

**Agenda
City of Cocoa
Diamond Square Community Redevelopment
Agency Regular Meeting**

**July 21, 2025
6:00 PM
65 Stone Street, Cocoa, FL 32922**

I. CALL TO ORDER

1. Invocation
2. Pledge of Allegiance
3. Roll Call

II. APPROVAL OF AGENDA AND MINUTES

1. Agenda: Regular Meeting of the Diamond Square CRA for July 21, 2025.
2. Minutes: Regular Meeting of the Diamond Square CRA for June 16, 2025.

III. DELEGATIONS

IV. PRESENTATIONS

V. ACTION ITEMS

1. Agency direction on the additional support for the Diamond Square Initiative Grant program applicant, My Community Cares, for an amount directed by the Agency not to exceed \$10,000.

VI. ATTORNEY'S REPORT

VII. UPDATES AND STAFF REPORTS

VIII. NEXT MEETING DATE - August 18, 2025 at 6:00 PM

IX. ADJOURNMENT

NOTICE TO PUBLIC:

This is a public meeting. All interested parties may attend. The facility wherein this meeting will be held is accessible to the physically handicapped. Please be advised that more than one member of the City Council may attend. Pursuant to Section 286.0105, Florida Statutes, the City hereby advises the public that: if a person decides to appeal any decision made by this board with respect to any matter considered at its meeting or hearing, that person will need a record of the proceedings and for such purpose, affected persons may need to insure that a verbatim record of the proceedings is made, and such record shall include the testimony and

evidence upon which the appeal is to be based. This notice does not constitute consent by the City for the introduction or admission into evidence of otherwise inadmissible or irrelevant evidence, nor does it authorize challenges or appeals otherwise allowed by law. This agenda is posted on the Municipal Bulletin Board and at the Central Brevard Library and Reference Center in Cocoa for public review.

DIAMOND SQUARE CRA AGENDA ITEM

Memo Date: 07/08/2025
Agenda Date: 7/21/2025
Prepared By: Peyton Fink
Through: Charlene Neuterman, Community Services Director
Requested Action: Request Agency Approval of the Agenda from the Diamond Square CRA Regular Meeting on July 21, 2025, either as written or with amendments.

BACKGROUND:

Request Agency Approval of the Agenda from the Diamond Square CRA Regular Meeting on July 21, 2025, either as written or with amendments.

PRIORITY AREA CONNECTION:

Economic and Community Development

BUDGETARY IMPACT:

PREVIOUS ACTION:

RECOMMENDED MOTION:

Request Agency Approval of the Agenda from the Diamond Square CRA Regular Meeting on July 21, 2025, either as written or with amendments.



DIAMOND SQUARE

REDEVELOPMENT AGENCY

Tracy Moore
Chairperson

Crystal McQueen
Vice Chairperson

Larry Brown
Board Member
*(Appointed
by Brevard
County)

Brenda Fox
Board Member

Jackie Isom
Board Member

Angelia Smith
Board Member

Marilyn Smith
Board Member

DATE: Monday, July 21, 2025
TIME: 6:00 p.m.

Location: Council Chambers
City Hall
65 Stone Street

I. CALL TO ORDER
INVOCATION
PLEDGE OF ALLEGIANCE
ROLL CALL

II. APPROVAL OF AGENDA AND MINUTES

AGENDA: Regular Meeting of July 21, 2025
MINUTES: Minutes of the Regular Meeting of June 16, 2025

III. DELEGATIONS

IV. PRESENTATIONS

V. ACTION ITEMS

1. Agency direction of the Diamond Square Initiative Grant program applicant to be awarded an amount not to exceed \$10,000.

VI. ATTORNEY'S REPORT

VII. UPDATES AND STAFF REPORTS

VIII. NEXT MEETING DATE

The next meeting of the Diamond Square Community Redevelopment Agency is Monday, August 18, 2025, at 6:00 PM. The meeting will be held at the Cocoa City Hall, Council Chambers, located at 65 Stone Street, Cocoa, FL 32922.

IX. ADJOURNMENT

NOTICE TO PUBLIC:

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BUDGETARY IMPACT:

PREVIOUS ACTION:

RECOMMENDED MOTION:

Request Agency Approval of the Agenda from the Diamond Square CRA Regular Meeting on July 21, 2025, either as written or with amendments.

**MINUTES
CITY OF COCOA
DIAMOND SQUARE CRA
REGULAR MEETING
June 16, 2025**

The Regular Meeting of the Diamond Square Community Redevelopment Agency was held on June 16, 2025, at the City of Cocoa, City Hall, 65 Stone Street, Cocoa, FL, as publicly noticed.

I. Call to Order

Agency Member BROWN called the meeting to order at 6:05 pm.

Invocation: Agency Member FOX provided the invocation.

Pledge of Allegiance: Agency Member BROWN led the Pledge of Allegiance to the flag of the United States of America.

ROLL CALL:

Tracy A. Moore	Chairperson
Crystal McQueen	Vice Chairperson
Larry Brown	Agency Member
Brenda Fox	Agency Member
Jackie Isom	Agency Member
Angelia Smith	Agency Member
Marilyn Smith	Agency Member
Joseph Colombo	Agency Attorney
Lori Chabot	Recording Secretary

PRESENT:

Tracy A. Moore	Chairperson – via phone
Crystal McQueen	Vice Chairperson – via phone
Larry Brown	Agency Member
Brenda Fox	Agency Member
Jackie Isom	Agency Member
Angelia Smith	Agency Member
Marilyn Smith	Agency Member
Joseph Colombo	Agency Attorney
Lori Chabot	Recording Secretary

ABSENT: None

STAFF PRESENT:

City Manager WHITTEN, Community Services Director NEUTERMAN were present. Agency Liaison GOINS participated by phone.

II. **Approval of Agenda and Minutes:**

AGENDA: Regular Meeting of June 16, 2025.

***MOTION by Agency Member M. SMITH; SECONDED by Agency Member A. SMITH to approve the Agenda for the Regular Meeting of June 16, 2025, either as written or with amendments.**

AYES: MOORE, MCQUEEN, BROWN, FOX, ISOM, A. SMITH, M. SMITH.

MOTION PASSED UNANIMOUSLY (7-0)

MINUTES:

Regular Meeting of April 21, 2025

Special Meeting of May 1, 2025

Regular Meeting of May 19, 2025

***MOTION by Agency Member FOX; SECONDED by Agency Member ISOM to approve the Minutes for the above minutes as written and with one amendment to page 3 of the May 19 minutes.**

AYES: MOORE, MCQUEEN, BROWN, FOX, ISOM, A. SMITH, M. SMITH.

MOTION PASSED UNANIMOUSLY (7-0)

III. **Delegations:** Anita Gibson, Stone St, Cocoa spoke on the following:

1. Landscaping at the Joe Lee Smith Center is not up to par and the kitchen upgrades have not been done.
2. Garbage was overflowing at the Dollar General.
3. Moore Center upgrades

She also added when the new homes are complete, need to be sure DS area is sufficiently patrolled by the police.

Staff discussed the garbage overflowing at the Dollar General and the landscaping complaint at Joe Lee. Agency Member FOX asked if there were standards as to the height for shrubs. Agency Member BROWN reiterated the conditions and said there are double standards as the village gets cut. Director Neuterman replied that staff is working with corporate level to clean up the property. Agency Member M Smith asked about the lawn service in village and who

was responsible. Director Neuterman replied the City takes care of the village and the County takes care of the Joe Lee Smith Center. Agency Member Brown replied and asked City Manager about the City taking care of the landscaping at Joe Lee. City Manager Whitten replied he is meeting with the new Parks and Rec Director for the County to discuss this. He also said the Moore Center upgrades will happen when the home construction begins. There will be ceremony to kick-off the new homes. The Moore Center landscaping is covered by the City and Joe Lee by the County. He added no concerns are ignored.

Abren Anderson, Stone St. He spoke about speeding on Stone Street. He is concerned about the kids as there are a lot of children. He said he has asked for speed humps. City Manager Whitten responded some speed calming was completed on Stone and Blake. Agency Member Brown asked why no humps were added on Stone. Councilman Goins replied, there were so many stop signs on Stone, they didn't add the speed hump, and he said increasing enforcement would help. Chair Moore suggested adding signage re: children playing might help. City Manager Whitten will check into the signs. Councilman Goins mentioned the speed sign that the police department has and putting that out in the area.

