1765

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE K (Form 990)

Attach to Form 990.

20**23** Inspection

OMB No. 1545-0047

Employer identification number 13-5598093 THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK						13	13-5598093	3093		
Part Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of Issuer	(i) Pooled financing	oled
						Yes	No No	Yes No	Yes No	2 N
A DORMITORY AUTHORITY OF STATE OF NEW YORK 2023A	14-6000293	65000BE20	06/07/2023	331,835,000,	331,835,000, REFUND 2021CP AND FUND NEW PROJECT		×	×		×
80										
								-		
O O										
D								-		
Part II Proceeds							25			2
				4	В			_	_	

			A		В	S		٥	
-	Amount of bonds retired								
2	Amount of bonds legally defeased								
ო	Total proceeds of issue	332,056,	056,895.						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
9	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1.0	1,048,039.						
∞	Credit enhancement from proceeds								
6	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	205	205,883,856.						
1	Other spent proceeds	125	125,125,000.						
12	Other unspent proceeds								
13	Year of substantial completion		2023						(E. 19
		Yes	No	Yes	No	Yes	No	Yes	N _o
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?		×						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?	×							
16	Has the final allocation of proceeds been made?	×							
17	Does the organization maintain adequate books and records to support the								
19	final allocation of proceeds?	×							
For	For Paperwork Reduction Act Notice, see the Instructions for Form 990.						S	Schedule K (Form 990) 2023	rm 990) 2023

JSA 3E1295 1,000

Page 2

Schedule K (Form 990) 2023

Part III Private Business Use	DORMITORY A	AUTHORITY	OF	NEW YORK	2023A			
	4			B		ပ	٥	6. 33
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	o _N	Yes	S _O
which owned property financed by tax-exempt bonds?		×						
2 Are there any lease arrangements that may result in private business use of								
Telesconte soleta	×							3
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?	×							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?	×							
c Are there any research agreements that may result in private business use of								
	×							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?	×							
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government	Z	NONE %		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization								
another section 501(c)(3) organization, or a state or local government		NONE %		%		%		%
6 Total of lines 4 and 5	4	NONE %		%		%		%
1		×						
۱,								
		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the	;							
Post IV Arbitrade	<							
	4			m		S		
1 Has the issuer filed Form 8038-T. Arbitrage Rebate, Yield Reduction and	Yes	°N	Yes	Š	Yes	e e	Yes	oN
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?								
l a	×							
b Exception to rebate?		×						
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		×						
						_เ	Schedule K (Form 990) 2023	rm 990) 2023

3E1296 1,000

Personal regulation of the governmental issuer entered into a qualified Yes A No Yes No Yes No Yes No No Yes No	The organization or the governmental issuer entered into a qualified with the organization or the governmental information for the governmental information. Provide additional information for responses to questions or set in the organization. The region of the circuit of th	organization or the governmental issuer entered into a respect to the bond issue?								
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of broades of helipse ne helipse superintinggrands* ne proceeds investigate the fair market value of the GIC satisfierd? ne proceed investigate the proceed more procedures to monitor the anneal septimental written procedures to monitor the anneal septiments are through the any constructions to abhalished written procedures to monitor the any constructions are proceed in the organization established written procedures to monitor the any interesting and interesting the statemental and corrected through the any constructions of section 1487* Proceedures To Understand Corrective Action Proceedures To Understand Corrective Action Proceedures To Understand Corrective Action Proceedures To Understand Section 1487* No Yess No Yess No Yess Any Action and corrected through the any constructions. Supplemental Information Provide additional information for responses to questions on Schedule K. See instructions. Supplemental Information Provide additional information for responses to questions on Schedule K. See instructions.	of broades of helipse no helipse superintinggrands* no helipse superintinggrands* no helipse superintinggrands* no figures proceeds invested in superinting the fair market value of the CIC satisfied? no figureds superinting the fair market value of the CIC satisfied? no figureds superinting the fair market value of the CIC satisfied? no figureds in superinting the fair market value of the CIC satisfied? No for superinting the fair market value of the CIC satisfied? No for superinting the fair market value of the CIC satisfied? No for superinting the fair market value of the CIC satisfied? No for superinting the fair market value of the CIC satisfied? No for superinting the fair market value of the CIC satisfied? No for superinting the fair market value of the CIC satisfied? No for superinting the fair market value of the CIC satisfied and corrected through the any contact of through t			×						
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of proplect control of co	of provider of the constraints o	With the state and the state of		>						
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any gross proceeds invested beyond an avelable temporary period?	any gross proceeds invested beyond an available temporary period?	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
the organization established written procedures to monitor the x emems of section 1467	the organization established written procedures to monitor the Xi ements of section 1467	Were any gross proceeds invested beyond an available temporary period?		×						
Procedures To Undertake Corrective Action The organization established written procedures to ensure that violations dreaf ax requirements are timely distinged and ordered attrough the adversing agreement program if self-remediation isn't available under X Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	Procedures To Undertake Corrective Action The organization established written procedures to ensure that violations dreaf ax equirements are timely distinged and ordered at more than organization solves are timely distinged and ordered at more than organization is a violation and any closing agreement program if self-emediation is it available under the supplemental information. Provide additional information for responses to questions on Schedule K. See instructions.	Has the organization established written procedures to monitor								
Procedures To Undertake Corrective Action the organization established written procedures to ensure that violations deral tax requirements are timely identified and corrected through the able regulations? Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	Procedures To Undertake Corrective Action the organization established written procedures to ensure that violations deral tax requirements are timely identified and corrected through the able regulations? Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	rements of section 148?	×							
the organization established written procedures to ensure that violations of the organization established written procedures to ensure that violations are timely identified and corrected through the regulations? Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	the organization established written procedures to ensure that violations of the organization established written procedures to ensure that violations are timely identified and corrected through the advised end or corrected through the regulations? Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	Procedures To Undertake Corrective Ac								
the organization established written procedures to ensure that violations deral lax requirements are timely identified and corrected through the any configuration is elf-remediation is elf-remediation in the responses to questions on Schedule K. See instructions. Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	the organization established written procedures to ensure that violations deral lax requirements are timely identified and corrected through the any configuration is elf-remediation is elf-remediation is elf-remediation for responses to questions on Schedule K. See instructions.			4		_ 		U		٥
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ary closing agreement program if self-remediation isn't available under X Supplemental Information. Provide additional information for responses to questions on Schedule K.	ary closing agreement program if self-remediation isn't available under X Supplemental Information. Provide additional information for responses to questions on Schedule K.	the organization established written procedures to federal tax requirements are timely identified and continued to the control of the control	S	2	Sp	2	S D L	2	n n	2
Supplemental Information. Provide additional information for responses to questions on Schedule K.	Supplemental Information. Provide additional information for responses to questions on Schedule K.	self-remediation	>							
		'	noisein	Scho S	N dillo	Pe instruct	ions			
		1 1								
Schedule K (Form 99) (40)		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5						•,	Schedule K (F	el (ded muo

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number

IN THE CITY OF NEW									-559					_
Part I Excess Benefit Complete if the	Transactions organization a	(section 501 Inswered "Ye	(c)(3 es" or), sect n Form	ion 501(c)(4) n 990, Part IV), and /, line	section 501(c)(29 25a or 25b; or For) orgar m 990-	nizatio EZ, P	ns onl art V,	y) line 4	0b.		
1 (a) Name of disqualifie	d person	(b) Relatio	nship l	between	disqualified pers	on and	(c) Des	cription	of trans	action		(d) Corre	cled?
				organiz	ation							Υ	es l	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														_
2 Enter the amount of	tax incurred b	y the organiz	zatior	n mana	agers or disq	ualifie	d persons during t	the yea	ar					
under section 4958										\$_			_	_
3 Enter the amount of	tax, if any, on li	ne 2, above,	reimi	bursed	d by the orga	nizatio	n		• (* E	\$_			_	_
										_		_	-	_
Part II Loans to and/o				n Earn	000 E7 Ba	vet \/ li	ne 38a, or Form 9	an Dar	+ I\/ Ii	no 26	or if i	he		
organization re							ne soa, or roini s	50, Fai		116 20	, 01 11 1	.110		
			$\overline{}$							· · ·				_
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or	(e) Origin principal am		(f) Balance due	(g) In (default?		proved ard or	(i) W agree		
	With Organization	Todii		ization?	po.par o	00.11					nittee?	3		
SEE SUPPLEMENTAL PAGE			То	From				Yes	No	Yes	No	Yes	N	0
(1)			10	1										
(2)						_								
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total	NAME OF BRIDE		**** *				\$ 9,307,984.							
Part III Grants or Assi														
Complete if the								_						_
(a) Name of interested person		p between intere the organization			Amount of ssistance		(d) Type of assistance		(e)	Purpos	se of as	sistanc	e 	
(1)														
(2)														_
(3)						_								_
(4)														_
(5)														_
(6)														_
_(7)														_
(8)														_
(9)														_

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

Schedule L (Form 990) 2023

(10)

Schedule L (Form 990 or 990-EZ) 2023 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1)JILL S. GOLDMAN	SPOUSE OF KEY EMPLOYEE	98,250	EMPLOYMENT		Х
(2) VALERIE J. PURDIE-GREENAWAY	SPOUSE OF TRUSTEE	327,879.	EMPLOYMENT		Х
(3)TROY EGGERS	SPOUSE OF OFFICER	713,537	EMPLOYMENT		Х
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

NOTES TO SCHEDULE L

AMOUNTS SHOWN ON SCHEDULE L PART IV REPRESENT PAYMENTS BY THE UNIVERSITY TO THE LISTED INTERESTED PERSONS. SPOUSES OF A FORMER KEY EMPLOYEE, A TRUSTEE, AND AN OFFICER WERE EMPLOYEES OF THE UNIVERSITY DURING THE REPORTING PERIOD. AMOUNTS REPORTED ON SCHEDULE L REPRESENT WAGES AND BENEFITS AND WERE DETERMINED IN ACCORDANCE WITH THE UNIVERSITY'S REGULAR COMPENSATION PRACTICES APPLICABLE TO SIMILARLY SITUATED EMPLOYEES. THE UNIVERSITY OFFICIALS TO WHOM THESE INDIVIDUALS ARE RELATED DID NOT PARTICIPATE IN OR INFLUENCE THE UNIVERSITY'S DECISION ABOUT THESE TRANSACTIONS.

SCHEDULE L, PART II

THE LOANS REPORTED FOR JOHN COATSWORTH AND LEE BOLLINGER IN PART II ARE INTEREST BEARING AND SECURED BY AN INTEREST IN A PRIMARY RESIDENCE.

THE LOANS REPORTED FOR AMY HUNGERFORD, LEE GOLDMAN, AND TROY EGGERS IN PART II ARE INTEREST BEARING AND WERE MADE IN CONNECTION WITH A PRIMARY RESIDENCE.

Schedule L (Form 990 or 990-EZ) 2023

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Supplemental Information Part V

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II

(A/B) NAME AND RELATIONSHIP	(C) PURPOSE OF LOAN	(D) LOAN TO FROM	(E) ORIGINAL	(F) BALANCE DUE (G)	IN DEFAULT? (H) APPROVED YES NO	(I) WRITTEN YES NO
JOHN COATSWORTH		Х	1,475,000.	2,241,820.	Х	Х	Х
FRMR OFFICER	HOUSING						
JOHN COATSWORTH		х	525,000.	641,822.	X	X	X
FRMR OFFICER	HOUSING						
AMY HUNGERFORD		Х	171,710	34,342	X	Х	X
KEY EMP	HOUSING						
LEE GOLDMAN		X	500,000	300,000	X	X	X
FRMR KEY EMP	HOUSING						
LEE BOLLINGER		X	6,000,000	6,000,000.	X	X	X
FRMR OFFICER	HOUSING						
TROY EGGERS		Х	150,000	90,000	X	Х	Х
SPOUSE OF OFFICER	HOUSING						
	TOTAL			9,307,984			

SCHEDULE M (Form 990)

Noncash Contributions

20**23**

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number

IN THE CITY OF NEW YORK

13-5598093

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			
1	Art - Works of art	X	4	NONE				
2	Art - Historical treasures				JI			
3	Art - Fractional interests							
4	Books and publications			NONE				
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	425	190,437,131.	COST/SALES	PR	ICE	
10	Securities - Closely held stock	Х	3	2,750,166.	COST/SALES	PR	ICE	
11	Securities - Partnership, LLC,							
	or trust interests	Х	14	20,783,533.	COST/SALES	PR	ICE	
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
• •	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		1	NONE				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (EQUIPMENT)	Х	3	NONE				
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for				
29	which the organization completed I				29			. 8
	which the organization completed i	1 0/111 0200,	rait v, bonce rainbuildag		425		Yes	No
302	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I. line	s 1 through			
304	28, that it must hold for at least 3							
	used for exempt purposes for the e					30a		Х
ь	If "Yes," describe the arrangement		poriod.					
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
JI	contributions?					31	Х	
32-	Does the organization hire or us							
JZd	contributions?					32a	Х	
L	If "Yes," describe in Part II.							
	If the organization didn't report an	amount in 4	column (c) for a type of pro	nerty for which column (a) is checked			
33	describe in Part II.	amount in (onamin (o) for a type of pro	porty for willow obtaining	, .5 55553,			
						_		

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

Schedule M (Form 990) 2023

Part II Sun

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

USE OF THIRD PARTIES TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32B

THE UNIVERSITY USES THIRD PARTY INVESTMENT BROKERS TO SELL NONCASH

CONTRIBUTED SECURITIES. THIRD PARTIES ARE NOT USED TO SOLICIT OR PROCESS

NONCASH CONTRIBUTIONS.

