 numbers directly on the 2023 numbers rather than anticipate any growth in the two intervening years. Therefore our income and expenses directly related to attendance are likely more conservative than will actually occur, but they are in proportion to each other.

Captured below is information that may be useful in understanding CCLF financial operations and the Projected Revenue and Expenses submitted with this application.

- 1. CCLF is not permitted to charge admission fees and does not receive any income from the commercial tour providers.
- 2. Expected impact on revenue with two new cottages:
 - a. We only held one major fundraiser in 2023, but with 2024 going forward, we will do two, with expected income on each to average \$20K in 2024. With the increased visibility of the lighthouse with the new cottages, we expect a 15% increase in revenue from each fundraiser in 2026. Our fundraisers are specifically chosen for very low expenses and high return. This year, we are doing our 2nd Annual Christmas in July Party and Raffle, and our 4th fundraiser at the American Muscle Car Museum in November. Having done each of these before provides confidence in our estimates for the revenue expected.
 - b. With the new cottages and related marketing, we expect a 15% increase in attendance with the resulting increase in revenue for those items that increase when attendance increases, including brick sales, membership, and gift shop sales.
 - c. With increased visibility and attendance, we expect a 15% increase in sponsorships and donations.
 - d. We will decrease the amount expected in grants, focusing on grants from other sources, like the Florida Lighthouse Association and the Daughters of the American Revolution.
- 3. Expected impact on expenses with two new cottages:
 - a. Fundraising expenses will increase 100% over 2023 due to two fundraisers instead of one but should remain minimal.
 - b. Brick, Membership and Gift Shop expenses will increase by 15% to keep pace with the expected 15% increase on the related revenue side.
 - c. Operating Expenses:
 - i. Maintenance expenses will increase ~65%. Some maintenance costs are now incurred with the lighthouse and oil house, in addition to the museum and restrooms. Therefore, adding two cottages will not completely double the amount spent. In addition, there are several items included under Maintenance that are not driven by the number of buildings maintained.
 - ii. Museum expenses will increase to complete any remaining interpretive signage, though most exhibits and signage are scheduled to be ready by project completion in December 2025, using separate funds.
 - iii. Cleaning fees will increase ~10%. Currently, 90% of their work is cleaning the public restrooms and the staff restroom. They do not clean the lighthouse and only sweep the downstairs of the museum and gift shop. There will be no restroom facilities added with the new cottages, so anticipate only sweeping the floors in the new buildings. We currently pay them \$144/week. All other cleaning is done by volunteers, now and in the future.

- d. Property Insurance is currently listed in the financial statements under Operating Expenses. Property insurance will significantly increase with the addition of the two cottages. Current property insurance covers the museum/gift shop cottage and the restrooms building and is \$2,999 per year. We Estimate an additional \$4,000 to cover the new cottages. Liability, D&O and Fresnel lens insurance will remain relatively the same as current.
- e. Professional Services includes accounting fees and Museum Director fees. The Museum Director is paid as a contractor through LightShift Associates, LLC, rather than as CCLF staff. All other positions are filled by volunteers and expected to remain that way through 2026, with the exception of professional cleaning services under maintenance.
 - i. The Museum Director fee went from \$18,000 in 2023 to \$33,000 in 2024 but is projected to remain at that level through 2026.
 - ii. Accounting fees are anticipated to remain the same as 2023. Those costs included one-time tasks that will not recur, offsetting the increase in effort with two additional cottages.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2024 87