IV. **Presentations:** None

V. **Action Items:**

1. Agency Selection of the Diamond Square Initiative Grant program applicant to be awarded an amount not to exceed \$10,000. Two applicants provided requests, and staff requests the Agency select one or both applicants to receive funding.

The Diamond Square Program Initiative was approved by the Agency during the FY2025 Budget Preparation/Approval. It was opened to the public for applications. Two proposals were received by the published deadline. Sherry Amos' "Summer Enrichment Program" at the Learning & Achievement Academy in Diamond Square submitted a proposal, requesting \$10,000 for the summer program. Pastor Jarvis Wash submitted a proposal for the "My Community Cares Program - A Special Place for Our Teens" in Diamond Square, requesting \$10,000 for the summer program.

Director Neuterman discussed each applicant's programs and requests and will also give each one an opportunity to speak. She shared information about the Summer Enrichment Program; the budget, academia, stem component, field trips, creative art, 40-45 students, 34 DS students roughly.

Community Care Program ran for two weeks. Mr. Wash will provide budget, number of participants and how many from DS.

Sherry Amos provided a presentation to agency members showing activities. Her program differs from others as it provides an academic component. After Covid, kids were behind a year to year in half. They are addressing covid learning losses and bringing back a reading component, not just through social media. June 2025 expanding to include STEM. They

perform testing in May and the end of program to assess the program. Testing includes the Renaissance Diagnostic Software along with I-Ready Program.

The camp has academics 4 days per week and STEM 2 times per week. They provide transportation and feeds kids twice a day and the cost of food has gotten high.

Agency Member ISOM asked how many kids were from DS. He replied, the majority. She stated she likes the program. Agency Member Fox asked about the two testing formats and what each test was. Ms. Amos replied, IReady is already used in schools, Renaissance leans to phonetics, vocabulary. IReady is broader, more expensive, tests more comprehension. Agency Member FOX asked how “to foster love of reading”. Ms. Amos replied explaining the weekly library trips, her observations, they receive rewards. Chair MOORE shared her love for library and likes that component. She asked about STEM and if that was a cost or is it a partnership. Ms. Amos replied, a partnership as a Title 1 and receive Title 1 funds. They were able to purchase STEM kits with those funds. Agency Member A SMITH stated, as a fellow educator, she loves the idea of reading over summer and asking families about the cost. Ms. Amos replied there is a cost especially for food, however they provide transportation. Vice Chair MCQUEEN shared her thoughts of the program and is supportive. She asked about ages. Ms. Amos replied the focus is early literacy, they must have that, but they do have some ninth graders.

The next presenter with My Community Cares Program is Mr. Jarvis Wash. Ms. Wash shared he has 66 kids and 28-30 DS kids and provided a list to staff, and it does not include the kids that are serving as JR counselors. He discussed their activities and cost and how they arrived at the cost.

Agency Member BROWN said he is leaning towards paying for those 28-30 DS kids and the rest of the funds to Ms. Amos. Agency Member A. Smith asked about activities, and he shared those field trips. Agency Member BROWN said he has an incomplete proposal/packet from Mr. Wash. Chair MOORE agrees with Agency Member BROWN in that the package is incomplete. She suggests the Agency Member look at and vote on the first program and then decide on how to handle the 2nd.

Agency Member Isom asked about giving Mr. Wash a chance to update his application and bring that back complete. Agency Member BROWN suggested reiterated Chair Moore’s suggestion to vote on the first presentation and that the agency could use contingency funds for the second program. Director Neuterman stated staff will need a dollar amount to do a budget adjustment moving money from contingency.

Agency Member M SMITH recused herself from this vote as she is employed by Mr. Wash.

***MOTION to approve the \$10,000 grant funding to Learning & Achievement Academy by Agency Member BROWN; seconded by Agency Member A. SMITH.**

AYES: MOORE, MCQUEEN, BROWN, FOX, ISOM, A. SMITH.

MOTION PASSED UNANIMOUSLY (6-0)

Agency members discussed possible funds for the 2nd program and asked Mr. Wash to return with more information to include costs, numbers of students and students from DS. Mr. Wash confirmed and Director Neuterman advised she will look at the list of names and provide an accurate number at the next meeting.

2. Agency Approval of the Interlocal Agreement between the DS CRA and the City of Cocoa regarding Brevard County Property Appraiser Parcel ID 24-36- 32-00-773 and 24-36-32-00-773.1.

City Manager Whitten presented this item stated the City previously conveyed the Property to the Agency via a Quit Claim Deed recorded at Official Record Book 6129 Page 6129 (the “Deed”); however, pursuant to the Deed, the Property has reverted back to, and it is now vested in, the City of Cocoa without the necessity of the City taking any affirmative action to effectuate the reverted because a redevelopment project was not constructed on the Property by the Agency within four years of the recording date of the Deed on March 15, 2020.

At a recent DSCRA meeting, the Agency members asked about the status of the property, and Staff explained the information related to the Deed. Staff worked with the City Attorney to develop a plan to support the redevelopment of the property that would be in the best interest of the CRA and the City. Those details are:

City Manager presented explaining the site and original set up and deed. Agency Member BROWN asked for confirmation as to who owned the property. The City Manager replied the City does. Agency Member BROWN asked to breakdown where DS stands now. The City Manager explained DS would issue RFPs and would recommend projects and control the projects that are contemplated and considered. Chair MOORE asked if council could vote down a project and City Manager replied they could. Agency Member Fox asked if the City had any plans for the property and he replied, yes, the plan is for DS to bring forward a project for that property. Agency Member FOX asked if there was anything that Staff would not want, and he replied if fits in CRA plan and that is up to Board. Chair MOORE asked about a timeline, City Manager replied Stockton replied it is a 5-year agreement. Agency Member Brown asked Agency Attorney Colombo his opinion as City Staff had dropped the ball. City Manager Whitten responded saying none of that staff is here and this is a process moving forward. He added, the agreement could be rejected but it would still be city’s property. Attorney Colombo reiterated City Manager’s explanation. Chair MOORE agrees with Attorney Colombo, it is an opportunity for the DS to find something for that property and suggested the Board think about what they might want. Agency Member BROWN asked about RFP and who writes it. Stockton said it will be written by staff through their direction and desires.

***MOTION to approve by Agency Member BROWN; seconded by Agency Member ISOM to approve the Interlocal Agreement between the DS CRA and the City of Cocoa**

regarding Brevard County Property Appraiser Parcel ID 24-36- 32-00-773 and 24-36-32-00-773.1. and present at City Council Meeting in July.

AYES: MOORE, MCQUEEN, BROWN, FOX, ISOM, A. SMITH, M. SMITH.

MOTION PASSED UNANIMOUSLY (7-0)

Agency Member BROWN asked if there has been any interest in the property. The City Manager replied that he has had two conversations about it, and one was Lennar.

City Manager Whitten reported that the City Council has asked him to communicate with the County about extending the DS CRA sunset date.

3. Approve the Proposed DS CRA Fiscal Year 2026 Budget.

Every Fiscal Year, the Agency is asked to approve the proposed Fiscal Year budget that will be presented to Council for final approval. In Fiscal Year 2025, the Agency budgeted \$549,293 for various activities/projects in the CRA.

At the May 19, 2025, Diamond Square CRA meeting, the Agency directed Staff to return to the June meeting with recommendations based on the discussion items. The discussion items included the following project/operating activities: beautification/tree projects, historic markers, signage, infrastructure ("diamond in the square" roadway markings) be added to the FY2026 budget. The FY2026 Proposed Budget includes an estimated \$270,160 in "Contingency" that can be used for various projects that are listed in the adopted Diamond Square CRA Plan. This amount may increase or decrease based on the final budget numbers from the County and any leftover funds not expended in FY2025. As there is no exact cost, only estimates on the proposed projects, Staff are providing that estimate for the Agency.

- Historic Markers/Signs - \$2,500 - \$5,000 per sign, depending on design
- Beautification/Tree Projects - \$20,000 - \$30,000, depending on number of trees/beautification activity
- Replace the three (3) "Diamond in the Square" street intersection markings - \$50,000 - \$100,000 per intersection.