DESCRIPTION OF CONTRIBUTED PROPERTY FOR WHICH REVENUES ARE NOT REPORTED

SCHEDULE M, PART I, LINE 33

UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, CONTRIBUTIONS OF WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS NEED NOT BE RECOGNIZED AS REVENUES AND CAPITALIZED IF THE DONATED ITEMS ARE ADDED TO COLLECTIONS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN. BECAUSE THE UNIVERSITY UTILIZES CONTRIBUTIONS OF ART AND HISTORICAL TREASURES IN FURTHERANCE OF PUBLIC SERVICE, THESE CONTRIBUTIONS ARE NOT RECOGNIZED AS REVENUE FOR FINANCIAL STATEMENT PURPOSES. IN ADDITION, MINOR GIFTS, SUCH AS FOOD OR SUPPLIES, ARE CONSIDERED DE MINIMIS.



Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN (B)

THE FIGURES IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED.

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2023
Open to Public Inspection

Name of the organization

Employer identification number

13-5598093

SUPPLEMENTAL INFORMATION

THE TRUSTEES OF COLUMBIA UNIVERSITY

FORM 990, PART I, LINE 4 AND PART VI, LINE 1B

DETAIL REGARDING THE NUMBER OF INDEPENDENT VOTING MEMBERS

UNDER THE INSTRUCTIONS FOR THIS FILING, TWO TRUSTEES ARE NOT CLASSIFIED

AS INDEPENDENT. ONE BY VIRTUE OF THEIR EMPLOYMENT AS PRESIDENT, AND ONE

FORM 990, PART I, LINE 6

DETAIL REGARDING THE NUMBER OF VOLUNTEERS

BY VIRTUE OF THE EMPLOYMENT OF THEIR SPOUSE.

THE NUMBER SHOWN IS AN ESTIMATE OF ALUMNI VOLUNTEERS WHO WORK WITH THE UNIVERSITY'S CENTRAL ALUMNI OFFICE. ADDITIONAL VOLUNTEERS WORK IN MANY OF THE UNIVERSITY'S SCHOOLS, CENTERS AND OTHER PROGRAMS.

FORM 990, PART V, LINE 4B

FOREIGN COUNTRY LIST

ANGOLA

BANGLADESH

BRAZIL

BURUNDI

CAMEROON

CHILE

CHINA

DEMOCRATIC REPUBLIC OF THE CONGO

ETHIOPIA

FRANCE

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization 13-5598093 THE TRUSTEES OF COLUMBIA UNIVERSITY GEORGIA **GERMANY** GREECE **GUATEMALA** HONDURAS INDIA ISRAEL ITALY COTE D'IVOIRE (IVORY COAST) JAPAN JORDAN KAZAKHSTAN KENYA KYRGYZSTAN LESOTHO MALAWI MOZAMBIQUE MYANMAR NIGERIA PANAMA PHILIPPINES RWANDA SIERRA LEONE

SOUTH AFRICA

SOUTH SUDAN

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE TRUSTEES OF COLUMBIA UNIVERSITY 13-5598093

SWAZILAND

TAJIKISTAN

TANZANIA

TUNISIA

TURKEY

UGANDA

UKRAINE

UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)

ZAMBIA

ZIMBABWE

FORM 990, PART V, LINES 7G AND 7H

CONTRIBUTIONS OF CERTAIN TYPES OF PROPERTY

DURING THE YEAR ENDED JUNE 30, 2024, THE UNIVERSITY DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY, CARS, BOATS, AIRPLANES, OR OTHER VEHICLES. AS A RESULT, THE UNIVERSITY WAS NOT REQUIRED TO FILE FORMS 8899 OR 1098-C TO REPORT SUCH CONTRIBUTIONS.

FORM 990, PART V, LINES 15 & 16

EXCISE TAXES

PER SECTION 4960 OF THE IRC AND IRS FINAL REGULATIONS (TD 9938), EXCESS REMUNERATION IS CALCULATED BASED ON THE AMOUNTS PAID DURING THE CALENDAR YEAR ENDING WITH OR WITHIN THE TAXABLE YEAR OF THE EMPLOYER. DURING THE 2023 CALENDAR YEAR, SIX EMPLOYEES RECEIVED COMPENSATION OVER \$1 MILLION THAT IS SUBJECT TO THE EXCISE TAX ON EXCESS REMUNERATION. THE UNIVERSITY

JSA 3E1227 1.000

6416BJ K321 V23-7.16

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number 13-5598093

HAS ANSWERED THIS QUESTION "YES" AND HAS COMPLETED AND FILED FORM 4720 IN ACCORDANCE WITH IRS INSTRUCTIONS.

THE UNIVERSITY HAS REVIEWED SECTION 4968 OF THE IRC AND IRS FINAL REGULATIONS (TD 9917) TO DETERMINE IF IT IS SUBJECT TO THE EXCISE TAX ON NET INVESTMENT INCOME. BASED ON THIS GUIDANCE, THE UNIVERSITY DETERMINED IT DOES NOT HAVE APPLICABLE ASSETS IN EXCESS OF \$500,000 PER STUDENT (ON A FULL-TIME EQUIVALENT BASIS) AT JUNE 30, 2024. THEREFORE, THE UNIVERSITY HAS ANSWERED "NO" AS IT IS NOT SUBJECT TO THIS TAX.

FORM 990, PART VI, LINE 11B

PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990

MEMBERS OF THE TRUSTEES' AUDIT COMMITTEE REVIEWED THE FORM 990. FOLLOWING

THAT REVIEW, THE FORM 990 WAS MADE AVAILABLE TO ALL TRUSTEES VIA A SECURE

WEBSITE AND THEN PRESENTED TO THE FULL BOARD OF TRUSTEES AT A MEETING ON

MAY 7,2025. THE FINAL FORM WAS POSTED ON THE SECURE WEBSITE PRIOR TO

FILING.

FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
ALL TRUSTEES ARE SUBJECT TO THE "STATEMENT OF CONFLICT OF INTEREST POLICY
FOR THE TRUSTEES OF COLUMBIA UNIVERSITY." WHEN A TRUSTEE BECOMES AWARE OF
AN EXISTING OR POTENTIAL CONFLICT OF INTEREST, HE OR SHE HAS A DUTY TO:

(A) DISCLOSE THE CIRCUMSTANCES TO THE BOARD CHAIR OR OTHERS, AS
APPROPRIATE, (B) REFRAIN FROM ACTING TO INFLUENCE ANY DECISION WHICH

JSA 3E1227 1.000

6416BJ K321 V23-7.16

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-F7

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about contours a fronti coc o. coc ==/ and no measure is a second

THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number 13-5598093

MIGHT IMPROPERLY BENEFIT THE TRUSTEE OR A FAMILY MEMBER; AND (C) RECUSE HIMSELF OR HERSELF FROM PARTICIPATION IN ANY DISCUSSIONS OR DECISIONS ABOUT THE POTENTIAL TRANSACTION OR ACTIVITY. IN ADDITION, ALL TRUSTEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE DISCLOSURES ARE REVIEWED FOR APPROPRIATE ACTION.

ALL OFFICERS AND KEY EMPLOYEES ARE SUBJECT TO THE "STATEMENT OF
UNIVERSITY POLICY ON CONFLICTS OF INTEREST." WHEN AN OFFICER OR KEY
EMPLOYEE BECOMES AWARE OF AN EXISTING OR POTENTIAL CONFLICT OF INTEREST,
HE OR SHE HAS A DUTY TO: (A) DISCLOSE THE CIRCUMSTANCE TO HIS OR HER
SUPERVISOR, THE TRUSTEES OR OTHERS, AS APPROPRIATE; (B) REFRAIN FROM
ACTING TO INFLUENCE ANY DECISION WHICH MIGHT IMPROPERLY BENEFIT THE
OFFICER OR EMPLOYEE OR A FAMILY MEMBER; AND (C) RECUSE HIMSELF OR HERSELF
FROM PARTICIPATION IN ANY DISCUSSION OR DECISIONS ABOUT THE POTENTIAL
TRANSACTION OR ACTIVITY. IN ADDITION, ALL OFFICERS AND KEY EMPLOYEES ARE
REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO
CONFLICTS. THESE DISCLOSURES ARE REVIEWED AND ANY DISCLOSURES THAT COULD
GIVE RISE TO CONFLICTS AS IDENTIFIED THROUGH SUCH REVIEW ARE REPORTED TO
AN APPROPRIATE SENIOR OFFICER. ANY SUBSTANTIVE CONCERNS ARE ALSO REPORTED

FORM 990, PART VI, LINES 15A AND 15B

COMPENSATION PROCESS

THE UNIVERSITY FOLLOWS THE REVIEW PROCESS DESCRIBED BELOW FOR ALL OFFICERS AND KEY EMPLOYEES. THIS PROCESS HAS BEEN IN PLACE SINCE AT LEAST

JSA 3E1227 1.000

6416BJ K321 V23-7.16

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2023
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection number

13-5598093

THE TRUSTEES OF COLUMBIA UNIVERSITY

2000. THE COMPENSATION FOR THE ORGANIZATION'S PRESIDENT IS REVIEWED BY A COMPENSATION COMMITTEE OF INDEPENDENT TRUSTEES AND APPROVED BY THE INDEPENDENT TRUSTEES ON THE FULL BOARD. THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF INDEPENDENT TRUSTEES. IN CONNECTION WITH THE PRESIDENT'S COMPENSATION, THE COMPENSATION COMMITTEE AND THE BOARD REVIEW COMPARABILITY DATA AND MINUTES OF DELIBERATIONS ARE RECORDED CONTEMPORANEOUSLY WITH ANY ACTION. WITH RESPECT TO OTHER OFFICERS AND KEY EMPLOYEES, THE COMMITTEE FOLLOWS THE SAME PROCESS FOR REVIEW OF COMPARABILITY DATA AND CONTEMPORANEOUS DOCUMENTATION OF ITS ACTIONS. IN THE CASE OF THE ORGANIZATION'S PRESIDENT AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES, THE COMPENSATION COMMITTEE HAS ALSO CONSULTED WITH INDEPENDENT COMPENSATION CONSULTANTS IN DETERMINING COMPENSATION. THE COMPENSATION OF THE PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE THYESTMENT MANAGEMENT COMPANY IS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE OF THE INVESTMENT MANAGEMENT COMPANY'S BOARD OF MANAGERS. SUCH COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD MANAGERS. "INDEPENDENT TRUSTEE" OR "INDEPENDENT MEMBER" AS USED IN THIS FOOTNOTE MEANS WITHOUT A CONFLICT OF INTEREST WITHIN THE MEANING OF PARAGRAPH (C)(1)(III) OF REGULATION § 53.4958-6 OF THE INTERNAL REVENUE CODE. IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, PART VI, LINE 1B ABOVE USES A DIFFERENT DEFINITION.

FORM 990, PART VI, LINE 19

DOCUMENTS AVAILABILITY TO PUBLIC

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2023
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number 13-5598093

THE ORGANIZATION'S CHARTER AND STATUTES, FINANCIAL STATEMENTS AND THE "STATEMENT OF UNIVERSITY POLICY ON CONFLICTS OF INTEREST" ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.COLUMBIA.EDU.

FORM 990, PART VII, SECTION A

NOTE ON TRUSTEES

TRUSTEES' TIME DEVOTED TO POSITION (4 HOURS PER WEEK) REPRESENTS AN AVERAGE FOR ALL TRUSTEES BASED ON ATTENDANCE AT QUARTERLY MEETINGS AND REGULARLY SCHEDULED TELEPHONIC CONFERENCES THROUGHOUT THE YEAR. BOARD OFFICERS, COMMITTEE CHAIRS AND OTHER TRUSTEES OFTEN DEVOTE SIGNIFICANTLY MORE TIME TO THE POSITION.

FORM 990, PART VII, SECTION A

NOTE ON RELATED HOURS

INDIVIDUALS WITH LISTED HOURS FOR A RELATED ORGANIZATION SIT ON THE BOARD OF COLUMBIA CONTROLLED AFFILIATES AS PART OF THEIR OVERALL COLUMBIA DUTIES, WHEN AND AS NEEDED BY THE AFFILIATES AND THAT MAY NOT BE ON A REGULAR OR WEEKLY BASIS.

FORM 990, PART VIII

JSA 3E1227 1.000 DETAIL REGARDING ROYALTY INCOME/EXPENSE

THE UNIVERSITY PERIODICALLY FUNDS AND DEVELOPS PATENTS FOR CERTAIN

TECHNOLOGIES, THEN LICENSES THE USAGE OF THESE PATENTS TO COMPANIES. THE

REVENUE, NET OF PAYMENTS DUE TO THIRD PARTIES, IS RECORDED IN REVENUE

FROM OTHER EDUCATIONAL AND RESEARCH ACTIVITIES IN THE CONSOLIDATED

1782211

6416BJ K321 V23-7.16

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number

13-5598093

STATEMENT OF ACTIVITIES. COSTS INCURRED WITH DEVELOPING AND MAINTAINING
THESE PATENTS ARE EXPENSED AS INCURRED SO THAT WHILE ROYALTIES ARE PAID
TO FACULTY AND OTHERS IN CERTAIN CIRCUMSTANCES THESE AMOUNTS ARE NOT
REFLECTED IN THE STATEMENT OF FUNCTIONAL EXPENSES.

FORM 990, PART VIII, LINE 8 AND SCHEDULE G, PART II

DESCRIPTION OF ACCOUNTING FOR FUNDRAISING EVENTS

AMOUNTS REPORTED FOR FUNDRAISING EVENTS REPRESENT REVENUE AND EXPENSES

THAT ARE SEPARATELY TRACKED. THE REVENUE AND EXPENSES FROM ADDITIONAL

FUNDRAISING ACTIVITIES ARE NOT SEPARATELY TRACKED AND ARE INCLUDED WITHIN

CONTRIBUTION REVENUE AND FUNDRAISING EXPENSES.