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject to	an AD the t	DDITI	ONAL INSURED, the polic and conditions of the po	licy, ce	rtain policies				
this certificate does not confer rights to	the c	ertifi	cate holder in lieu of such	CONTAC	()				
PRODUCER				NAME:	OKyeren		FAM		
Herbie Wiles Insurance				PHONE (A/C, No	o, Ext): (904) 8	29-2201	FAX (A/C, No):	(904) 8	329-2020
400 N Ponce de Leon Blvd				E-MAIL ADDRES	ss: sperrotto	@herbiewiles.c	om		
St. Augustine			FL 32084	INSURE	COLITIUO S	. ,	RDING COVERAGE		NAIC # 10190
INSURED					ODEAT	AMERICAN IN	SURANCE COMPANY		16691
Cape Canaveral Lighthouse For	Indati	on Inc	corporated	INSURE	кb.				
	inuali		orporated	INSURE	RC:				
PO Box 1978				INSURE	RD:				
				INSURE	RE:				
Cape Canaveral			FL 32920-1978	INSURE	RF:				
COVERAGES CER	TIFIC	ATE	NUMBER: 24-25 Liab				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT, EXCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TH DLICIE	INT, TE HE INS S. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHEF ES DESCRIBE ED BY PAID CI	R DOCUMENT \ D HEREIN IS S _AIMS.	WITH RESPECT TO WHICH T	THIS	
INSR LTR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
							EACH OCCURRENCE	\$ 1,00	0,000
CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
							MED EXP (Any one person)	\$ 5,00	0
A			78621358		05/01/2024	05/01/2025	PERSONAL & ADV INJURY	<u> </u>	0,000
								↓ <u>0</u> 00	0,000
							GENERAL AGGREGATE	\$ 2,00 \$ 2,00	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	<u> </u>	
OTHER:							Hired/Non-Owned Auto	\$ 1,00	0,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO							BODILY INJURY (Per person)	\$	
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION							PER OTH- STATUTE ER		
AND EMPLOYERS LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under									
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	00,000
B Directors and Officers			EPP4028987		06/27/2023	06/27/2024	Deductible	\$1,0	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
CERTIFICATE HOLDER				CANC	ELLATION				
Should any of the above described policies be cancelled before For Information Only									
				AUTHO	RIZED REPRESE	ntative Sylphiette) —		

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A	CC	DR	D
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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

88

			06/24/2024				
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFI COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF IN ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, A	RMATIVELY OR NEGAT	IVELY AMEND, EXTEN CONSTITUTE A CONT	D OR ALTER THE				
AGENCY PHONE (904) 829-2201	COMPANY						
Herbie Wiles Insurance	1						
400 N Ponce de Leon Blvd	SCOTTSDALE INSURA	NCE COMPANY					
	4725 Piedmont Row Driv						
St. Augustine FL 32084							
FAX (004) 820 2020 E-MAIL sporrotto@harbiowiles.com	Charlotte		NC 28210				
(A/C, No): (504) 029-2020 ADDRESS: Spenoticularitie blewies.com	-						
AGENCY CUSTOMER ID #: 00022116	-						
CUSTOMER ID #: 00012000 INSURED	LOAN NUMBER	F	POLICY NUMBER				
Cape Canaveral Lighthouse Foundation Incorporated			CPS7894629				
PO Box 1978	EFFECTIVE DATE	EXPIRATION DATE					
	11/08/2023	11/08/2024	CONTINUED UNTIL TERMINATED IF CHECKED				
Cape Canaveral FL 32920-1978	THIS REPLACES PRIOR EVID						
PROPERTY INFORMATION	<u> </u>						
180 W. Skid Strip Road ,							
CAPE CANAVERA			FL 32920				
Loc# 00001/Bldg# 00001 See Overflow			32020				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE							
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CO							
EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH PE							
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SPECIA						
COVERAGE / PERILS / FORMS Building, Replacement Cost, Special form		300,000	IT OF INSURANCE DEDUCTIBLE 0 1.000				
Business Personal Property, Replacement Cost, Special form		30,000	1,000				
Wind/Hail Excluded		50,000	1,000				
REMARKS (Including Special Conditions)							
CANCELLATION							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF	ORE THE EXPIRATION	DATE THEREOF. NOT	ICE WILL BE				
DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
ADDITIONAL INTEREST							
NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PAYAB	BLE LOSS PAYEE				
	MORTGAGEE						
	LOAN #						
For Information Only							
	AUTHORIZED REPRESENTATI	VE					
		permitte					
ACORD 27 (2016/03)	<u>A</u>	993-2015 ACOPD COP	PORATION. All rights reserved.				
The ACORD 27 (2016/03)			. Station. All lights leserved.				
The ACORD name and logo a	re registered marks of A						

ADDITIONAL COVERAGES

Ref # 1	Description 00002, 180 W. Skid Strip Road ,, Building, 200,000			Coverage Code SPC	Form No.	Edition Date		
Limit 1 200,000		Limit 2	Limit 3	Deductible Amount 1,000		tible Type Flat	Premium	
Ref # 1	Description 00002, 180		,, Wind/Hail Excluded			Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Descriptior	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
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Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
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Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
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Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	
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Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	
Ref #	Description					Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	
Ref #	Description					Coverage Code	Form No.	Edition Date
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Limit 1 Limit 2 Limit 3 Deductible Amount Deductible Type Premium							1	
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