These items will be added to the Contingency section of the budget as a potential project in FY2026. If an activity is approved by the Agency, the funds will be moved to the appropriate budgetary line item for that activity.

Agency Member BROWN stated instead of the intersection markings being replaced, he would like to come up with something else, because those that are there currently faded quite a bit.

4. ***MOTION to approve by Agency Member BROWN; SECONDED by Agency Member FOX**, to approve the Proposed DS CRA Fiscal Year 2026 Budget that will be presented to Council for final approval. In Fiscal Year 2025, the Agency budgeted \$549,293 for various activities/projects in the CRA.

AYES: MOORE, BROWN, FOX, ISOM, A. SMITH, M. SMITH.

MOTION PASSED UNANIMOUSLY (6-0)

VI. **Attorney's Report:** None.

VII. **Updates and Staff Report:** Director Neuterman advised she will be coming to July meeting asking who how many agency members will go to the CRA conference scheduled for October 14-17 in WPB.

City Manager Whitten refreshed the board of the accomplishments in the Diamond Square CRA. Stop Signs, painted crosswalks on various streets, raised traffic table. He added he speaks with a business owner frequently about police presence who said he has never more comfortable with the level of police presence. He explained it is difficult to hear comments as if nothing is happening in DS. He is meeting with the new Director of Parks and Rec who has assured him the stove is working. He will have an announcement in July for an organization donation. Staff worked diligently cultivating the soil to get Lennar into the community which can lead to more happening. Property values will include with the addition of new homes. Proud of what has been going on. Please work together see something say something.

Update on sign for female veteran CN Habitat will bring to get approval.

MOORE thank you CM for your involvement and your commitment is visible and appreciated.

VIII. **Next Meeting Date:**

The next regularly scheduled meeting of the **Diamond Square Community Redevelopment Agency** will be on **Monday, July 21, 2025, at 6:00 pm** at the City of Cocoa, City Hall, 65 Stone Street, Cocoa, FL, unless a business need arises earlier.

IX. **Adjournment**

***MOTION to adjourn by Agency Member ISOM; SECONDED by Agency Member M. SMITH.**

AYES: MOORE, MCQUEEN, BROWN, FOX, ISOM, A. SMITH, M. SMITH.

MOTION PASSED UNANIMOUSLY (7-0)

THE MEETING WAS ADJOURNED at 7:51pm.

Tracy Moore, Chairperson

Respectfully Submitted by:

Lori Chabot, Recording Secretary

DIAMOND SQUARE CRA AGENDA ITEM

Memo Date: 07/14/2025
Agenda Date: 7/21/2025
Prepared By: Charlene Neuterman, Community Services Director
Through: Stockton Whitten, City Manager
Requested Action:

BACKGROUND:

The Diamond Square Program Initiative was approved by the Agency during the FY2025 Budget Preparation/Approval. It was opened to the public for applications. Two proposals were received by the published deadline. Sherry Amos' "Summer Enrichment Program" at the Learning & Achievement Academy in Diamond Square submitted a proposal, requesting \$10,000 for the summer program. Pastor Jarvis Wash submitted a proposal for the "My Community Cares Program - A Special Place for Our Teens" in Diamond Square, requesting \$10,000 for the summer program.

At the June 16, 2025 meeting, the Agency authorized funding the Summer Enrichment Program at the Learning & Achievement Academy in the amount of \$10,000.

Additionally, the Agency directed Staff to return to the July meeting regarding the My Community Cares Program - A Special Place for our Teens program, requiring more information related to the program. During the June meeting, information requested by Staff was delivered at the meeting rather than before the meeting related to the budget and roster. Updated support letters were requested by the Agency in order to be considered for funding.

Pastor Wash provided the information to Staff in order to complete the review of their submission for funding. Below is a review of the submission as required by the grant.

My Community Cares Program - A Special Place for Our Teens (SPOT)

- Program ran from June 2 - June 13
- Budget - \$28,000
- Program - provides recreational and a place for youth in DSCRA (needed due to Dr. Joe Lee Smith Center being closed for special election early voting)
- Request - \$10,000
- Number of Participants - 60
- Number of Participants from Diamond Square - 16 (26% of the total number of participants)
- Updated Support Letters received 7/14/25 (3 total letters)

Staff reviewed the proposals, per the published guidelines, and confirmed that the My Community Cares Program - A Special Place for Our Teens (SPOT) meets the criteria for funding.

Should the Agency approve funding, Staff will need to return to the Agency at the next available meeting to make an amendment to the FY2025 Budget to cover the expenses approved. Staff requests direction from the Agency on funding this project.

PRIORITY AREA CONNECTION:

Community Outreach and Engagement

BUDGETARY IMPACT:

Budgeted? Yes/No

If not budgeted, is amendment / transfer attached?

Source/Use of Funds

Account Number

Amount

If a P.O. Change Order is involved, please complete the following:

Change Order Amount: \$

Original Purchase Order Amount: \$

For this Agenda Item note Prior Change Order Information:

Total Number of change orders to date:

Total amount in change orders to date: \$

PREVIOUS ACTION:

RECOMMENDED MOTION:

Proposal for Diamond Square CRA Funding
My Community Cares (MCC)
May 9, 2025

- ☐ Certifications/Credentials N/A
- ☒ Community Support Letters
- ☒ Articles of Incorporation/By-Laws
- ☒ State Certification of Corporate Status *(if applicable)*
- ☒ List of Board of Directors *(if applicable)*
- ☒ Certificate of non-profit status
- ☒ Latest IRS 990 files
- ☒ Operating Budget for both the project and organization – The SPOT.
- ☒ Copy of Insurance for Project Activities *(if awarded funding, agencies must the Diamond Square CRA included as an additional insured on required insurance)*
- ☒ Job Descriptions/Resumes of Administrator & Key Project Staff
- ☒ Milestones and Benchmarks – Depends on which program/project – Attached

Articles of Incorporation/By-Laws

State Certification of Corporate Status (if applicable)

Electronic Articles of Incorporation For

N13000008485
FILED
September 19, 2013
Sec. Of State
tchang

MY COMMUNITY CARES, INC.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

MY COMMUNITY CARES, INC.

Article II

The principal place of business address:

909 BRISTOL DR.
COCOA, FL. 32922

The mailing address of the corporation is:

909 BRISTOL DR.
COCOA, FL. 32922

Article III

The specific purpose for which this corporation is organized is:

THE PURPOSE FOR WHICH THIS ORGANIZATION IS FORMED IS EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC AND EDUCATIONAL PURPOSES, WITHIN THE MEANING OF SECTION 501C-3 OF THE INTERNAL REVENUE CODE.

Article IV

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

Article V

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

CHARLOTTE A PERKINS
4630 LIPSCOMB ST.
20
PALM BAY, FL. 32905

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

Registered Agent Signature: CHARLOTTE A. PERKINS

Article VI

The name and address of the incorporator is:

CHARLOTTE PERKINS
4630 LIPSCOMB ST.
20
PALM BAY, FL 32905

Electronic Signature of Incorporator: CHARLOTTE A. PERKINS

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

Article VII

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

Title: P
JARVIS WASH
909 BRISTOL DR.
COCOA, FL. 32922

Title: D
CHARLOTTE A PERKINS
4630 LIPSCOMB ST. SUITE 20
PALM BAY, FL. 32905

Title: D
KENDALL T MOORE ESQ.
895 BARTON BLVD. SUITE B
ROCKLEDGE, FL. 32955

Title: D
ELOIS G WASH
909 BRISTOL DR.
COCOA, FL. 32922

Article VIII

The effective date for this corporation shall be:

09/19/2013

BY- LAWS OF My Community Cares, INC .

ARTICLE I - PRINCIPAL OFFICE

The principal office of the corporation, shall be located at: 509 Blake Ave. Cocoa, FL 32922.

ARTICLE II- STRUCTURE OF ORGANIZATION

2.1 Civil Structure. The civil officers of the corporation may be a President, Vice-President, Secretary, Treasurer, and such other offices as the corporation shall establish.

2.1 .1 The President shall preside at all meetings and shall make an annual report to the status and condition of the corporation to this Board of Directors. The President shall sign all certificates, contracts, deeds and other instruments of the corporation.