FORM 990, PART IX, LINE 5

COMPENSATION PAID TO CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

COMPENSATION AMOUNTS PRESENTED AS MANAGEMENT AND GENERAL EXPENSES ARE FOR CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES WHO ARE PART OF CENTRAL ADMINISTRATION. WHILE THESE OFFICERS AND KEY EMPLOYEES MAY SPEND A NOTABLE PORTION OF THEIR TIME ON PROGRAM SERVICES AND/OR FUNDRAISING ACTIVITIES IN ADDITION TO THEIR MANAGEMENT RESPONSIBILITIES, THE UNIVERSITY HAS CHOSEN NOT TO ALLOCATE THE EXPENSES BETWEEN CATEGORIES.

FORM 990, PART IX, LINE 11F

INVESTMENT MANAGEMENT FEES

THE INVESTMENT MANAGEMENT FEES REPORTED ON THE STATEMENT OF FUNCTIONAL

JSA 3E1227 1.000

V23-7.16

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number 13-5598093

EXPENSES REPRESENT FEES TO THIRD PARTY INVESTMENT MANAGERS AND INCLUDE MANAGEMENT FEE AND PERFORMANCE FEE EXPENSES ASSOCIATED WITH SEPARATELY MANAGED ACCOUNTS. INVESTMENT MANAGEMENT FEES ASSOCIATED WITH FUND INVESTMENTS ARE REPORTED NET AGAINST INVESTMENT INCOME AND THEREFORE ARE NOT INCLUDED IN THE STATEMENT OF FUNCTIONAL EXPENSES.

FORM 990, PART X, LINE 7

LOAN INFORMATION

LOANS RECEIVABLE FROM STUDENTS TOTAL \$40,173,000

LOANS RECEIVABLE FROM NON-KEY EMPLOYEES TOTAL \$35,289,289.

THE LOANS FROM NON-KEY EMPLOYEES HAVE VARIOUS INTEREST RATES RANGING FROM 0.380% TO 4.89%, WITH MATURITY DATES RANGING FROM 2024 THROUGH 2053. THE OUTSTANDING BALANCES RANGE FROM \$16,000 TO \$6,000,000, AND A PORTION OF WHICH ARE SECURED BY A PRINCIPAL RESIDENCE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

CHANGE IN FUNDS HELD BY OTHER IN PERPETUITY 19,725,361

PRESENT VALUE ADJUSTMENT TO SPLIT INTEREST AGREEMENTS 25,841,131

10,078,365 NET PERIOD BENEFIT COST

CHANGES IN PENSION AND POST-RETIREMENT OBLIGATIONS -10,007,483

OTHER NON-OPERATING ADJUSTMENTS -309,161,252

-263,523,878 TOTAL OTHER CHANGES IN NET ASSETS

FORM 990, PART XII, LINE 2

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2023 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 13-5598093

Name of the organization
THE TRUSTEES OF COLUMBIA UNIVERSITY

AUDIT OF THE UNIVERSITY'S FINANCIAL STATEMENTS

THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TRUSTEES OF COLUMBIA

UNIVERSITY IN THE CITY OF NEW YORK ARE AUDITED BY PRICEWATERHOUSECOOPERS,

AN INDEPENDENT AUDITOR. THE UNCONSOLIDATED FINANCIAL STATEMENTS REFLECTED

IN THIS RETURN REPRESENT APPROXIMATELY 99% OF THE NET ASSETS OF THE

CONSOLIDATED GROUP. THE UNIVERSITY'S BOARD OF TRUSTEES HAS AN AUDIT

COMMITTEE, COMPRISED OF INDEPENDENT TRUSTEES, WHICH IS RESPONSIBLE FOR

OVERSIGHT OF THE AUDIT, REVIEW, AND COMPILATION OF THE FINANCIAL

STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR.

JSA 3E1227 1.000 Name of the organization

THE TRUSTEES OF COLUMBIA UNIVERSITY

13-5598093

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

COLUMBIA UNIVERSITY IS ONE OF THE WORLD'S MOST IMPORTANT CENTERS OF RESEARCH AND AT THE SAME TIME A DISTINCTIVE AND DISTINGUISHED LEARNING ENVIRONMENT FOR UNDERGRADUATES AND GRADUATE STUDENTS IN MANY SCHOLARLY AND PROFESSIONAL FIELDS. THE UNIVERSITY RECOGNIZES THE IMPORTANCE OF ITS LOCATION IN NEW YORK CITY AND SEEKS TO LINK ITS RESEARCH AND TEACHING TO THE VAST RESOURCES OF A GREAT METROPOLIS. IT SEEKS TO ATTRACT A DIVERSE AND INTERNATIONAL FACULTY AND STUDENT BODY, TO SUPPORT RESEARCH AND TEACHING ON GLOBAL ISSUES, AND TO CREATE ACADEMIC RELATIONSHIPS WITH MANY COUNTRIES AND REGIONS. IT EXPECTS ALL AREAS OF THE UNIVERSITY TO ADVANCE KNOWLEDGE AND LEARNING AT THE HIGHEST LEVEL AND TO CONVEY THE PRODUCTS OF ITS EFFORTS TO THE WORLD.

Name of the organization

THE TRUSTEES OF COLUMBIA UNIVERSITY

13-5598093

FORM	990,	PART	III,	LINE	4 D	_	OTHER	PROGRAM	SERVICES
------	------	------	------	------	-----	---	-------	---------	----------

DESCRIPTION		GRANTS	EXPENSES	REVENUE
CAMPUS OPERATIONS INSTITUTIONAL SUPPORT AUXILIARY ENTERPRISES			367,001,016. 386,279,716. 228,338,414.	247,613,468.
OTHER SOURCES		8,486,726.	337,193,052	1,864,240.
	TOTALS	8,486,726.	1,318,812,198.	249,477,708.

Name of the organization	Employer identification number
THE TRUSTEES OF COLUMBIA UNIVERSITY	13-5598093

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHES	ST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PAVARINI MCGOVERN LLC 330 WEST 34TH STREET		
NEW YORK, NY 10001	CONSTRUCTION SRVCS	39,831,020.
UNIVERSAL PROTECTION SERVICE LP EIGHT TOWER BRIDGE, 161 WASHINGTON ST CONSHOHOCKEN, PA 19428	SECURITY SERVICES	15,103,828.
SPK LEWIS CONSTRUCTION LLC 35 WEST 36TH STREET, 5E NEW YORK, NY 10018	CONSTRUCTION SRVCS	9,149,832.
HUDSON HEART MANAGEMENT LLC 26 INDIAN ROCK SUFFERN, NY 10901	MEDICAL SERVICES	7,323,267.
DEBEVOISE & PLIMPTON LLP 66 HUDSON BLVD E NEW YORK, NY 10001	LEGAL SERVICES	6,462,596.

Schedule O (Form 990 or 990-EZ) 2023

Employer identification number Name of the organization 13-5598093 THE TRUSTEES OF COLUMBIA UNIVERSITY FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES _______ COST ENDING BEGINNING BOOK VALUE BOOK VALUE OR FMV DESCRIPTION _____ _____ -------

PUBLICLY TRADED SECURITIES

1,398,072,357. 1,305,749,409.

FMV

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

2023 Open to Public

OMB No. 1545-0047

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

Inspection

(f) Direct controlling entity **Employer identification number** Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 13-5598093 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33, (c)
Legal domicile (state or foreign country) Primary activity 9 THE TRUSTEES OF COLUMBIA UNIVERSITY (a) Name, address, and EIN (if applicable) of disregarded entity CITY OF NEW YORK PAGE SUPPLEMENTAL Name of the organization THE Part II Part SEE 2 Ξ 3 4 9 (2)

(g) Section 512(b)(13) controlled ž Yes (f) Direct controlling (e)
Public charity status
(if section 501(c)(3)) (d)
Exempl Code section (c)
Legal domicile (state
or foreign country) Primary activity (a)
Name, address, and EIN of related organization SEE SUPPLEMENTAL PAGE (2) (3) 4 2 Ξ

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

1789

Schedule R (Form 990) 2023

9

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY (C)	LEGAL DOMICILE (D)	TOTAL INCOME (E) EOY ASSETS	(F) DIRECT CONTROL
			NO 0744 NEW YORK NW 10007	
COLUMBIA INVESTMENT MGT CO			, MC:8741 NEW YORK, NY 10027	COLUMBIA
	INVEST MGMT	NY	NONE NONE	COLUMBIA
CIM I LLC			, MC:8741 NEW YORK, NY 10027	COLUMBIA
	INVEST HOLDNG	DE		COLUMBIA
CIM II LLC			, MC:8741 NEW YORK, NY 10027	COLUMBIA
	INVEST HOLDNG	DE	NONE NONE	COLOMBIA
CIM III LLC			, MC:8741 NEW YORK, NY 10027	001/11/07/3
	INVEST HOLDNG	DE	367,111. 54,443,424.	COLUMBIA
CIM IV LLC			, MC:8741 NEW YORK, NY 10027	001/11/011
	INVEST HOLDNG	DE	1,261,897. 8,688,525.	COLUMBIA
CIM V LLC			, MC:8741 NEW YORK, NY 10027	
	INVEST HOLDNG	DE	NONE 1,000,007.	COLUMBIA
CIM VI LLC			, MC:8741 NEW YORK, NY 10027	
	INVEST HOLDNG	DE	2,385. 31,361,239.	COLUMBIA
CIM VII LLC			, MC:8741 NEW YORK, NY 10027	
	INVEST HOLDNG	DE	NONE NONE	COLUMBIA
CIM VIII LLC			, MC:8741 NEW YORK, NY 10027	
	INVEST HOLDNG	DE	NONE 2,848,531.	COLUMBÍA
CIM XII LLC			, MC:8741 NEW YORK, NY 10027	
	INVEST HOLDNG	DE	36,535,734. 47,310,711.	COLUMBIA
CIM XIII LLC	13-3901865		, MC:8741 NEW YORK, NY 10027	
	INVEST HOLDNG	DE	NONE NONE	COLUMBIA
CIM XIA FFC	13-3901866		, MC:8741 NEW YORK, NY 10027	
	INVEST HOLDNG	DE	NONE NONE	COLUMBIA
CIW XAII FFG	14-1977498		, MC:8741 NEW YORK, NY 10027	
	INVEST HOLDNG	DE	NONE 1,697,642.	COLUMBIA
CIW XAIII FFC			, MC:8741 NEW YORK, NY 10027	
	INVEST HOLDNG	DE	NONE NONE	COLUMBIA
DYNAMO BRASIL VI LLC	13-5598093	1209 ORANGE STREET	WILMINGTON, DE 19801	
	INVESTMENTS	DE	37,750,437. 113808437.	COLUMBIA
COLUMBIA AFFILIATED PHYSIC	CIANS IPA LLC 26-2162648	615 WEST 131ST STREET	, MC:8741 NEW YORK, NY 10027	
	PHYSICNS PRAC	NY	2,866,327. 1,144,873.	COLUMBIA
COLUMBIA DIGITAL KNOWLEDGE	E VENTURES LLC 06-1576880	615 WEST 131ST STREET	, MC:8741 NEW YORK, NY 10027	
	NEW MEDIA	NY	NONE NONE	COLUMBIA
HITHER PROPERTY LLC	27-0201222	e 615 WEST 131ST STREET	, MC:8741 NEW YORK, NY 10027	
	REAL ESTATE	DE	NONE NONE	COLUMBIA
CU GSAPP LLC	13-5598093	8 615 WEST 131ST STREET	, MC:8741 NEW YORK, NY 10027	
	EDUCATION	NY	NONE NONE	COLUMBIA
ACCESS PROJECT LLC	13-5598093	8 615 WEST 131ST STREET	, MC:8741 NEW YORK, NY 10027	
	HEALTH RESCH	NY	NONE NONE	COLUMBIA
MSPH LESOTHO LLC	13-5598093	615 WEST 131ST STREET	, MC:8741 NEW YORK, NY 10027	
	HEALTHCARE	NY	NONE 259,477.	COLUMBIA
MSPH MOZAMBIQUE LLC	13-5598093	615 WEST 131ST STREET	, MC:8741 NEW YORK, NY 10027	
	HEALTHCARE	NY	NONE 1,035,587.	COLUMBIA
MSPH NIGERIA LLC	13-5598093	615 WEST 131ST STREET	, MC:8741 NEW YORK, NY 10027	
	HEALTHCARE	NY	NONE NONE	COLUMBIA

