

Return of Organization Exempt From Income Tax

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

2024

Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
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Inspection

A For the 2024 calendar year, or tax year beginning 7/01, 2024, and ending 6/30, 2025

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C GROVER CLEVELAND BIRTHPLACE MEMORL. ASSN 207 BLOOMFIELD AVENUE (P.O.BOX 183) CALDWELL, NJ 07006		D Employer identification number 22-3205721
			E Telephone number (973) 226-0327
			G Gross receipts \$ 283,355.
	F Name and address of principal officer: GREG COWELL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions.
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.PRESIDENTCLEVELAND.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: M State of legal domicile: NJ			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ENCOURAGE PUBLIC AWARENESS AND PRESERVE THE BIRTHPLACE OF GROVER CLEVELAND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		272,797.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,093.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		657.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		282,547.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		60,195.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		60,195.
19	Revenue less expenses. Subtract line 18 from line 12		222,352.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	327,916.	550,168.
	22	Net assets or fund balances. Subtract line 21 from line 20	27.	27.
		327,889.	550,141.	

Part II Signature Block

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

Sign Here	Signature of officer GREG COWELL Type or print name and title		Date TREASURER	
	Preparer's name PHILIP KINZEL	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00633584
Paid Preparer Use Only	Firm's name KINZEL & CO., LLC	Firm's EIN 20-8002636		
	Firm's address 195 FAIRFIELD AVE., SUITE 1D WEST CALDWELL, NJ 07006	Phone no. 973-226-1430		

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