2.1.2 The Vice-President shall exercise all the powers and discharge all the duties of the President during the absence or disability of the President.

2.1.3 The Secretary shall keep the minutes of all meetings: shall have charge of the seal and corporate books and shall make such reports and reform such duties as are required of him or her by the corporation, and shall sign all certificates, contracts, deeds and other instruments of the corporation.

2.1.4 The Treasurer shall have custody of all monies and securities of the corporation and shall keep regular books of account. He/She shall disburse the funds of the corporation in payment of the just demands against the corporation or as may be required of him he shall make an accounting of all his transactions as Treasurer and of the financial condition of the corporation.

2.1.5 The officers of the corporation shall hold offices until their successors are duly elected and qualified.

2.1.6 The Board of Directors shall meet quarterly, either in person or electronically, but special meetings may be called if and when the same may become necessary.

2.2 Structure. shall be composed of:

2.2.1 The Board of Directors

President: and **Executive Director, Vice President, Treasurer, and Secretary**

ARTICLE III - THE BOARD OF DIRECTORS, ITS ORGANIZATION, POWERS AND DUTIES

3.1 The Board of Directors shall be at least 3 in number and shall have the power to exercise all powers necessary for the operation of the Ministry, expressed or implied, which shall be necessary and proper to carry out all the executive functions, and all other powers both civil and ecclesiastical as it may determine.

3.1 .1 The members of the Board of Directors shall be elected for a term of 5 years. The Terms shall be computed from the day of their election and each member may hold office until such time as an election by the members can be had.

3.1.2 In the event a vacancy in the Board of Directors occurs, remaining members of the Board of Directors shall fill such vacancy by a majority vote at a duly held meeting until the successor has been duly elected and qualified.

3.2 The President may be appointed by the Board of Directors,

which shall authorize the President and any other officers, or agents of the Organization, or any other officer so authorized by these By Laws, to enter into any contract or execute and deliver any instrument in the name of or on behalf of the Organization, and such authority may be general or may be confined to specific incidence.

3.3 The Vice President may be appointed by President and Board of Directors, which in the absence or disability of the President, shall authorize any other officers, or agents of the Organization, or any other officer so authorized by these By Laws, to enter into any contract or execute and deliver any instrument in the name of or on behalf of the Organization, and such authority may be general or may be confined to specific incidence.

3.4. Secretary. The Secretary shall be elected by the Board of Directors or appointed by the President.

3.4.1 The Secretary shall keep minutes of the proceedings of its members, Board of Directors, committees, councils and other Boards or tribunals authorized by the Board of Directors and these records shall be kept at the principal office of the Organization.

3.5 The Treasurer. A Treasurer shall be elected by the Board of Directors or appointed by the President. The Treasurer shall have custody of all moneys

and securities of the Organization and shall make an accounting of all of the transactions.

3.5.1 All checks, drafts or orders for the payment of money, notes, evidence of indebtedness issued in the name of the corporation shall be signed by the President or other officers or agents of the corporation, in such manner as shall from time to time be determined by resolution of the board of Directors. In the absence of such direction from the Board of Directors the President may sign on behalf of the Organization.

3.5.2 All funds of the Organization shall be deposited as required to the credit of the corporation in such banks, trust companies or other depositories as the Board of Directors may elect.

3.5.3 The Board of Directors may accept on behalf of the Organization any contributions, donations, gifts, including real property, bequest or devise for any purpose of the Organization.

3.5.4 The Treasurer shall keep correct and complete financial records of all account(s). All books and records of the Organization may be inspected by any member, or agent, for any purpose at any reasonable time.

3.5.5 The treasurer shall be authorized to appoint persons to assist the Treasurer in carrying out the duties and functions of the Treasurers Office.

ARTICLE IV - MEETINGS

4.1 The annual meeting of the Organization shall be held on the first Tuesday of May of each year. At that meeting Directors shall be nominated and elected to office as appropriate.

4.2 Special Meetings may be called by the Board of Directors or the President in their discretion deem necessary. Notices for the calling of such special meetings shall be given to all members in writing with 3 days prior written notice.

ARTICLE V - RULES AND REGULATIONS

5.1 The Board of Directors may adopt such rules of procedure and regulations governing the conduct

of its business and the organization of it as they may deem necessary, proper and expedient.

5.1.1 There can be no appeal from the decisions and determinations of the Board of Directors.

ARTICLE VI - AMENDMENTS TO THE BYLAWS

The provisions of the Bylaws may be modified, altered or amended by two-thirds majority vote of the members of the Board of Directors at a regular or special meeting. As soon as the proposed amendments have been adopted as herein provided, results of the vote shall be announced by the President and declared adopted by the Chairman of the Board of Directors, whereupon such amendments shall be in full force of effect.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida this 19th day of September 2013.

_____, Incorporator

Charlotte A. Perkins, Incorporator

List of Board of Directors (if applicable)

Board of Directors

Jarvis Wash
909 Bristol Dr.
Cocoa, FL 32922
321-795-8419

Charlotte Perkins
5035 Brilliance Circle
Cocoa, FL 32926
321-482-9244

Elois Wash
909 Bristol Dr.
Cocoa, FL 32922
407-722-2873

Advisory Committee -
non-decision makers

Kendall Moore
895 Barton Blvd Suite B
Rockledge, FL
321-431-5532

Steve Smith
2971 Oxbow Cir Cocoa,
FL 32926
321-631-4580

Brian Lightle
70 W. Hibiscus Blvd.
Melbourne, FL 32901
321-863-3228

Art Evans
1698 W. Hibiscus Blvd A.
Melbourne, FL 32901
321-626-9945

Certificate of Non-Profit Status

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

DEPARTMENT OF THE TREASURY

Date: **APR 30 2015**

MY COMMUNITY CARES INC
1555 NORTH BOULEVARD
COCOA, FL 32922-0000

Employer Identification Number:
46-3723291
DLN:
26053478002315
Contact Person:
JASON A KROTINE ID# 31666
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
September 19, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

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

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

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

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

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

Letter 5436

Latest IRS 990 Files

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20

B Check if applicable:

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

C Name of organization
My Community Cares, Inc.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 3023

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

D Employer identification number
46-3723291

E Telephone number
(321) 794-8519

F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):

H Check ☐ if the organization is not required to attach Schedule B (Form 990).

I Website: **www.mycommunitycaresbrevard.org**

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other: **Non Profit**

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **19,500**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2024)

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

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

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

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
39a			
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955:		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed:		
42a	The organization's books are in care of: <u>Jarvis M Wash, Officer</u> Telephone no. <u>321-794-8519</u> Located at: <u>909 Bristol Dr., Cocoa, FL</u> ZIP + 4 <u>32922</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X
45b			

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

	Yes	No
46		X

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

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

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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

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

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

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

☒ Yes ☐ No

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

Sign Here	Jarvis Wash			
	Signature of officer		Date	
Paid Preparer Use Only	Jarvis Wash, President			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed
	Charlotte Perkins		04-18-2025	PTIN P00141327
	Firm's name	Charlotte Perkins	Firm's EIN	
	Firm's address	Phone no.		
	Cocoa FL 32926	321-482-9244		

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

My Community Cares, Inc.

Employer identification number

46-3723291

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					19,500	19,500
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					19,500	19,500
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						19,500

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6					19,500	19,500
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	19,500	19,500
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	0.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) . . .	17	0 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		☐
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .		☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer lines 3a and 3b below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Part VI

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

Schedule B
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

My Community Cares, Inc.

Employer identification number

46-3723291

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization

My Community Cares, Inc.

Employer identification number

46-3723291

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF BREVARD 1100 ROCKLEDGE BLVE 300 Rockledge, FL 32955	\$ 15,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

My Community Cares, Inc.

Employer identification number

46-3723291

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

My Community Cares, Inc.

46-3723291

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____	_____
_____	_____
_____	_____

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

My Community Cares, Inc.

Employer identification number

46-3723291

01. Description of other expenses (Part I, line 16)

Description	Amount
-------------	--------

Afterschool Supplies	4,200
----------------------	-------

Smile Dinner	1,500
--------------	-------

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

Schedule O (Form 990) (Rev. 12-2024)

EEA

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2024

Name of filer

EIN or SSN

My Community Cares, Inc.