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

(A) NAME/ADDRESS/EIN (B) PRIMARY ACT		EGAL DOMICILE		TOTAL IN				ASSETS	(F) DIRECT (CONTROL
MSPH RWANDA LLC		13-5598093	615 WEST 131ST	STREET,	MC:8741	NEW	YORK,	NY	10027		
	HEALTHCARE		NY			NONE			NONE	COLUMBIA	
MSPH SOUTH AFRICA LLC		13-5598093	615 WEST 131ST	STREET,	MC:8741	NEW	YORK,	NY	10027		
	HEALTHCARE		NY			NONE			NONE	COLUMBIA	
MSPH TANZANIA LLC		13-5598093	615 WEST 131ST	STREET,	MC:8741	NEW	YORK,	NY	10027		
	HEALTHCARE		NY			NONE		1,6	91,844.	COLUMBIA	
MSPH TAJIKISTAN LLC		13-5598093	615 WEST 131ST	STREET,	MC:8741	NEW	YORK,	NY	10027		
	HEALTHCARE		NY			NONE			NONE	COLUMBIA	
MSPH KG LLC		13-5598093	615 WEST 131ST	STREET,	MC:8741	NEW	YORK,	NY	10027		
	HEALTHCARE		ИХ			NONE			NONE	COLUMBIA	
COLUMBIA INT'L PROJECTS LLC	(KENYA)	13-5598093	412 LOW MEMORIA	L LIBRA	RY 535 W	NEW	YORK,	NY	10027		
	EDUCATION		ИА			NONE			NONE	COLUMBIA	
COLUMBIA GLOBAL CENTERS LLC		13-5598093	615 WEST 131ST	STREET,	MC:8741	NEW	YORK,	NY			
	EDUCATION		NY			NONE			NONE	COLUMBIA	
COLUMBIA GLOBAL RESEARCH INIT	IATIVES LLC	13-5598093	615 WEST 131ST	STREET,			YORK,	NY			
	EDUCATION		ИА			NONE			NONE	COLUMBIA	
CU STUDIO LLC		13-5598093	615 WEST 131ST	STREET,			YORK,	NY			
	EDUCATION		NY			NONE			NONE	COLUMBIA	
AFFILIATED PHYSICIANS ORGANIZ			51 AUDUBON AVEN	IUE			YORK,	ΝY		COLUMBIA	
	PHY PRCTC GR	.P	NY			NONE			NONE	COLUMBIA	
CU GLOBAL NORTH LLC			535 WEST 116TH	STREET,			YORK,	MI	NONE	COLUMBIA	
	SH VEHICLE		NY	CUDEEN		NONE	VODE	NIV		COLUMBIA	
COLUMBIA WORLDWIDE LLC	OU MENTALE		535 WEST 116TH	SIREEI,	MC 4300	NONE	IUKK,	MI	NONE	COLUMBIA	
ar elepay was 115	SH VEHICLE		535 WEST 116TH	CTDCCT	MC 4308		VORK	ΝV		COLUMBIA	
CU GLOBAL WEST LLC	SH VEHICLE		NA	SIREEI,		NONE	TORK,	14.7	NONE	COLUMBIA	
CU GLOBAL SOUTH LLC	SH VEHICLE		535 WEST 116TH	TTTTTT			YORK	NV		0000111111	
CO GLOBAL SOUTH LLC	SH VEHICLE		NY	SINEEI,		NONE	roidt,	141	NONE	COLUMBIA	
ISRAEL GLOBAL CENTER LLC	Sii VEIIICEE		535 WEST 116TH	STREET.			YORK.	NY	10027		
TORALL GLODAL CLATER LIC	SH VEHICLE		NY	,		NONE	,		NONE	COLUMBIA	
CU GLOBAL EAST LLC			535 WEST 116TH	ST. MC	4308	NEW	YORK,	NY	10027		
CO GEODIE BIOT BE	SH VEHICLE		NY	,		NONE	,		NONE	COLUMBIA	
TEL AVIV GLOBAL CENTER LLC			535 WEST 116TH	ST, MC	4308	NEW	YORK,	NY	10027		
	SH VEHICLE		ИХ			NONE			NONE	COLUMBIA	
COLUMBIA GLOBAL CENTER CIVIL			10 SOLONOS STRE	EET		ATHE	ENS,	GR 1	06 73		
	EDUCATION		GR			NONE			NONE	COLUMBIA	
CLM LLC		13-5598093	1209 ORANGE STR	REET		WILM	MINGTO	N, D	E 19801		
	INSURANCE		DE			NONE			NONE	COLUMBIA	

1792221 6416BJ K321 V23-7.16

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C)		(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
COLUMBIA UNIVERSITY HEALTH CARR	E INC 13-3948652	NY	501(C)(3)	10	COLUMBIA	×
COL PRESBYTERIAN MEDICAL CENTE: 630 WEST 168TH STREET	R FUND INC 13-6162924 NEW YORK, NY 10032 FUNDRAISING	NY	501(C)(3)	12A	N/A	x
COL UNIV RETIREE MED LIFE INS 9		NY	501(C)(3)	12A	COLUMBIA	х
COLUMBIA UNIVERSITY PRESS 615 WEST 131ST STREET, MC:8741	13-1623968 NEW YORK, NY 10027 ACADEMIC PUB	NY	501(C)(3)	12A	COLUMBIA	х
MORNINGSIDE HEIGHTS LEGAL SERVE 615 WEST 131ST STREET, MC:8741		NY	501(C)(3)	12A	COLUMBIA	х
REID HALL INC 615 WEST 131ST STREET, MC:8741	13-1611126 NEW YORK, NY 10027 EDU/CUL EXCH	NY	501(C)(3)	12A	COLUMBIA	х
ASSOCIATION REID HALL 4, RUE DE CHEVREUSE	PARIS, FR 75006 EDUCATION	FR	N/A	N/A	REID HALL	х
COLUMBIA GLOBAL CENTERS I EUROL 4, RUE DE CHEVREUSE	PE (PARIS) PARIS, FR 75006 EDUCATION	FR	N/A	N/A	REID HALL	х
RESEARCH COLLECTIONS AND PRES 0	CONSORTIUM 22-3751732 PRINCETON, NJ 08540 LIBRARY COLL	NJ	501(C)(3)	12A	N/A	х
CENTER FOR ENVIRONMENT ECONOMY 2852 BROADWAY	& SOCIETY NEW YORK, NY 10025 RESEARCH	DR	N/A	N/A	CIP	х

(A) NAME\ADDRESS\EIN		LEGAL DOMICILE		(E) CHARITY STATUS	CONTROLLING	(G) SEC 512 YES NO
CENTER FOR NATL HLTH DEVELP IN						
KEBELE 06, H#447 PO BX 664	ADDIS ABABA, ET 1250 HEALTHCARE	ET	N/A	N/A	COLUMBIA	х
COLUMBIA GLOBAL CENTER IN INDI MAKER CHMBR VI, JAMNALAL RD, 1		IN	N/A	N/A	CGC LLC	×
COLUMBIA UK FUND LTD 19 NORCOTT RD	LONDON, UK N16 7EG FUNDRAISING	UK	N/A	N/A	COLUMBIA	х
COLUMBIA UNIVERSITY HONG KONG G.P.O. BOX 5314	FUND CONNAUGHT PLACE, HK FUNDRAISING	нк	N/A	N/A	COLUMBIA	х
MSPH SWAZILAND 615 WEST 131ST STREET, MC:8741	NEW YORK, NY 10027 HEALTHCARE	WZ	N/A	N/A	CIP	х
FUNDACION COLUMBIA U. GLOBAL C AV.DAG HAMMASKJOLD 3269,1ST FL		CI	N/A	N/A	COLUMBIA	x
COLUMBIA GLOBAL CENTERS INITIA	TIVE					
4, RUE DE CHEVREUSE	PARIS, FR 75006 RESEARCH	FR	N/A	N/A	COLUMBIA	х
COL GLOBAL CENTER EASTERN & SO	UTH AFRICA					
PO BOX 51412	NAIROBI, KE 00100 RESEARCH	KE	N/A	N/A	COLUMBIA	х
CU MIDDLE EAST RESEARCH CENTER 5 MOH'D AL SA'D AL-BATAYNEH ST		Jo	N/A	N/A	COLUMBIA	x
CENTER FOR INTL PROGRAMS ZIMBA 39 LAWSON AV 6 42 BATES ST	BWE TRUST HARARE, ZI HLTH/RESEARCH	ZI	N/A	N/A	COLUMBIA	х

THE TRUSTEES OF COLUMBIA UNIVERSITY

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C) LEGA	L DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
(*************************************						
ASSOC CENTRO PARA PROGRAMAS IN	TER BRASIL					
RUA MARIA EUGENIA 90301	RIO DE JANEIRO, BR 22261					
	EDUCATION	BR	N/A	N/A	GLOBAL S/WW	Х
KNIGHT FIRST AMDMT INST AT COL	UMBIA 81-4759386					
615 WEST 131ST STREET, MC:8741	EDU/PMT EXPR	NY	501(C)(3)	12A	COLUMBIA	×
	EDU/PHI EXFR	MI	301(0)(3)	4 6 F3	0010110411	
CIP, NIGERIA LTD/GTE						
PLOT 817, CADASTRAL ZONE B04	JABI DISTRICT, ABUJA NI					
	RESEARCH	NI	N/A	N/A	CIP	x
INT'L CENTER FOR AIDS CARE AND	TREATMENT					
10/F8 ROCKWELL BLDG	ROCKWELL CTR, CITY OF MAKA					
	HEALTHCARE	RP	N/A	N/A	COLUMBIA	X

Percentage Section connership controlled rentity?

Yes No Schedule R (Form 990) 2023 Page 2 (k) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year assets (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total (h) Disproportionate Yes No income allocations? (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Unrect controlling entity (c) Legal domicile (state or foreign (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (b) Primary activity (d)
Direct controlling
entity (c)
Legal
domicite
(state or
foreign (a)
Name, address, and EIN of related organization (b) Primary activity PAGE PAGE (a)Name, address, and EIN of related organization SUPPLEMENTAL SUPPLEMENTAL Schedule R (Form 990) 2023 Part III Part IV SEE SEE 4 (2) Ξ 9 3 4 9 9 0 (2) (3) (9) 2

THE TRUSTEES OF COLUMBIA UNIVERSITY

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF (G)	(G) SHARE EOY (H)	(H) DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO O	(K) % OWNERSHIP
GCM GRSVNR BLUE, LP 30-0773582								**************************************	1	
767 FIFTH AVE NEW YORK, NY 100	INVESTMENTS	DE	COLUMBIA	EXCLUDED	4,583,629.	6,052,923.	×	NONE		99.0420
CANAAN RSC PTRS DRL 36-4777388 6301 WATERFORD BOULEVARD OKC,	INVESTMENTS	OK	COLUMBIA	EXCLUDED	20,004,178.	105,041,449	×	-72,258		95.7417
STAR ASIA OP FD III 98-1291896 PO BOX 309 UGLAND HOUSE GRAND	INVESTMENTS	HK	COLUMBIA	EXCLUDED	-298,415	91,943,062.	×	NONE		98.7653
CALUNIUS LIT RISK 98-0684876 PO #656, IRAFALGAR CT LES BANQ	INVESTMENTS	GK	COLUMBIA	EXCLUDED	2,614	7,238,968.	×	NONE		75.8884
CALUNIUS LIT RISK 2 98-1162651 PO #656, TRAFALGAR CT LES BANQ	INVESTMENTS	GK	COLUMBIA	ЕХСГИРЕР	1,955	8,577,927	×	NONE		60.1994
CALUNIUS LIT RISK 3 98-1336667 PO #656, TRAFALGAR CT LES BANQ	INVESTMENTS	GK	COLUMBIA	EXCLUDED	11,656.	25,661,054	×	NONE		64.0879
C/D INVESTORS FUND L.P. 84-363 ONE FAMCETT PLACE GREENWICH, C	INVESTMENTS	C	COLUMBIA	EXCLUDED	17,395,691,	30,261,686.	×	NONE		99,9816
ALTOS HYBRID CU LLC 85-4387742 2882 SAND HILL RD, STE 100 MEN	INVESTMENTS	CA	COLUMBIA	EXCLUDED	-653,938	16,171,751	×	NONE		100.0000
D.E. SHAW ALL CNTRY GBL VAL AC 1166 AVENUE OF THE AMERICAS, 9	INVESTMENTS	ЭQ	COLUMBIA	ЕХСТИРБР	10,258,681.	229,749,302.	×	NONE		99.9992
LION FUND III-B LP 93-3752071 260 N JOSEPHINE ST, SUITE 220	INVESTMENTS	DE	COLUMBIA	EXCLUDED	NONE	1,619,044;	×	NONE		100.0000

THE TRUSTEES OF COLUMBIA UNIVERSITY

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(K) % OWNERSHIP	67.8000	NONE
ER		
(I) CODE V-UBI	NONE	NONE
(E) PREDOMINANT (F) SHARE OF (G) SHARE EOY (H)DISPROPORTIONATE (I) CODE V-UBI (J) PARTNI INCOME YES NO	×	×
(G) SHARE EOY (8,485,998.	NONE
(F) SHARE OF TOT INCOME	-457,287,	5,849,479,
(E) PREDOMINANT INCOME	EXCLUDED	EXCLUDED
(D) DIRECT CONTROLLING	BLC ENRG FUND B	COLUMBIA
(C) LEGAL DOMICILE	CJ	TX
B) PRIMARY ACTIVITY	INVESTMETS	INVESTMENTS
(A) NAME/ADDRESS/EIN	BLC ENERGY MASTER FUND LP 98-1 P.O. BOX 309 GRAND CAYMAN, ET INVESTMETS CJ BLC ENRG FUND B	MERIT ENGY PTR V LP 75-2411038 13727 NOEL RD DALLAS, TX 75240

THE TRUSTEES OF COLUMBIA UNIVERSITY

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(C) LEGAL (D) DIRECT DOMICILE CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I) S OWNERSHIP	(I) SEC 512(B)(13) P YES NO
16 EAST 60TH STREET CORPORATION 13-3675222 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	REAL ESTATE	ХX	COLUMBIA	C-CORP	NONE	NONE	100.0000	×
2301 12TH AVENUE OWNERS CORP 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	REAL ESTATE	X Z	COLUMBIA	C-CORP	NONE	NONE	100.0000	×
COLUMBIA PRESBYTERIAN IPA 161 FORT WASHINGTON AVE., SUITE 1320 NEW YORK, NY 10032	PHYS PRACTICE	NY	COLUMBIA	C-CORP	NONE	NONE	100.0000	×
FATHOM KNOWLEDGE NETWORK INC 13-4054997 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	NEW MEDIA	DE	COLUMBIA	C-CORP	NONE	NONE	100.0000	×
99-1596696 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	REAL ESTATE	N	COLUMBIA	C-CORP	NONE	NONE	100.0000	×
MORNINGSIDE INC 311 LOW MEMORIAL LIBRARY NEW YORK, NY 10027	REAL ESTATE	NX	COLUMBIA	C-CORP	NONE	NONE	100.0000	×
COLUMBIA DOCTORS OF NEW JERSEY 26-4364931 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	HEALTHCARE	Ŋ	COLUMBIA	C-CORP	6,765,008.	1,735,594.	100.0000	×
BELJING DE GA INTRNTL CONSULTING CTR LTD TOWERA, TSINGHUA SCIENCEPARK CHENGFURD, HAIDIAN CH 100084	EDUCATION	CH	COLUMBIA	FOREIGN CORP	NONE	426,121.	100.0000	×
COLUMBIA/PATRON SCOTLAND LP 50 LOTHIAN RD, FESTIVAL SQ EDINBURGH, SCOTLAND UK EH3 9BY	/ INVESTMENTS	UK	COLUMBIA	FOREIGN CORP	NONE	23,940.	100.0000	×
CHARITABLE REMAINDER TRUSTS (61)	N/A	NX	COLUMBIA	TRUST				