46-3723291

Name and title of officer or person subject to tax

Jarvis Wash, President

Part I Type of Return and Return Information

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

1a Form 990 check here	☐	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	☒	b Total revenue, if any (Form 990-EZ, line 9)	2b	19,500
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b	
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19).	9b	
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

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

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

PIN: check one box only

☒ I authorize Charlotte Perkins to enter my PIN 52042 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date 04-14-2025

Part III Certification and Authentication

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

591599 93416

Do not enter all zeros

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

ERO's signature

Date 04-18-2025

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

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Operating Budget for both the project & organization

MY COMMUNITY CARES PROGRAM BUDGET		
Category	Item	Estimated Annual Cost
Personnel	5 Part-Time Staff (4hrs/wk @ \$18/hr avg)	18720
Personnel	Volunteer Training & Recognition	500
Program Service	Tutoring Materials & Curriculum	10000
Program Service	Life Skills & Mentorship Supplies	7500
Summer	Field Trips (transport, entry fees)	15000
Summer	Summer Event - Basketball Tournament Supplies, & Activities	6000
Summer	Camp Staff Stipends (seasonal)	9200
Facilities & Operational	Office Supplies	3000
Facilities & Operational	Insurance (liability, event)	500
Youth Needs	Recreational Equipment	7500
Transportation	Van Rentals/Fuel for Trips	10000
Administration	Marketing & Outreach	1000
In-Kind Contributions	Guest speakers, Volunteers etc...	23163
	Total Estimated Cost	112083

MY COMMUNITY CARES AGENCY BUDGET		
Category	Item	Estimated Annual Cost
Personnel	5 Part-Time Staff (4hrs/wk @ \$18/hr avg)	18720
Personnel	Volunteer Training, Recognition, Subcontractors	32000
Program Services	Tutoring Materials & Curriculum	10000
Program Services	Life Skills & Mentorship Supplies	7500
Program Services	Afterschool Program	19500
Summer	Field Trips (transport, entry fees)	15000
Summer	Summer Event - Basketball Tournament Supplies, & Activities	6000
Summer	Camp Staff Stipends (seasonal)	9200
Facilities & Operations	Office Supplies	3000
Facilities & Operations	Insurance (liability, event)	3500
Youth Needs	Recreational Equipment	7500
Transportation	Van Rentals/Fuel for Trips	10000
Administration	Marketing & Outreach	2500
Administration	Accounting & Program Software	2500
In-Kind Contributions	Guest speakers, Volunteers etc...	53163
	Total Estimated Cost	200083

Copy of Insurance for Project Activities

(if awarded funding, agencies must the Diamond Square CRA included as an additional insured on required insurance)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/08/2025

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 an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Florida East Coast Insurance Agency LLC 563 Barton Blvd Unit 16 Rockledge, FL 32955		CONTACT NAME: Tonya Dukes PHONE (A/C, No, Ext): (321) 848-0263 FAX (A/C, No): (321) 684-7294 E-MAIL ADDRESS: tonyadukes@fleastcoastagency.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: United States Liability Insurance Co	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR			NPP1591969E	10/11/2024	10/11/2025	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
			GENERAL AGGREGATE \$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS \$
							OTH-ER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

CERTIFICATE HOLDER

CANCELLATION

Additional Insured: Diamond Square 509 Blake Avenue Cocoa, FL 32922	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Job Descriptions/Resumes of Administrator & Key Project Staff

Jarvis Wash

520 Sorrento Drive | Cocoa, FL 32922
321-795-8419

PROFESSIONAL SUMMARY

Practical and Logical thinker that pays attention to details. Strong skills in research methodology which includes locating and qualifying resources, analyzing information along with summarizing, outlining and organizing material to communicate in presentation form. Highly proficient in Biblical teaching with advanced translation, and hermeneutics/exegetical skills. Well practiced in leading groups into various activities.

CORE COMPETENCIES

- Skilled in Conflict Resolution
- Teaching
- Active in Social Empowerment
- Abreast of Latest Social Media and other Marketing media
- Skilled in Networking and Developing Strong Partnerships
- Skilled in Strategic Planning
- Leadership
- Vision Casting and Communication Skills

SELECTED ACCOMPLISHMENT & MILESTONES

Oversight of Preparing and Implementing 4 Brevard County Job Fairs – 2014 & 2015

Ordinations:

- Ordained 2015 – Bishop John E. Guns – St. Paul Missionary Baptist Church, Jax
- Ordained 2010 – Bishop Kelvin L. Cobaris – Empowerment Ministries – Orlando, FL
- Ordained 2006 – Rev. Elisha Parris/Bishop Kelvin Cobaris - Greater Central COG

Orlando, FL Founder of My Community Cares Inc. – 2013 Non-Profit Organization that have provided 26,000 units of service to men, women and children within our community.

Church Plant:

- Developed vision and strategy; raised funds; recruited a core team, and successfully launched a new church in Cocoa, FL called The R.E.A.L. Church - 2011.

Developed leadership teams at all levels of the congregation

President and Founder of THE SPOT – Special Place For Our Teens – 2012 A summer and youth program that educates, equips and empowers middle school and high school youth of the Rockledge- Cocoa area through educational, arts and mentoring programs.

Certified Pre and Post HIV Test Counselor – 2009 to present

EDUCATION

East Coast Christian University – Merritt Island, FL 2014 (BA in process)

International Seminary – Plymouth Florida 2007

PROFESSIONAL EXPERIENCE

Site Director of Operation New Hope – 2023-present

LEADERSHIP

- Leadership and management of an overall team of approximately 5 - 20 FTEs
- Create a culture of transparency and communication through the organization
- Responsible to monitor staff levels across the organization; assuring continuity within the service delivery process; which includes hiring and retaining competent and qualified staff members

OPERATIONS

- Accountable for the metrics and measurements that govern the operational process within Ready4Work
- Ultimately accountable to assure that the office and programs are operating in the most efficient method with the resources that are available. This includes using available metrics to monitor processes and make changes as necessary.
- Create and manage work plans; and provide leadership and oversight for day-to-day program execution
- Designs services and program offerings that align to (a.) grantor requirements, (b.) client needs, (c.) funding availability and (d.) the mission of Operation New Hope

COMMUNITY

- Develop and maintain positive relationships with key stakeholders and community partners
- Promote and educate the Community about Ready4Work and Second Chances through Public Speaking events.
- Engage the philanthropic community including potential Foundations and individual donors to seek program support through financial and in-kind donations.

COMPLIANCE

- Understand, communicate, and manage the deliverables that are expected by our funding agencies (local, state, and federal)
- Participate in the grant application process

Sr. Pastor of The R.E.A.L. Church, Inc. - Cocoa FL 2009-Present

- Under God's direction and guidance, prepared for, launched, and served as the Lead Pastor of an innovative and growing ministry focused on outreach.
- Grew church from 4 members to over 300 in 3 years.
- Develop and Disciple Ministry Leaders to make decisions within the context of the ministry.
- Cast a Vision and Redesign the church to become more relevant and community oriented.
- Implement Monthly Youth Activities consisting of speakers, live music and entertainment as well as other evangelistic events.
- Respond to the needs of the community through canvassing and outreach.
- Interact with Community and Civic Leaders of Brevard County.
- Increased the churches media reach through creating a web presence
- Weekly preaching and teaching of congregation, teaching Bible Studies, personally training all top tier leadership, performing marriage and funerals, as well as providing counseling to membership. Instrumental in leading 100+ souls to Christ within first few years of pastorate.