THE TRUSTEES OF COLUMBIA UNIVERSITY

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(C) LEGAL (D) DIRECT DOMICILE CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % (I) SOWNERSHIP	SEC 512(B)(13) YES NO
POOLED INCOME FUNDS (2)	N/A	NX	COLUMBIA	TRUST				
CENTERS FOR INTERNATIONAL PROGRAMS 535 WEST 116TH STREET NEW YORK, NY 10027	PROGRAM SRVCS	DE	COLUMBIA	C-CORP	NONE	475,247.	100.0000	×
GLOBAL HEALTH RESEARCH CNTR-CE 1255 AMSTERDAM AVENUE NEW YORK, NY 10027	PROGRAM SRVCS	DE	COLUMBIA	C-CORP	NONE	31,988.	100.0000	×
ASSOCIACAO COLUMBIA GLOBAL CENTER/BRASIL RUA DA CANDELARIA, 9, 30 ANDAR CNT RIO DE JANEIRO, BR	PROGRAM SRVCS	BR	CGC LLC	N/A	NONE	99,576.	100.0000	×
UNIVERSITY WOMEN'S REALTY CORPORATION 13-2524803 408 LOW MEMORIAL LIBRARY, MC: 4336 NEW YORK, NY 10025	REAL ESTATE	NY	COLUMBIA	C-CORP	NONE	NONE	100.0000	×
COLUMBIA DOCTORS OF BERGEN COUNTY 47-3568473 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	HEALTHCARE	N	COLUMBIA	C-CORP	531,920.	681,671≅	100.0000	×
COLUMBIA GLOBAL DANISMANLIK VE ARASTIRWA MECIDITE MAH MAVI SARAY, 37/7 SARIYER, TU	PROGRAM SRVCS	TU	COLUMBIA	FOREIGN CORP	1,512.	NONE	100.0000	×
COLUMBIA RESEARCH AND CONSULTANCY SRVCS EXPRESS TOWERS, 11TH FL, NARIMAN FT MUMBAI, IN 400021	PROGRAM SRVCS	NI	CU INT'L PRJCTS	FOREIGN CORP	NONE	NONE	100.0000	×
COLUMBIA RADIOLOGY, INC. 630 W 168TH ST NEW YORK, NY 10032	HEALTHCARE	NY	COLUMBIA	C-CORP	NONE	NONE	100.0000	×
COLUMBIA DOCTORS OF CONNECTICUT PC 82-4894259 630 W 168TH ST NUM 2-460 NEW YORK, NY 10032	HEALTHCARE	Ę	COLUMBIA	C-CORP	2,161,821.	427, 220.	100.0000	×

THE TRUSTEES OF COLUMBIA UNIVERSITY

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(C)LEGAL (D) DIRECT DOMICILE CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I) S OWNERSHIP	(I) SEC 512(B)(13) P YES NO
BLC ENERGY FUND B LP P.O. BOX 309 GRAND CAYMAN, CJ KY1-1104 CJ	INVESTMENTS	CJ	COLUMBIA	FOREIGN CORP	2,942,937.	8,059,016	83,3330	×
STAR ASIA CAPITAL CORP, LTD. 89 NEXUS WAY CAYMAN BAY, GRAND CAYMAN CJ	INVESTMENTS	CJ	STAR ASIA III	FOREIGN CORP	4,704,957.	58,260,856.	78.0100	×
CIM (CAYMAN) LLC PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	INVESTMENTS	CJ	COLUMBIA	FOREIGN CORP	-3,028,134	69,472,150	100.0000	×
JAPAN-UP LIMITED PARTNERSHIP II 98-1434666 6/F MO BLDG HIGASHI. 3-14-15, SHIBUYA-KU, TOKYO JA 1	INVESTMENTS	CJ	COLUMBIA	FOREIGN CORP	45,892,149;	155, 436, 646,	59.3800	×
ASARIGAWA ONSEN KAIHATSU KK 1-12-3 IWAMOTO-CHO, CHIYODA-KU TOKYO, JA 101-0032	REAL ESTATE	JA	COLUMBIA	FOREIGN CORP				×
ASHWATER LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GYL	LINVESTMENTS	GK	CALUNIUS 3	FOREIGN CORP	NONE	NONE	64.0879	×
ELMBRIDGE LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GYL	1 INVESTMENTS	GK	CALUNIUS 2	FOREIGN CORP	NONE	NONE	60.1994	×
FOXLEY LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GYI	1 INVESTMENTS	GK	CALUNIUS 3	FOREIGN CORP	NONE	NONE	64.0879	×
FRENTORN LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GYI	1 INVESTMENTS	GK	CALUNIUS	FOREIGN CORP	NONE	NONE	74.9213	×
INGLEFIELD LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GYI	1 INVESTMENTS	GK	CALUNIUS 3	FOREIGN CORP	NONE	NONE	64,0879	×

THE TRUSTEES OF COLUMBIA UNIVERSITY

990 SCH R, PART IV-IDENTIFICATION OF REL, ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(C) LEGAL (D) DIRECT DOMICILE CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I) S OWNERSHIP	SEC 512(B)(13) YES NO
INGLETREE LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GY1	INVESTMENTS	GK	CALUNIUS 3	FOREIGN CORP	NONE	NONE	64.0879	×
KENDELWELL LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GYL	INVESTMENTS	G K	CALUNIUS 3	FOREIGN CORP	NONE	NONE	64.0879	×
THROWBRIDGE LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GYI	INVESTMENTS	GK	CALUNIUS 3	FOREIGN CORP	NONE	NONE	64.0879	×
VALUE THE HOTEL CO., LTD. 555-1 SENGARITA, KAMIYOUDEN, NATORI MIYAGI, JA 981-1222	HOTEL OPERATION	JA	STAR ASIA III	FOREIGN CORP	3,635,607.	9,185,017	71,7900	×
VINEHALL LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GYI	INVESTMENTS	GK	CALUNIUS 3	FOREIGN CORP	NONE	NONE	64.0879	×
COLUMBIA GLOBAL CENTER - TEL AVIV 33 STREET TEL AVIV, IS	PRGRM SRVCS	IS	CGC LLC	LLC	NONE	NONE	100.0000	×
HARBOUR LITIGATION INVEST OFSHORE FUND 98-0660716 UGLAND HOUSE, P.O. BOX 309 P.O. BOX 309, GRAND CAYMAN CJ	INVESTMENTS	CJ	COLUMBIA	FOREIGN CORP	158,478	4,267,393.	100.0000	×
KK BEST WESTERN HOTELS JAPAN 1-12-3 IWAMOTO-CHO, CHIYODA-KU CHIYODA-KU, TOKYO JA 101-0	TRADEMARK	JA	POLARIS HOLDING	FOREIGN CORP				×
KK KINUURA GRAND HOTEL 1-1-9 TAJIRIMACHI, HEKINAN-SHI HEKINAN-SHI, AICHI JA 447-	- HOTEL OPERATION	JA	FINO HOTELS CO.	FOREIGN CORP				×
KK KOKO HOTELS 1-12-3 IWAMOTG-CHO, CHIYODA-KU CHIXODA-KU, TOKYO JA 101-0	HOTEL OPERATION	JA	POLARIS HOLDING	FOREIGN CORP	21,875,915*	7,801,220.	71.7900	×

THE TRUSTEES OF COLUMBIA UNIVERSITY

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(C) LEGAL (D) DIRECT DOMICILE CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I) %	SEC 512(B)(13)
POLARIS ASIA CO., LTD. 1-12-3 IWAMOTO-CHO, CHIYODA-KU CHIYODA-KU, TOKYO JA 101-0	HOTEL OPS AND DEV	V JA	POLARIS HOLDING	FOREIGN CORP	207,705	19,451,630.	71.7900	×
KK VALUE THE HOTEL MIYAGI 555-1 SENGARITA, KAMIYOUDEN, NATORI NATORI-SHI, MIYAGI JA	HOTEL OPERATION	JA	VALUE THE HOTEL	FOREIGN CORP				×
RED PLANET PHILIPPINES SERVICE CORP 99 URBAN AVENUE, BRGY. PIO DEL PILA BRGY. PIO DEL PILAR,	OPERATIONS AND MA	A RP	POLARIS HOLDING	FOREIGN CORP	-33,515	3,384,036	71.7900	×
RPH PHILIPPINES LAND CORPORATION DON JUICO AVENUE, CLARKVIEW CLARKVIEW, MALABA ANGELES CIT	REAL ESTATE	RP	POLARIS HOLDING	FOREIGN CORP	55,750	637,938	71.7900	×
JINGE CHINA A ENHANCEMENT FEEDER FUND C/O MAPLES CORPORATE SERVICES LIMIT PO BOX 309, UGLAND HO	INVESTMENTS	CJ	COLUMBIA	FOREIGN CORP	2,377,863	87,491,489	49.4900	×
FINO HOTELS CO. LTD 1-12-3 IWAMOTO-CHO, CHIXODA-KU CHIXODA-KU, TOKYO JA 101-0	HOTEL OPERATION	JA	POLARIS HOLDING	FOREIGN CORP	30,066,416*	14,556,995	71,7900	×
GK TENJIN HOTEL KANRI 5-1-4 TORANOMON, MINATO-KU MINATO-KU, TOKYO JA 105-0001	REAL ESTATE	JA	ISH TENJIN HOTE	FOREIGN CORP				×
GK TENJIN HOTEL UNEI 5-1-4 TORANOMON, MINATO-KU MINATO-KU, TOKYO JA 105-0001	REAL ESTATE	J.B.	ISH TENJIN HOTE	FOREIGN CORP				×
GK TENJIN OODORI UNEI 5-1-4 TORANOMON, MINATO-KU MINATO-KU, TOKYO JA 105-0001	REAL ESTATE	JA	ISH TENJIN HOTE	FOREIGN CORP				×
GK TOHOKU SOKI FUKKO SHIEN FUND 2 5-1-4 TORANOMON, MINATO-KU MINATO-KU, TOKYO JA 105-0001	REAL ESTATE	J.	POLARIS HOLDING	FOREIGN CORP	679,239	759, 639,	71.7900	×

THE TRUSTEES OF COLUMBIA UNIVERSITY

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY	(C) LEGAL (D)		(E) ENTITY	(F) SHARE OF	(G) SHARE OF EOY	G.	-
	ACTIVITY	DOMICILE	CONTROLLING	TYPE	TOT INCOME		OWNERSHIP	YES NO
GK VALUE THE HOTEL FUND 1-12-3 IWAMOTO-CHO, CHIYODA-KU CHIYODA-KU, TOKYO JA 101-0	REAL ESTATE	JA	POLARIS HOLDING	FOREIGN CORP	4,165,496,	18,109,583,	71.7900	×
ISH TENJIN HOTEL KANRI 5-1-4 TORANOMON, MINATO-KU MINATO-KU, TOKYO JA 105-0001	REAL ESTATE	JA	POLARIS HOLDING	FOREIGN CORP	NONE	6,001.	71.7900	×
POLARIS HOLDINGS CO., LTD. 1-12-3 IMAMOTG-CHO, CHIYODA-KU CHIYODA-KU, TOKYO JA 101-0	HOTEL OPS AND DEV	JA	STAR ASIA OPP I	FOREIGN CORP	22,484,158	41,366,883	71.7900	×
PREMIER RESORT OPERATIONS CO., LTD. 1-12-3 IWAMOTO-CHO, CHIYODA-KU CHIYODA-KU, TOKYO JA 101-0	HOTEL OPERATION	ĄĽ	POLARIS HOLDING	FOREIGN CORP				×
RED PLANET GLOBAL CORPORATION SUITE 2802 DISCOVERY CENTER, 25 ADB 25 ADB AVENUE ORII, P	FRANCHISING	RP	RED PLANET HOLD	FOREIGN CORP	,4	88,730	71.7900	×
RED PLANET HOLDINGS (PHILLIPINES) LIMITE BRUMBY CENTRE LOT 42, JALAN MUHIBBA JALAN MUHIBBAH, LABUA	HOLDING COMPANY	RP	POLARIS ASIA CO	FOREIGN CORP	213,930	32,959,379	71,7900	×
RED PLANET HOTELS BINONDO CORPORATION 251-61 JUAN LUNA ST. BRGY., 287, 20 287, 20NE 27 BINONDO,	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	48,827.	7,877,352	71.7900	×
RED PLANET HOTELS CAGAYAN DE ORO CORPORA C.M. RECTO AVENUE, POBLACION POBLACION, CAGAYAN DE ORO RP	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	220,339	3,225,747.	71.7900	×
RED PLANET HOTELS CEBU CORPORATION NO.36 ARCHBISHOP REYES AVENUE, COR. COR. MOLAVE SQUARE, C	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	394,076.	2,978,278.	71.7900	×I
RED PLANET HOTELS DAVAO CORPORATION J.P. LAUREL AVENUE, BAJADA BAJADA, DAVAO CITY RP 8000	HOTEL DEVELOPMENT	T RP	RED PLANET HOLD	FOREIGN CORP	264,303	4,077,303;	71.7900	×

THE TRUSTEES OF COLUMBIA UNIVERSITY

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(c) LEGAL (D) DIRECT DOMICILE CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % (I) SI OWNERSHIP	(I) SEC 512(B)(13) P YES NO
RED PLANET HOTELS MANILA BAY CORPORATION	mrawdo rayyan ramon	0 0	מינט יייטאגינט מיסט	COOK TOOK	9 6 6 7	616 150 51	0006 16	>
BLN 341 LOI 1-5-3 ARKOLLA 31. CORNE ALBARBRA 3, FRANLES CI. RED PLANET HOTELS MANILA CORPORATION			TED FLENNET HOLD	FOREIT OF THE PROPERTY OF THE	247 215	2000,01	2007.11	< ×
RED PLANET HOTELS ORTIGAS CORPORATION	C C C		מיסט היישוא זמ משמ	dacs watadaa	77 27	360 616 9	0000	: >
SHAW BOULEVARD, OKTIGAS CENTRE UKILGAS CENTRE, FASIG CITT. RED PLANET HOTELS PARANAQUE CORPORATION	HOIFE		KEU FLANEI HOLE	FOREIGN	1777			‹ :
BLK 2 LOT 38 BRADCO AVENUE, BACLARA BACLARAN, PARANQUE CI RED PLANET HOTELS PASONG TAMO CORPORATIO	HOTEL		RED PLANET HOLD	FOREIGN CORP	585 , 329.	8,458,226.	71.7900	×
99 EXPORT DRIVE FORMERLY URBAN AVEN , MAKATI CITY RP 1230 RED PLANET HOTELS PHILIPPINES CORPORAȚIO	HOTEL DEVELOPMENT	NT RP	RED PLANET HOLD	FOREIGN CORP	265,463	6,194,889*	71.7900	×
1740 A. MABINI ST. MALATE , MANILA RP 1004 RED PLANET HOTELS QUEZON CORPORATION	HOTEL DEVELOPMENT	NT RP	RED PLANET HOLD	FOREIGN CORP	915,747.	13,151,043.	71.7900	×
100 IIMOG AVENUE, BARANGAY SACRED H BARANGAY SACRED HEART	HOTEL DEVELOPMENT	NT RP	RED PLANET HOLD	FOREIGN CORP	52,725	3,104,620.	71.7900	×

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

1	Note: Complete line 4 if one contite is listed in Dorte II III or IV of this schoolule			Yes No	
• 1	vote: Complete mile in any charty is listed in a mile in, mile of the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations lists	ed in Parts II-IV?		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent			Н	
	b Gift, grant, or capital contribution to related organization(s)		8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	×	
			# MONOR #		
				ļ	
	e Loans or loan guarantees by related organization(s)			×	
	f Dividends from related organization(s)			¥	
	Solo of people to related organization(s)				
	y date of assets to leighed object of second organization(s)	• • • • • • • • • • • • • • • • • • • •			
	Fulcilate of assets figure related organization(s)				
	Lease of facilities, equipment, or other assets to related organization(s).			1; ×	
	k Lease of facilities, equipment, or other assets from related organization(s)	2003 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	* * ***** * ****** * ***** * *		
	I Performance of services or membership or fundraising solicitations for related organization(s)			× ×	
			医乳腺素 医乳球菌素 医乳球菌素		
	n Sharing of racinities, equipment, mailing lists, or other assets with related organization(s)				
		104 # 105 # # 155 # 15			
	p Reimbursement paid to related organization(s) for expenses.			1p	
		•	• • • • • • • • • • • • • • • • • • • •		
	r Other transfer of cash or property to related organization(s)	• • • • • • • • • • • • • • • • • • • •	• • • • • • •	× × ×	
Ļ		is line, including cover	ed relationships and trans		
	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved	
Ų os					
[(1) ALTOS HYBRID CU LLC	n	4,348,103.	FMV	
9	(2) ALTOS HYBRID CU LLC	w	499,930.	FMV	
_	(3) BLC ENERGY FUND B LP	S	528,814.	FMV	
_	(4) CALUNIUS LITIGATION RISK FUND 3 LP	В	587,200.	FMV	
\subseteq	(5) CALUNIUS LITIGATION RISK FUND 2 LP	S	13,589,302.	FMV	
_	(6) CALUNIUS LITIGATION RISK FUND LP	В	238,316.	FMV	
2235	309		los	Schedule R (Form 990) 2023 1805	

Page 3

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36, Part V

THE TRUSTEES OF COLUMBIA UNIVERSITY

Note: Complete line 1 if any antity is listed in Darte II III or IV of this schoolule			Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations list	ed in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity,			- 1
Gift. grant, or capital contribution to related organization(s)			1b 1
c Gift, grant, or capital contribution from related organization(s),			10
d Loans or loan guarantees to or for related organization(s)			1d
e Loans or loan guarantees by related organization(s)			1e
f Dividends from related organization(s)			11
g Sale of assets to related organization(s)			19
	• • • • • • • • • • • • • • • • • • • •		4
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s).	******		
			74
K Lease of Jacillutes, equipment, or other assets from Leated organization (s)			
Performance of services or membership or fundraising solicitations for related organization(s)	* 50%C* * 5050% % *0050%	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	
n Sharing of facilities equipment mailing lists or other assets with related organization(s).			1n
Sharing of paid employees with related organization(s)			10
			0
		• • • • • • • • • • • • •	1p
q Reimbursement paid by related organization(s) for expenses	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	19
r Other transfer of cash or property to related organization(s)			11
ام،			18
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	is line, including cover	red relationships and trans	action thresholds.
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) CANAAN RESOURCE PARTNERS DRILLING FUND LP	ഗ	9,956,901.	FMV
(2) C/D INVESTORS FUND LP	S	6,777,929.	FMV
(3) GCM GROSVENOR BLUE LP	В	53,506.	FMV
(4) GCM GROSVENOR BLUE LP	S	391,653.	FMV
(5) DE SHAW ALL COUNTRY GLOBAL VALUE ACTIVE FUND	В	219,219,414.	FMV
(6) JAPAN-UP LIMITED PARTNERSHIP II	В	2,183,578.	FMV
6		S	Schedule R (Form 990) 2023 1806
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	elated organizations lis	sted in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			e_
b Giff. grant, or capital contribution to related organization(s)			1b
c Giff. grant or capital contribution from related organization(s).			10
			10
		* * * * * * * * * * * * * * * * * * * *	
e Loans or loan guarantees by related organization(s)			a
f Dividends from related organization(s)			11
			19
			2 4
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	** * * * * * * * * * *	* 5000 * 8 5000 * 8 5000 * 8 5	
i Lesse of facilities equipment or other assets to related organization(s)			1;
Leader of racinities, equipment, or enter account or garages (2):			
			7
k Lease of facilities, equipment, or other assets from related organization(s)			¥1
I Performance of services or membership or fundraising solicitations for related organization(s)		************	1
m Performance of services or membership or fundraising solicitations by related organization(s).			1m
n Sharing of facilities aguinment mailing lists or other assets with related organization(s)			1
Charing of paid amplayees with related organization(s)			10
			2
			2
q Reimbursement paid by related organization(s) for expenses			pr
r Other transfer of cash or property to related organization(s)		STATE OF STATE OF STATE OF STATE	1
(s)			18
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	his line, including cove	ered relationships and trans	action thresholds.
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining
	iype (a - s)		amount myoryed
(1) LION FUND III-B LP	В	2,697,334.	FMV
(2) LION FUND III-B LP	S	151,510.	FMV
		6	
(3) STAR ASIA OPPORTUNITY FUND III LP	S	10,890,598.	FMV
	ſ		
(4) KNIGHT FIRST AMDMT INST AT COLUMBIA	В	2,826,439.	F'MV
(5) COLUMBIA INTVERSITY HEALTHCARE INC	æ	12,809,000	FMV
(6) REID HALL	S	321,187.	FMV
ASL 33		S	Schedule R (Form 990) 2023
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Schedule R (Form 990) 2023	Š		JSA
			(9)
			(5)
			(4)
			(3)
			(2)
FMV	6,409,460.	S	(1) MERIT ENERGY PARTNERS V LP
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a - s)	(a) Name of related organization
saction thresholds.	red relationships and trans	this line, including cove	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
1r 1s			r Other transfer of cash or property to related organization(s)s Other transfer of cash or property from related organization(s)
d 1			 Reimbursement paid to related organization(s) for expenses. Reimbursement paid by related organization(s) for expenses
0 1 0			Sharing of paid employees with related organization(s)
1m 1n			m Performance of services or membership or fundraising solicitations by related organization(s),
- + + = - + + + + + + + + + + + + + + +			k Lease of facilities, equipment, or other assets from related organization(s)
= ;=			i Exchange of assets with related organization(s)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			g Sale of assets to related organization(s)
11			f Dividends from related organization(s)
- 1e		TANTO N ROBERTON N BORES S	e Loans or loan guarantees by related organization(s)
1d			
10			
1p			
t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ted in Parts II-IV?	related organizations lis	

Page 4

Schedule R (Form 990) 2023

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (e) (f) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant Are all partners income (related, section unrelated, excluded, from lax inner organizations)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionale allocations?	(l) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(k) Percentage ownership
			sections 512 - 514)	Yes			Yes No	(2)	Yes No	
(3)										
(2)										
(3)										
(4)										
(5)										
(9)										
(2)										
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(11)										
(12)										
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(16)										
								Sched	Schedule R (Form 990) 2023	990) 2023

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SUPPLEMENTAL INFORMATION

SCHEDULE R

COLUMBIA UNIVERSITY OWNS AN 81.57% INTEREST IN 2700 BROADWAY CONDOMINIUM, WHICH IS TREATED AS A CONDOMINIUM ASSOCIATION UNDER NEW YORK STATE LAW.

SCHEDULE R, PART I

END-OF-YEAR ASSET REPORTING

CERTAIN DISREGARDED ENTITIES LISTED IN SCHEDULE R, PART I MAY HOLD

VEHICLES, OFFICE EQUIPMENT AND RELATED ITEMS, THE VALUE OF WHICH IS

INCLUDED IN THE UNIVERSITY'S BALANCE SHEET IN PART X OF THIS FORM 990 BUT

IS NOT REFLECTED IN COLUMN (E) END-OF-YEAR ASSETS.

SCHEDULE R, PART IV

AS OF JUNE 30, 2024, THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK HELD MORE THAN A 50% BENEFICIAL INTEREST IN 61 CHARITABLE REMAINDER TRUSTS DOMICILED IN NEW YORK AND 2 POOLED INCOME FUNDS DOMICILED IN NEW YORK.

Form W-9
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Retor	'e you begin. For guidance related to the purpose of Form w-s, see Purp										
	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregal entity's name on line 2.)		wner's na	ame o	on line	1, and	enter the	busir	ness/dis	regarded	
	The Trustees of Columbia University in the City of New York										
	Business name/disregarded entity name, if different from above.										
n page 3.	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)								1			
Print or type. c Instructions	Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. Exemption from Foreign Account Compliance Act (FATCA) reportin										
int	Other (see instructions) 501 (c) (3) Nonprofi	t Corporation				code	(if any)		Α		
Print or type. See Specific Instructions on page	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions										
ee	5 Address (number, street, and apt. or suite no.). See instructions.		Request	ter's	name	and ad	dress (op	tional			
(t)	615 West 131st Street, 3rd Fl.										
	6 City, state, and ZIP code										
	New York, NY 10027										
	7 List account number(s) here (optional)										
Pai	Taxpayer Identification Number (TIN)										
Enter	your TIN in the appropriate box. The TIN provided must match the name	given on line 1 to avo	oid	500	iai se	curity	number	i r		r = r	
backı	up withholding. For individuals, this is generally your social security number ant alien, sole proprietor, or disregarded entity, see the instructions for Pa	er (SSN). However, to rt Llater, For other	or a			-		-			
entitie	es, it is your employer identification number (EIN). If you do not have a num	nber, see How to get	a	or	_			ļ		Щ	
TIN, la				_	nlove	r identi	fication r	umb	er		
Note:	If the account is in more than one name, see the instructions for line 1. S	ee also What Name a	and		p.0,0					П	
Number To Give the Requester for guidelines on whose number to enter.						- 5	5 9	8	0 9	3	
Par	t II Certification										
	r penalties of perjury, I certify that:										
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and											
3. I ar	n a U.S. citizen or other U.S. person (defined below); and										
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt	from FATCA reporting	g is con	rect.							
becau acqui:	ication instructions. You must cross out item 2 above if you have been not use you have failed to report all interest and dividends on your tax return. For sition or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, bu	real estate transactions to an individual reti	ns, item rement :	ı 2 dı arrar	oes ne ngeme	ot appl ent (IRA	y. For m Կ), and, g	ortga jener	ge inte ally, pa	rest paid, yments	
Sign Here	Signature of		ate			, 202					
Ge	noral Instructions	New line 3b has be	een add	led t	o this	form.	A flow-t	hrou	gh enti	ty is	

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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