CEO – The REENTRY Center of Brevard – Cocoa, FL – 2019 - 2023

- Creating, communicating, and implementing the organization's vision, mission, and overall direction
- Leading the development and implementation of the overall organization's strategy
- Soliciting advice and guidance, when appropriate, from a board of directors
- Formulating and implementing the strategic plan that guides the direction of the business or organization.
- Overseeing the complete operation of an organization
- Evaluating the success of the organization in reaching its goals
- Representing the organization for civic and professional association responsibilities and activities in the local community, the state, and at the national level
- Participating in industry-related events or associations that will enhance the CEO's leadership skills, the organization's reputation, and the organization's potential for success

- Brevard County Chaplain, Goodwill Industries – 2014 – Present
- Provide Pastoral Care for the organization management and employees.
- Provide spiritual counseling or crisis intervention based on employees particular religious doctrine
- Make weekly rounds to different Goodwill Stores and Centers.
- Record keeping, tracking and follow-up of employees cared for.
- Facilitate prayer, reflection and meditation for employees
- Staff Pastor - Empowerment Ministries Church - Orlando, FL, 2006-2009
- Faithfully served as the administrative hand of the Senior Pastor to a congregation of over 500 members
- Carry out the vision of the church from a ministry perspective
- Provided strategic leadership, oversight and support of all ministries
- Focused on the management of ministry leaders and resources
- Reinforced process, policies and procedures need to support the church and its ministries. Youth Pastor - Greater Central Church and The Nazarene Church – Orlando, FL, 2000-2006
- Implement Monthly Youth Activities consisting of speakers, live music and entertainment as well as other evangelistic events
- Planned and implemented mentoring programs that help motivate and build teen self esteem.
- Created team building programs for the youth, leaders and parents.
- Developed community outreach using teens to thrust this forward through free car washes;
- giveaways and holiday festivals.
- Formed a Youth Council to help make necessary decisions within the framework of the Youth Ministry

ASSOCIATIONS, ACCOMPLISHMENTS, AFFILIATIONS AND AWARDS

- Cocoa Rotary Club – 2012 to Present
- 2016 Space Coast Daily Humanitarian Award
- JEG Kingdom Fellowship 2014 to Present
- Family Promise Congregational Outreach Committee – 2017 to Present
- Citizen of the Year Award – 2019
- Family Promise Board Member - 2019
- Brevard County Chaplain - 2017
- Executive Board Member of Brevard Community Outreach Treatment Center 2017
- Pastor Jarvis Wash along with CareerSource Brevard (CSB), the area authority on workforce development, a team of local partners, were invited by the Department of Labor to present their work for the Customer Centered Design (CCD) Challenge on Monday, September 19, 2016 at the White House and US Department of Labor offices in Washington, D.C.
- Recipient of 2016 Public Safety Award Hall of Fame Sherriff Wayne Ivey "Making A Difference Award"
- Recipient of 2016 Stars of The Space Coast Brevard 211 Brenner Real Estate Superstar Award
- Recipient of the FCCD (Florida C) Criminal Justice Award - 2015
- Recipient of the CAPTF (Child Abuse Prevention Task Force) Faith Based Group Award – 2015
- Recipient of the Lead Brevard 4 under 40 Award – 2014
- And a host of others

Charlotte Perkins

5035 Brilliance Circle | Cocoa, FL 32926

Email Address: Charlotte.perkins@gmail.com |
cperktrc@mycommunitycaresbrevard.org

Profile: I am a business management professional and leader with more than 25 years of experience. I have a unique passion to build people, organizations, systems and processes in which I commit to finish. I possess multiple skills covering many fields including – Business and Career Development, Intensive Case Management, Finance and Accounting, Taxes, Contract Management, and Entrepreneurship. I am an enthusiastic professional with a passion for helping people achieve their full potential. I have a long list of corporate and volunteer experience and achievements that I would be pleased to bring into any organization.

OPERATION NEW HOPE - 7/31/23 – PRESENT - Workforce Development Manager

Career Development

- Responsible for providing oversight and direction to the instructional team and the delivery of soft skills, supportive life training and workforce development instruction.
- Responsible for ensuring all clients have a career path at the beginning of their enrollment in the program.
- Responsible for establishing instructional design standards and regular curriculum review.

Vocational Training

- Engage with local colleges and training providers to create opportunities for Ready4work Clients to participate in vocational instruction and apprenticeship programs.
- Coordinate with providers to schedule vocational course offerings.
- Responsible for evaluating vocational offerings annually and making recommendations related to the value to clients and target industry alignment.

Employment Services

- Responsible for all aspects of business development for new and existing employer partners to include recruiting and maintaining an active list of partner employers who are committed to providing viable employment opportunities to Ready4Work Clients, regularly visiting employers and cultivating relationships into long term partnerships.
- Responsible for providing direction for employment services team comprised of both Business Development and Job Coaches. Duties include the management of employment skills assessments, job preparation and interviewing, employer and placement follow-up, oversight of problem solving between employer and clients.
- Responsible for ensuring clients are properly prepared to meet the present and future requirements and demands of the employment market considering their criminal backgrounds.

Leadership

- Acting as an effective leader for a team of 6-10 FTE's includes coaching, management of the processes, and development of the employees.
- Responsible for reviewing, preparing, and monitoring regular reports that include the accuracy, timeliness, and completeness of data input and review.

Charlotte Perkins

5035 Brilliance Circle | Cocoa, FL 32926

Email Address: Charlotte.perkins@gmail.com |

cperktrc@mycommunitycaresbrevard.org

THE REENTRY CENTER OF BREVARD 10/01/2019-07/30/2023 – Senior Case Manager

- Assist in the oversee of a team of 5 case managers with approximately 25-30 cases each.
- Assist in the hiring and training process of Case Managers and Admin Support as needed.
- Responsible to understand the various funding sources and how to align a participant/client to the correct source.
- Complete the CINAS Lite Risk/Needs assessment on enrolled clients along with initial screening and evaluation to develop the CINAS Lite Offender Case Plan
- Meet with individual participants and review criminogenic needs, interests, and work history. Work in cooperation with participants to establish individual goals to address these needs.
- Make regular assessments of participant's involvement and progress towards meeting participants' needs and document results. Review progress and update services as needed.
- Conduct assessments on clients' social, financial, medical, and environmental status and needs.
- Link participants with individualized services to assist them with their transition back to the community including employment, mental health, socialization and support services and programs.
- Coordinate with local agencies to offer clients a wide range of resources.
- Assist in facilitation of pro-social activities. Provide materials for workshops and special events. Serve as a liaison between program and other support agencies.
- Review client's case notes regularly logging events and tracking progress.
- Complete all required forms, case notes, data collection and recording activities necessary for effective service delivery and project accountability.
- Interact with participants' families and other natural and community supports that will aid in success of the clients utilizing the Support 4 Families Curriculum.
- Responsible for securing appropriate program placement; maintaining records of progress and providing written reports and statistics to funding sources and other regulatory agencies.
- Assist with administering drug tests and/or assist with discharge paperwork as needed.
- Facilitate CBI (Cognitive Behavioral Intervention) using The CBI-EA (Employed Adults) 32 Session curriculum which emphasizes managing risky behavior and thoughts within the workplace AND CBI-CA (Core Adult) 55 Session curriculum which provides a thorough intervention that broadly targets all criminogenic needs for adult populations both offered by the University of Cincinnati.
- Provide guidance, support and business set-up assistance to participants who are interested in starting their own business.
- **SOAR PROCESSOR:** Work with referral sources and community partners to identify applicants through team meetings, outreach, and referrals. Complete interviews with individuals to gather information to complete SSI/SSDI applications. Gather medical records and other information to complete SSI/SSDI applications. Write SOAR Medical Summary Reports for individual applications. Coordinate visits to medical doctors, psychiatrists, and other specialists to obtain evidence for the application. Coordinate case management services with partners and help with providing case management services to individuals when needed.

Charlotte Perkins

5035 Brilliance Circle | Cocoa, FL 32926

Email Address: Charlotte.perkins@gmail.com |
cperktrc@mycommunitycaresbrevard.org

MY COMMUNITY CARE - DIRECTOR OF PLANNING AND DEVELOPMENT – 02/15/2015-10/01/2019 (PRESENT ACTIVE VOLUNTEER)

- Worked with the Executive Director to determine the mission, purpose, and priorities of the organization.
- Maintains a list of potential financial donors including corporations, foundations, and individuals.
- Researched potential sources of, and assisted grant writers with applying for, grants and public funding.
- Maintained records of receipts and disbursements of funds.
- Organize schedule for after school, support groups and kids' camp.
- Prepare proposals and budgets for programs and competitive RFP's.
- Market programs via mailings, flyers, and social media.
- Contract experience contractors to address specific needs of the programs.
- Organize Summer and afterschool programs.
- Develop and oversee all curriculum for grades k-5 for summer camp programs.
- Assisted children with homework including reading, writing and mathematics in a safe environment.
- Planned academic enrichment activities such as reading, writing, comprehension, math problem solving and history.
- Founded and facilitated the Single Mothers Intervening Lives Effectively (SMILE) a single parent support group.
- Instituted and Coordinated GED classes through Brevard Adult Ed at our location.

Qualifications:

- Results-oriented and self-directed
- Technically proficient problem solver with the ability to handle multiple projects and tasks.
- Self-starter with experience in running private bookkeeping, notary service, and nonprofit organizations.
- Proficient in Excel and other Microsoft Applications, RENEW, PeopleSoft, MAS90, Oracle, SAP, Solaar, Push Pay, Churchtrac, Adobe, and QuickBooks Pro.
- Excellent in customer service, written and verbal communications.
- Ability to understand the needs of agencies and organization in need of funding and the organization that is offering the grant money.

Education and Professional Associations

- **Masters in Business Administration**, Accounting, Everest University 2011
- **Bachelor of Arts in Theological Studies** Brevard Christian University 2004
- **Bachelor of Arts in Communications**, University of Central Florida 1992
- **Associates of Arts** in General Studies Brevard Community College 1990
- **Notary Public 2024**
- **Certified SOAR Processor**

Milestones & Benchmarks

MCC Milestones and Benchmarks

A Special Place for Our Teens (The SPOT) – The primary focus of this program are Teens in Crisis. It is designed to provide a safe haven for youth within our Brevard County community. This program offers a safe place for them to receive tutoring, mentoring and life skills training. We are dedicated to improving the graduation rate and encouraging them to become successful law-abiding citizens. This will be accomplished by exposure to various trade schools, entrepreneurship opportunities, college tours, and etc. The SPOT offers positive affirmations and teaches the importance of respect and good sportsmanship. We express our love and offer spiritual guidance to them and to their parents. We are committed to educating, training, and equipping these teens by providing life skills and relationships that will help deter and prevent suicidal thoughts, criminal/gang activities, drug & alcohol abuse and teen pregnancy.

- **Basketball Tournament-** During the summer months for 4-5 weeks, we provide a safe haven for teens to come together for a night of fun, and offer an educational, inspirational, and recreational program. During the summer this activity is expanded to each Friday night and encompasses bringing all ages together. These activities are provided through partnerships with other community organizations, local ministries, business leaders and community members.

Year	Milestone	Benchmark
	Birth of The SPOT - A Special Place for Our Teens under The REAL Church	Assessed community to find out needs. Community stated there was nothing for teens to do except get in trouble.
	The S.P.O.T. Kick off – 25 kids. Gave out 200 uniforms for charter school	75% of kids participated attended 2 sessions a week.
	The S.P.O.T. Continues it's mission and starts collaborating with the police department, community and local business and organizations as sponsors. MENTovention and "Stop the Killing" was birthed.	50% kids attending Mentorvention tutoring, mentoring and life skills training sessions.
	2015 - The S.P.O.T. rolls under My Community Cares, Inc. and implemented a summer basketball tournament held at Joe Lee Smith Center	350 teenage attendees at the basketball tournaments weekly for 10 weeks. 35% kids attending Mentorvention tutoring, mentoring and life skills training sessions..
	Healthfirst partners with MCC.	35% kids attending Mentorvention tutoring, mentoring and life skills training sessions.
	The God Project begins – Going in an Opposite Direction kicks off under	8 – Teen participants 12 – Volunteers 35% kids attending Mentorvention

MCC Milestones and Benchmarks

	the SPOT.	tutoring, mentoring and life skills training sessions.
	The S.P.O.T. launches employment opportunities for teens at The PLUG Summer Camp	18 Teenagers employed as Youth Camp Counselors 35% kids attending Mentorvention tutoring, mentoring and life skills training sessions weekly.
	The S.P.O.T. tournaments moved to the New Joe Lee Center.	45% kids attending Mentorvention tutoring, mentoring and life skills training sessions weekly
		45% kids attending Mentorvention tutoring, mentoring and life skills training sessions weekly
	The S.P.O.T. 2 – Week Tournament	50% kids attending Mentorvention tutoring, mentoring and life skills training sessions weekly

First Name	Last Name	Email	Street	City	State	Zip	Mobile Phone	Grade Entering	Parent/Guardian
Kodi Kingston			529 Forest Trace Cir	Titusville	FL	32780		6th	
Trevis			3206 s Hopkins ave apt 215	Titusville	FL	32789		4	
Jayla			1048 Fern Ave	Cocoa	FL	32922		6th	
Londyn			1048 Fern St.	Cocoa	FL	32922		1st Grade	
Essie			405 N. Fiske Blvd	Cocoa	FL	32922		3rd	
Kaniyah			1703 Mission Bay Cir	Rockledge	FL	32922		6	
Kharley			806 Washington ave	Cocoa	FL	32922		3	
Kaiden			707 s varr ave	Cocoa	FL	32922		2nd	
Kaison			707 s varr ave	Cocoa	FL	32922		2nd	
Kaidyn			816 S Wilson Ave	Cocoa	FL	32922		5	
Jeramiyah			226 st Clair dr	Cocoa	FL	32922		4th	
Jordan			226 st Clair dr	Cocoa	FL	32922		4th	
Jeremiah			707 s varr ave	Cocoa	FL	32922		5th	
Aaron			338 Bay Avenue	Cocoa	FL	32922		3	
Amaya			1115 School St	Cocoa	FL	32922		5	
Reina			1115 School St	Cocoa	FL	32922		1	
Jay'Ceion			338 Bay Ave Apt B	Cocoa	FL	32922		4	
Le'ani			338 Bay Ave Apt B	Cocoa	FL	32922		1	

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First Name	Last Name	Email	Street	City	State	Zip	Mobile Phone	Grade Entering	Parent/Guardian
Eternity	[REDACTED]	[REDACTED]	1227 C St <i>No Suchy street address</i>	Cocoa	FL	32922	[REDACTED] 9	5th	[REDACTED]
Eliza	[REDACTED]	[REDACTED]	1227 C St	Cocoa	FL	32922	[REDACTED] 9	1st	[REDACTED]
Jayceon	[REDACTED]	[REDACTED]	1627 flower mound lane apt 414	Cocoa	FL	32922	[REDACTED] 5	5th	[REDACTED]
Malani	[REDACTED]	[REDACTED]	800 North Fiske Apt 414	Cocoa	FL	32922	[REDACTED] 5	5	[REDACTED]
Paris	[REDACTED]	[REDACTED]	618 Johnson st	Cocoa	FL	32922 (910)	[REDACTED] 6	6	[REDACTED]
Patience	[REDACTED]	[REDACTED]	618 Johnson st	Cocoa	FL	32922 (910)	[REDACTED] 6	4	[REDACTED]
Olivia	[REDACTED]	[REDACTED]	312 Edinburgh drive	Cocoa	FL	32922	[REDACTED] 2	Fourth grade	[REDACTED]
Kyson	[REDACTED]	[REDACTED]	806 Washington ave	Cocoa	FL	32922	[REDACTED] 0	2	[REDACTED]
Kali	[REDACTED]	[REDACTED]	611 Whaley street	Cocoa	FL	32922	[REDACTED] 5	1st	[REDACTED]
Jaylen	[REDACTED]	[REDACTED]	806 Washington ave	Cocoa	FL	32922	[REDACTED] 0	6	[REDACTED]
Imoni	[REDACTED]	[REDACTED]	806 Washington ave	Cocoa	FL	32922	[REDACTED] 0	3rd	[REDACTED]
Trinice	[REDACTED]	[REDACTED]	811 Barbara Jenkins St	Cocoa	FL	32922	[REDACTED] 3	6th	[REDACTED]
Alaina	[REDACTED]	[REDACTED]	5154 Brilliance Cir	Cocoa	FL	32926	[REDACTED] 1	4th	[REDACTED]
Aliyah	[REDACTED]	[REDACTED]	5154 Brilliance Cir	Cocoa	FL	32926	[REDACTED] 1	2nd	[REDACTED]
kentorion	[REDACTED]	[REDACTED]	1626 fay st	cocoa	FL	32926	[REDACTED] 5	2	[REDACTED]
Jalen	[REDACTED]	[REDACTED]	2127 Amalfi Dr	Cocoa	FL	32926	[REDACTED] 5	1st	[REDACTED]
Amani	[REDACTED]	[REDACTED]	2127 Amalfi Dr	Cocoa	FL	32926	[REDACTED] 5	3rd	[REDACTED]
Agina	[REDACTED]	[REDACTED]	5154 Brilliance Cir	Cocoa	FL	32926	[REDACTED] 1	4th	[REDACTED]