What's New

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

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

Purpose of Form

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

Columbia Cla	esic					
COIGITIDIA CIA	3310					
2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
\$15,000.00	\$10,650.00	\$4,350.00	Entry Fees	\$25,000.00	\$24,750.00	\$250.00
\$150.00	\$120.00	\$30.00	Columbia Parent Fund	\$10,000.00	\$10,000.00	\$0.00
\$15,000.00	\$14,650.00	\$350.00				\$0.00
\$250.00	\$250.00	\$0.00				\$0.00
\$1,800.00	\$1,800.00	\$0.00				\$0.00
\$3,225.00	\$3,225.00	\$0.00				\$0.00
		\$0.00				\$0.00
		\$0.00				\$0.00
\$35,425.00	\$30,695.00	\$4,730.00				\$0.00
						\$0.00
		\$0.00				\$0.00
		\$0.00				\$0.00
		\$0.00	Income Subtotal	\$35,000.00	\$34,750.00	\$250.00
		\$0.00				
		\$0.00	Cash in Bank to start			\$0.00
		\$0.00	Other Income		SPERME	
			TDC grant funding	\$3,450.00	\$15,000.00	-\$11,550.00
						\$0.00
			Other Income Subtotal	\$3,450.00	\$15,000.00	-\$11,550.00
\$0.00	\$0.00	\$0.00	Total Income	\$38,450.00	\$49,750.00	-\$11,300.00
1000	42-45-70					
		A A A A		405 405 00	400 005 00	* 4 700 00
-			Total Expenses Paid	\$35,425.00	\$30,695.00	\$4,730.00
				40.007.00	*40 SEE 00	*40.000.00
			Profit/Loss	\$3,025.00	\$19,055.00	-\$16,030.00
		-				
						<u> </u>
\$0.00	\$0.00	\$0.00				
\$35,425.00	\$30,695.00	\$4,730.00				
	\$15,000.00 \$15,000.00 \$15,000.00 \$250.00 \$1,800.00 \$3,225.00 \$35,425.00	\$15,000.00	2025-2026 2024-2025 VAR+10% increase \$15,000.00 \$10,650.00 \$4,350.00 \$15,000.00 \$14,650.00 \$350.00 \$250.00 \$250.00 \$0.00 \$1,800.00 \$1,800.00 \$0.00 \$35,425.00 \$30,695.00 \$4,730.00 \$0.00 \$35,425.00 \$30,695.00 \$4,730.00 \$0.00	2025-2026 2024-2025 VAR+10% Income Inc	2025-2026 2024-2025 VAR+10% Income Projection S15,000.00 \$10,650.00 \$4,350.00 \$150.00 \$120.00 \$330.00 \$250.00 \$14,650.00 \$350.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$33,225.00 \$33,225.00 \$33,225.00 \$33,225.00 \$30.00 \$33,225.00 \$30.00 \$33,225.00 \$30.00 \$33,225.00 \$30.00 \$33,225.00 \$30.00 \$33,225.00 \$30.00 \$33,225.00 \$30.00 \$33,225.00 \$30.00 \$33,225.00 \$30.00 \$33,425.00 \$30,695.00 \$4,730.00 \$335,425.00 \$30,695.00 \$4,730.00 \$3	2025-2026 2024-2025 VAR+10% Income projection 2025-2026 2024-2025 actuals Increase S15,000.00 \$10,650.00 \$4,350.00 \$150.000 \$120.00 \$330.00 \$150,000.00 \$14,650.00 \$330.00 \$250.00 \$250.00 \$30.00 \$250.00 \$250.00 \$0.00 \$1,800.00 \$1,800.00 \$0.00 \$1,800.00 \$0.00 \$33,225.00 \$0.00 \$33,225.00 \$0.00 \$33,225.00 \$0.00 \$33,425.00 \$30,695.00 \$4,730.00 \$30.00 \$33,425.00 \$30,695.00 \$4,730.00 \$30.00 \$30,00 \$30,00 \$30,00 \$30,00 \$30,00 \$30,00 \$30,00 \$30,00 \$34,750.00 \$34,

Updated: 6/18/2**42812**





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

App	Applicant checklist							
Applicant organization name: Columbia University Women's Golf								
Applicant event name: Columbia Classic								
Applic	icant name completing this form: Amy V cant- Use this checklist to confirm that you have connect to each item. Items (2–9) must be uploaded to	mpleted all	elements of oplication.	the application prior to submitting.				
		Applicant initial	TDO staff initial	TDO staff comments				
1.	Application —	aew	P					
2.	Copy of IRS Articles of Incorporation — (submit if for-profit)	aew	TP					
3.	Copy of IRS Determination Letter – (submit if 501(c)(3)	aew	TP					
4.	Copy of SunBiz.com - (if applicable, see application for details)	•	HP	N/A				
5.	Copy of 990 form (if applicable, see application)	aew	TP					
6.	Copy of completed W-9 form (March 2024)	aew	TP					
7.	Income/Expense worksheet (required for all applicants)	aew	TP					
8.	Copy of this checklist – (completed, initialed, and signed by applicant)	aew	R					
appl	June 20, 2026	submitte	d complete	ely by uploading within the				

ARTICLES OF ORGANIZATION

OF

SMOOTH RUNNING, LLC

The undersigned desiring to form a limited liability company pursuant to Chapter 608, Florida Statutes, hereby states as follows.

ARTICLE I - NAME

The name of this limited liability company (the "Company") is SMOOTH RUNNING, LLC.

ARTICLE II - PRINCIPAL OFFICE .

The street address of the principal office of the Company is 503 Peragrine Drive, 32903 and mailing address of the Company is PO Box 33100, Indialantic, FL Indialantic, FL 32903.

ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent for service of process in the state for this Company is JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901.

ARTICLE IV - MANAGER

The initial manager of the Company is G. MITCHELL VARNES, (MGR.)

IN WITNESS, WHEREOF, the undersigned executed these Articles of Organization this day of July, 2008.

> JACK A. HIRSCHENBAUM, a person authorized by a mamber to sign these Articles of Organization

(((R08000169408 3)))

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Section 608.415, Florida Statutes, the following is submitted in compliance with said Act:

FIRST, that SMOOTH RUNNING, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in the City of Indialantic, County of Brevard, State of Florida, has named JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901, as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with the obligations of a registered agent under Chapter 608, Florida Statutes, and I hereby accept to act in this capacity and agree to comply with the provisions of said Chapter relative to keeping open said office.

JACK A. KIRSCHENBAUM

FILED

08 JUL -9 AM 8: 32

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

Detail by Entity Name

Florida Limited Liability Company SMOOTH RUNNING, LLC

Filing Information

 Document Number
 L08000066265

 FEI/EIN Number
 26-3025672

 Date Filed
 07/09/2008

State FL
Status ACTIVE

Principal Address 660 Cinnamon Ct.

Satellite Beach, FL 32937

Changed: 07/10/2017

Mailing Address P O BOX 33100

INDIALANTIC, FL 32903

Registered Agent Name & Address

VARNES, GARRY MJR 660 Cinnamon Ct. Satellite Beach, FL 32937

Name Changed: 02/17/2011

Address Changed: 07/10/2017 Authorized Person(s) Detail

Name & Address

Title MGR

VARNES, G. MITCHELL 660 Cinnamon Ct. Satellite Beach, FL 32937

Annual Reports

Report Year Filed Date 2022 04/06/2022

1111540

04/30/2009 -- ANNUAL REPORT

07/09/2008 -- Florida Limited Liability

24	, 11:43 AW			Detail by Entity Name	
	2023	02/17/202	3		
	2024	02/09/202	4		
	Document Image	<u>es</u>			
	02/09/2024 ANNU	AL REPORT	View image in PDF format		
	02/17/2023 ANNU	AL REPORT	View image in PDF format		
	04/06/2022 ANNU	ALREPORT	View image in PDF format		
	02/14/2021 - ANNU	AL REPORT	View image in PDF format		
	03/30/2020 - ANNU	AL REPORT	View image in PDF format		
	04/22/2019 - ANNU/	AL REPORT	View image in PDF format		
	06/10/2018 ANNUA	AL REPORT	View image in PDF format		
	07/10/2017 ANNUA	AL REPORT	View image in PDF format		
	07/10/2016 ANNUA	AL REPORT	View image in PDF format		
	04/30/2015 ANNUA	AL REPORT	View image in PDF format		
	04/30/2014 ANNU	AL REPORT	View image in PDF format		
	01/24/2013 ANNUA	AL REPORT	View image in PDF format		
	01/11/2012 ANNUA	L REPORT	View image in PDF format		
	02/17/2011 ANNUA	L REPORT	View image in PDF format		
1	04/21/2010 - ANNUA	AL REPORT _	View image in PDF format		

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2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066265

Entity Name: SMOOTH RUNNING, LLC

Current Principal Place of Business:

660 CINNAMON CT.

SATELLITE BEACH, FL 32937

Current Mailing Address:

P O BOX 33100

INDIALANTIC, FL 32903

FEI Number: 26-3025672

Certificate of Status Desired: No

FILED Feb 09, 2024

Secretary of State

4699778325CC

Name and Address of Current Registered Agent:

VARNES, GARRY MJR 660 CINNAMON CT.

SATELLITE BEACH, FL 32937 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title

MGR

Name

VARNES, G. MITCHELL

Address

660 CINNAMON CT.

City-State-Zip: SATELLITE BEACH FL 32937

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

SIGNATURE: VARNES, G. MITCHELL

PRINCIPAL

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

(Rev. March 2024) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below. Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Smooth Running 2 Business name/disregarded entity name, if different from above. Smooth Running, LLC

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check ŝ 4 Exemptions (codes apply only to page certain entities, not individuals; only one of the following seven boxes. see Instructions on page 3): C corporation S corporation Partnership Individual/sole proprietor 6 Exempt payee code (if any) LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Print or type. Specific Instructions Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax Exemption from Foreign Account Tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate Compliance Act (FATCA) reporting box for the tax classification of its owner. code (if any) Other (see instructions) 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, (Applies to accounts maintained and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check outside the United States.) this box if you have any foreign partners, owners, or beneficiaries. See instructions Address (number, street, and apt. or suite no.). See instructions. Requester's name and address (optional) City, state, and ZIP code List account number(s) here (optional Taxpayer Identification Number (TIN) Social security number Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a or Employer identification number Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter. Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding

Sign	Signature of	$\Lambda M M$	Date April 28, 2025
acquisition other that	on or abandonme n interest and div	nt of secured property, cancellation of debt, conti idends, you are not required to sign the certificati	ibutions to an individual retirement arrangement (IRA), and, generally, payments on, but you must provide your correct TIN. See the instructions for Part II, later.
		-t -f area att association of dobt contr	ibutions to an individual retirement arrangement (IRA), and, generally, gayments.
because	you have failed to	report all interest and dividends on your tax retu	rn. For real estate transactions, item 2 does not apply. For mortgage interest pare

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Form W-9 (Rev. 3-2024)

Marketing Support Program	Cocoa Beach	Half Marathor	1 & 10K				
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
City Permitting and Park Usage	\$21,000.00	\$20,000.00	\$1,000.00	Entry Fees	\$70,000.00	\$70,000.00	\$0.00
Brevard County Sheriff Fees	\$1,000.00	\$1,000.00	\$0.00				\$0.00
Timing	\$7,000.00	\$6,000.00	\$1,000.00				\$0.00
Athlete shirts and medals	\$12,000.00	\$10,000.00	\$2,000.00				\$0.00
USA Triathlon sanctioning fees	\$900.00	\$750.00	\$150.00				\$0.00
Traffic Control and barricading	\$5,000.00	\$5,000.00	\$0.00				\$0.00
Portalets	\$1,200.00	\$1,200.00	\$0.00				\$0.00
Medical Support	\$800.00	\$800.00	\$0.00				\$0.00
Expenses Subtotal	\$48,900.00	\$44,750.00	\$4,150.00				\$0.00
Other Expenses							\$0.00
Ice Trailer	\$750.00	\$750.00	\$0.00				\$0.00
Beverages/Snacks/Athletes/Vol	\$1,500.00	\$1,500.00	\$0.00				\$0.00
Awards	\$2,600.00	\$2,600.00	\$0.00	Income Subtotal	\$70,000.00	\$70,000.00	\$0.00
Light Tower Rentals	\$700.00	\$700.00	\$0.00				
Staffing	\$4,000.00	\$4,000.00	\$0.00	Cash in Bank to start	\$10,000.00	\$10,000.00	\$0.00
DJ/Announcer	\$800.00	\$800.00	\$0.00	Other Income			
				Sponsors	\$15,000.00	\$15,000.00	\$0.00
				TDC grant funding	\$16,905.00	\$20,000.00	-\$3,095.00
				Other Income Subtotal	\$31,905.00	\$35,000.00	-\$3,095.00
Other Evnenges Subtotal							
Other Expenses Subtotal	\$10,350.00	\$10,350.00	\$0.00	Total Income	\$101,905.00	\$105,000.00	-\$3,095.00
Marketing - please specify Brevard/Out-of-County	H SHIPPE						
Billboards in Brevard County	\$1,500.00	\$1,500.00	\$0.00	Total Expenses Paid	\$69,250.00	\$65,100.00	\$4,150.00
National Race Calendars	\$4,000.00	\$4,000.00	\$0.00				
Rack Cards & Mailing	\$2,000.00	\$2,000.00	\$0.00	Profit/Loss	\$32,655.00	\$39,900.00	-\$7,245.00
Social Media	\$2,500.00	\$2,500.00	\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$10,000.00	\$10,000.00	\$0.00				
Total Expenses 2025-2026	\$69,250.00	\$65,100.00	\$4,150.00				

Updated: 6/18/2**12114**



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

Арр	licant organization name: Smoot	th R	unning	,44	
Арр	licant event name: Cocaa Be	each	Half	Marathon	+10/
App Appli	licant name completing this form:	M/+2 ompleted all	elements of	arnes	
		Applicant initial	TDO staff	TDO staff comments	
1.	Application –	MV	18		
2.	Copy of IRS Articles of Incorporation – (submit if for-profit)	M	TP		
3.	Copy of IRS Determination Letter – (submit if 501(c)(3)	n/a	TP	NIA	
4.	Copy of SunBiz.com - (if applicable, see application for details)	pv	TP		
5.	Copy of 990 form (if applicable, see application)	N/A	P	NIA	
6.	Copy of completed W-9 form (March 2024)	nV	N		
7.	Income/Expense worksheet (required for all applicants)	pv	P		
8.	Copy of this checklist – (completed, initialed, and signed by applicant)	per	N		
	nsent that all above documents have beer	submitte	d complete	ly by uploading with	in the
appi /	ication packet. June 8, 1	2025	5_		
Appl	cant signature & date				

Space Coast Clash/Soccer

Return to Table of Contents

For TDO use: PROJECT #- S 6



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

Applicant Organization Space Coast United Soccer

Applicant Event Name: Space Coast Clash

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

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

Vac	NO

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

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:68 Data

2. (untitled)