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First Name	Last Name	Email	Street	City	State	Zip	Mobile Phone	Grade Entering	Parent/Gu
Aliyah			5154 Brilliance Cir	Cocoa	FL	32926		2nd	
Keivionna			4008 lake cir	Cocoa	FL	32926		9	
Kevin			4008 lake cir	Cocoa	FL	32926		10	
Takariah			4008 lake cir	Cocoa	FL	32926		4	
Makayla			3635 Atlanta street	Cocoa	FL	32926		1	
Mikayla			6130 Balboa Street	Cocoa	FL	32927		6	
Journee			4125 song dr	Cocoa	FL	32927		4	
Nova			6790 Haddington Drive	Cocoa	FL	32927		3rd	
Aiden			4125 Song Dr	Cocoa	FL	32927		5th	
Shatara			4125 Song Dr	Cocoa	FL	32927		2nd	
Jeremiah			4125 Song Dr	Cocoa	FL	32927		2nd	
Johntavious			973 Kaufman st	Cocoa	FL	32927		5th	
Kiori			4125 song drive	Cocoa	FL	32927		Kindergarten	
Malachi			1165 Jordan Rd. G2	Merritt Isla	FL	32953		2nd Grade	
Nova			1165 Jordan Rd. G2	Merritt Isla	FL	32953		1st Grade	
Christopher			3085 sea gate cir	Merritt isla	FL	3295		2 nd	
Prince			1165 jordan rd l4	Merritt isla	FL	3295		1st grade	
Joshawn			1294 Robbinswood dr	Rockledge	FL	3295		5th	

First Name	Last Name	Email	Street	City	State	Zip	Mobile Phone	Grade Entering	Parent/Guardian
Lovelle	[REDACTED]	[REDACTED]	1086 Sangria Circle	Rockledge	FL	32955	[REDACTED]	6	[REDACTED]
Ashton	[REDACTED]	[REDACTED]	1086 Sangria Circle	Rockledge	FL	32955	[REDACTED]	4	[REDACTED]
Kirsten	[REDACTED]	[REDACTED]	1086 Sangria Circle	Rockledge	FL	32955	[REDACTED]	2	[REDACTED]
Damonie	[REDACTED]	[REDACTED]	1022 Bernice Road	Rockledge	FL	32955	[REDACTED]	3	[REDACTED]
Constantine	[REDACTED]	[REDACTED]	1003 s fiske blvd	rockledge	FL	32955	[REDACTED]	3rd grade	[REDACTED]
Amaya	[REDACTED]	[REDACTED]	A12xm@gmail.com	Rockledge	FL	32956	[REDACTED]	1st	[REDACTED]

DESCRIPTION	AMOUNT
Transportation	\$3,000
Staff	\$14,400
Rent	\$2,000
Admin	\$6,000
Incidentals	\$2,600
TOTAL	\$28,000 -Budget

60 ~~66~~ – Kids

16 ~~28-30~~ – Diamond Square

HEDMAN & WOOTEN, P. A.

Attorneys at Law
Certified Circuit Civil Mediator
www.hedmanandwootenpa.com
335 S. Plumosa Street, Suite E
Merritt Island, Florida 32952

Jason Hedman

Telephone: (321) 452-3720

Fax: (321) 452-9096

Leland W. Wooten, Jr.*

E-Mail: jhedman@hedmanandwootenpa.com

*Retired

July 11, 2025

City of Cocoa
Diamond Square Community Redevelopment Agency

Re: Grant Request of My Community Cares and Pastor Jarvis Wash

Dear Agency Members:

I am writing on behalf of Pastor Jarvis Wash and My Community Cares. I have known Pastor Jarvis for many years and worked with him in connection with the Merritt Island Breakfast Rotary Club, LEAD Brevard, the R.E.A.L. Church, and My Community Cares. I met Pastor Jarvis at a "block party" where he was working with the Cocoa Police on community relations. Over the years, I have worked with him and My Community Cares to fund after care programs for children and events throughout the summer to provide constructive and beneficial activities for young people. He was also providing programs for youth at the Joe Lee Smith Community Center, with support from various companies and community leaders, providing constructive activities for the youth over the summer. He has also been instrumental in dealing with the different circumstances that arise in connection with community relations. He has facilitated trips working with the Merritt Island Breakfast Rotary Club for area youth to travel to the University of Florida, attend a Gator football game, and experience life on a college campus. He has also met with community members "where they are" and provided needed services such as ministry to children and families with providing free laundry days at a laundromat, meeting for prayer and to assess needs in various housing project communities, and other efforts to avoid or reduce gun violence and bring Godly principles into the lives of Brevard County residents and in particular the good people of Cocoa.

In all of my dealings with him, he is a man of integrity and is able to bring together the community in an effective manner to benefit those who need the most help.

City of Cocoa
Diamond Square Community Redevelopment Agency
July 11, 2025
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Thank you for taking the time to consider My Community Cares and Pastor Jarvis Wash. If you need further information or if I may be of further assistance, please feel free to contact me at 321-452-3720.

Very truly yours,

Jason Hedman

JH:sl



July 8, 2025

**Re: Letter of Support for Pastor Jarvis and My Community Cares – City of Cocoa’s
Diamond Square Community Redevelopment Agency**

To Whom It May Concern,

I’m honored to write in strong support of Pastor Jarvis and the organization he leads, *My Community Cares (MCC)*. As both a business leader and member of this community, I’ve had the privilege of witnessing the remarkable impact Pastor Jarvis has made in the lives of countless individuals—particularly our youth and underserved families.

Pastor Jarvis is not only a man of vision and deep faith, but one of extraordinary action. When others see roadblocks, he sees opportunity. I’ve personally seen him hit the streets, knock on doors, and connect directly with those in need—bringing hope where it is desperately needed.

MCC continues to serve as a lifeline to our community by offering after-school programs, GED support for parents, childcare, summer camps, and “The SPOT” (Special Place for Our Teens). At the heart of these efforts is a simple but powerful tool: food. MCC’s commitment to feeding both body and spirit makes it a uniquely effective partner in any city initiative aimed at community uplift.

Pastor Jarvis’s reach spans Cocoa, Merritt Island, and beyond. His leadership is authentic, grassroots, and transformative. Supporting his work is not just a good decision—it is a strategic investment in a stronger, more resilient community.

I urge the City of Cocoa’s Diamond Square Community Redevelopment Agency to grant this request. There is no doubt that any support extended to Pastor Jarvis and MCC will be multiplied in impact.

With great respect,

Steve Smith
President
Guardian Manufacturing, Inc.
www.guardianmfg.com



LIGHTLE BECKNER ROBISON

• I N C O R P O R A T E D •

COMMERCIAL REAL ESTATE SERVICES

July 9, 2025

Re: Letter of Support for Pastor Jarvis and My Community Cares - City of Cocoa's Diamond Square Community Redevelopment Agency

To Whom It May Concern,

I'm writing in support of Pastor Jarvis and one of the organizations he leads, *My Community Cares (MCC)*. I have worked with Jarvis for 15 years and seen the impact Pastor Jarvis has made in the lives of countless individuals – particularly our youth and underserved families.

MCC continues to serve as a lifeline to our community by offering after-school programs, GED support for parents, childcare, summer camps, and "The SPOT" (Special Place for Our Teens). At the heart of these efforts is a simple but powerful tool: food. MCC's commitment to feeding both body and spirit makes it a uniquely effective partner in any city initiative aimed at community uplift.

Pastor Jarvis's reach spans Cocoa, Merritt Island, and beyond. His life experiences uniquely allow him opportunities most would not see, and he thrives in meeting the communities needs. Supporting his work is not just a good decision – it is a strategic investment in a stronger more resilient community.

I urge the City of Cocoa's Diamond Square Community Redevelopment Agency to grant this request. There is no doubt that any support extended to Pastor Jarvis and MCC will be multiplied in impact.

Sincerely,

Brian Lightle, CCIM, SIOR, CRE

◀ LICENSED REAL ESTATE BROKER ▶

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