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



Signature of: Kelly Rogers

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Space Coast United Soccer

Organization address

7824 Citrus Creek Dr

State

FL

City

Melbourne

Zip

32940

Primary contact name

Kelly Jean Rogers

Primary contact phone number

3214030755

Primary contact email

kelly.rogers@spacecoastsoccer.org

Secondary contact name

Bev Gibbs

Secondary contact phone number

3217200890

Secondary contact email

admin@spacecoastsoccer.org

Organization website address

https://spacecoastsoccer.org/

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

592377476

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Space Coast Clash

Event website address (if different from organization website)

spacecoastsoccer.org

Event location

Viera Regional Park, Rotary Park, and Dick Blake

8. What is the first date of your event?	
11/14/2025	
10. (untitled)	
9. In total, how many days will your event be held?	
3	
11. (untitled)	
10. Do you have a second event?	
No	
12. (untitled)	
11. EVENT INFORMATION - #2	
Name of event	
realité di évent	
Event website address (if different from organization website)	
Event location	
13. (untitled)	
12. What is the first date of your event?	
14. (untitled)	
13. In total, how many days will your event be held?	
15. (untitled)	

No

16. (untitled)

1. EVENT INFORMATION - #3

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Direct mail

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

20. (untitled)

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

21. (untitled)

16. What are your social media handles?

Facebook: https://facebook.com/SpaceCoastUnited

Instagram: @spacecoastsoccer.org

YouTube: n/a

22. (untitled)

17. What hashtags do you currently use?

N/A

23. (untitled)

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

SCUSC_cert_of_exemption_2025-2030.pdf

24. (untitled)

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

2024_Tax_Return_990_(Space_Coast_United_Soccer_Club_Inc_-_Client_Copy)_UL.pdf

25. (untitled)

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

26. (untitled)

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

Sunbiz_Detail_by_Entity.pdf

27. (untitled)

21. Upload your completed W-9 form.

W-9.pdf

28. (untitled)

22. Upload your completed Event Income/Expense report.

Space_Coast_Clash_Form.pdf

29. (untitled)

23. Upload your completed Checklist.

Space Coast Clash_Form.pdf

30. (untitled)

24.

ATTESTATION

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



Signature of: Kelly Rogers

31. Thank You!

New Send Email

Jun 06, 2025 16:24:12 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

Internal Revenue Service

Date: December 11, 2000

Space Coast United Soccer Club, Inc. P.O. Box 410301 Melbourne, FL 32941 Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

59-2377476

Person to Contact:
Tonya Martin 31-07387
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:

Dear Sir or Madam:

This letter is in response to your letter dated October 9, 2000 requesting a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in July 1985 granting your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

Space Coast United Soccer Club, Inc. 59-2377476

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

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts, Director, TE/GE Customer Account Services



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

Previous On List

Next On List Return to List

space coast united soccer cl Search

Events

No Name History

Detail by Entity Name

Florida Not For Profit Corporation SPACE COAST UNITED SOCCER CLUB. INC.

Filing Information

Document Number

N05264

FEI/EIN Number

59-2377476

Date Filed

09/20/1984

State

FL

Status

ACTIVE

Last Event

REINSTATEMENT

Event Date Filed

06/11/1998

Principal Address

SCUSC

BOX 410301

MELBOURNE, FL 32941-0301

Changed: 01/21/2007

Mailing Address

SCUSC

BOX 410301

MELBOURNE, FL 32941-0301

Changed: 01/15/2009

Registered Agent Name & Address

Rogers, Kelly SCUSC BOX 410301

MELBOURNE, FL 32941-0301

Name Changed: 01/09/2025

Address Changed: 06/06/2014

Officer/Director Detail

Name & Address

Title President

Goff, Allie SCUSC BOX 410301 MELBOURNE, FL 32941-0301

Title VP

Perry, Mike SCUSC BOX 410301 MELBOURNE, FL 32941-0301

Title Treasurer

Oxley, Brad SCUSC BOX 410301 MELBOURNE, FL 32941-0301

Title Administrator

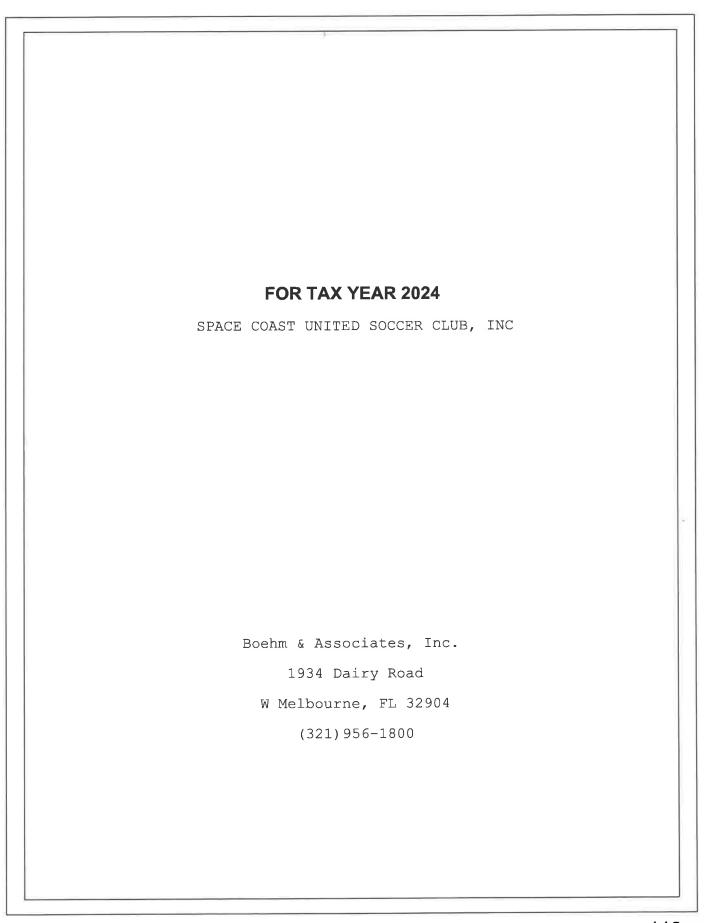
Rogers, Kelly SCUSC BOX 410301 MELBOURNE, FL 32941-0301 Title Assistant

Gibbs, Beverly PO Box 410301 Melbourne, FL 32941

Annual Reports

Report Year	Filed Date
2023	01/03/2023
2024	01/03/2024
2025	01/09/2025

Document Images



Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2024 Open to Public

Department of the Treasury Internal Revenue Service

2024, and ending For the 2024 calendar year, or tax year beginning D Employer identification number Space Coast United Soccer Club, Inc Check if applicable: C Name of organization 59-2377476 Address change Doing business as Room/suite Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change (321) 288-0449 PO Box 410301 Initial return G Gross receipts Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Melbourne, FL 32941 2,237,767 Amended return H(a) Is this a group return for subordinates? Yes X No Application pending F Name and address of principal officer: H(b) Are all subordinates included? Yes No 527 If "No," attach a list. See instructions X 501(c)(3) 501(c) (4947(a)(1) or Tax-exempt status:) (insert no.) H(c) Group exemption number www.spacecoastsoccer.org L Year of formation: 1984 M State of legal domicile: Form of organization: X Corporation Trust Association Part I Briefly describe the organization's mission or most significant activities: Promote youth physcial activity through the sport of soccer Activities & Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 62 6 150 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Prior Year **Current Year** 1,730,922 1,958,098 441,379 279,544 125 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 147 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,237,767 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,172,448 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 13 0 14 1,146,724 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,066,353 0 Total fundraising expenses (Part IX, column (D), line 25) 618,418 1,025,340 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,765,142 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,091,693 18 472,625 19 80,755 Beginning of Current Year End of Year OF SEC 1,564,575 1,253,949 81,792 133,930 21 1,172,157 1,430,645 22 Net assets or fund balances. Subtract line 21 from line 20 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 Brad Oxley Sign Date Signature of officer Here Brad Oxley, Treasurer Type or print name and title Preparer's name Preparer's signature Date XXXXXXXX Paid 03-16-2025 Jacquelyn Boehm Preparer Boehm & Associates, Inc. Firm's EIN Firm's name Use Only Phone no 1934 Dairy Road Firm's address 321-956-1800 W Melbourne FL 32904

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

X No

1131560

Yes

THE RESIDENCE REPORTS A RESIDENCE OF THE PARTY OF THE PARTY OF

Form	990 (2024) Space Coast United Soccer Club, Inc	59-2377476	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
1	Promote youth physcial activity through the sport of soccer		
	Promote youth physical activity through the sport of soccer		
2	Did the organization undertake any significant program services during the year which were not listed on the		F-1 N
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		
	the total expenses, and revenue, if any, for each program service reported.		
	the total experience, and resemble, it diffy to each progress control representations		
4-	(Code:) (Expenses \$1,737,702 including grants of \$) (Revenue	\$	
4a	To provide educational, cultural, recreational, and/or social benefits to yo		ganizatio
		ucii. The or	ganizacio
	serves over 1450 youths annually through soccer training and competition.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40	(Code	-	- 0
	473.3.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		-	
4d	Other program services (Describe on Schedule O.)		
→u	(Expenses \$ including grants of \$) (Revenue \$)	
1		51 1	
4e	Total program service expenses 1,737,702	Fo	rm 990 (2024
EEA		-0	555 (2027

Form 990 (2024) Space Coast United Soccer Club, Inc 59-2377476 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Schedule D. Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If х 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 13 Did the organization maintain an office, employees, or agents outside of the United States? X 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

If "Yes," complete Schedule G, Part III

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 19

20a

20b

21

X

X

X

59-2377476

Pa	tiv Checklist of Required Schedules (Continued)			D -
00	Did the assessment and the \$5,000 of grants or other assistance to or for demostic individuals on	-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			-
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_	х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	35		
_	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• • •		Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		5.1	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		117	= 1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1-	v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	L

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b x Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X X Each committee with authority to act on behalf of the governing body?....... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a Х Describe on Schedule O the process, if any, used by the organization to review this Form 990. b 12a X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a x 15b x If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed Florida Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website V Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

Brad Oxley (321)288-0449, PO Box 410301, Melbourne, FL 32941

Form 990 (2024)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(1	C)			~ //		
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average	,				nan one s both ar	. //	Reportable	Reportable	Estimated amount
Name and the	hours					/trustee)		compensation	compensation	of other
	per week						W.	from the	from related	compensation
	(list any	9 5	5	9	2	9 =	77	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	divid	SE SE	Officer	y er	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	related organizations	ed in	ona	F	key employee	t co	7			
	below	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		M 40"		
	datted line)	6	stee		-1	nga i				
		- 4	9		1	e e				
	30	>	4							
(1)Kara Ehrhardt	5.00	100				9		_	_	
Vice President		X		_	_		_	0	0	0
(2) Adam Ferguson	5.00	. 7								
Director	100	X	-	_				0	0	0
(3)Kevin Koegel	5.00	-								1005
Director		х	1	_				0	0	0
(4)Kellie McGuire	5.00									
Director	340	х						0	0	0
(5) Todd Olson	5.00									
Director	•	х		\perp				0	0	0
(6) Matt Shannon	5.00									
Director		х		\perp				0	0	0_
(7)David Trout	5.00									
Director		x						0	0	0_
(8) Allie Goff	20.00									
President	e en Enterior			X				0	0	0
(9)Brad_Oxley	20.00									
Treasurer	- CANADAMAN CAN			x				0	0	0
(10)Mike Perry	20.00									
Vice President				x				0	0	0
(11)Scott Armstrong	60.00									
Exec Dir Coaching					_X			0	0	0
(12)										
(13)										
(14)										

Form 990 (2024)

Part VII Section A. Officers, Directors,	Trustees,	Key	= mբ	ploy	yee	s, ar	na r	lignest Comp	ensated Empi	oyees	(continued
				((C)						
(A)	(B)				silion			(D)	(E)		(F)
Name and title	Average					han one s both a		Reportable	Reportable	Estima	ted amount
Halife and the	hours	1				r/trustee		compensation	compensation		f other
	per week							from the organization (W-2/	from related organizations (W-2/		pensation om the
	(list any	9 5	S.	9	Σ _e	en H	Fo	1099-MISC/	1099-MISC/		zation and
	hours for	dire	Ě	Officer	(ey employee	ples	Forme	1099-NEC)	1099-NEC)	related	organizations
	related organizations	ctor t	na		oldt	t cor]				
	below	Individual trustee or director	nstitutional trustee		/ee	npe					
	dotted line)	6	ee			Highest compensated employee					
						٩					
(15)											
(16)											
					_						
(17)											
(18)											
(19)								10			
1						_	4	7.61			
(20)							A	1 1 4			
(21)		d			0				3		
(22)		包		9		1	7	10 6			
		- 70	h. 1			- Alle					
(23)			•								
(24)		L									
(25)	100	1									
1b Subtotal											
c Total from continuation sheets to Part VII, Se	ction A .		٠.								
d Total (add lines 1b and 1c)				•		¥ 1000	4	0	0		0
2 Total number of individuals (including but		o thos	e lis	sted	abo	ove) v	vho	received more the	nan \$100,000 of		
reportable compensation from the organi	zation		_	_							V . N-
3 Did the organization list any former officer, dir	ector, trustee.	kev er	olan	vee.	or h	niahes	t cor	mpensated			Yes No
employee on line 1a? If "Yes," complete Sche										3	x
4 For any individual listed on line 1a, is the sum o											
organization and related organizations greater											
individual										4	х
5 Did any person listed on line 1a receive or accr	ue compensati	on fron	n any	unr/	elat	ed org	aniz	ation or individual			
for services rendered to the organization? If "	'es," complete	Sched	lule .	J for	suc	h pers	son			5	х
Section B. Independent Contractors											
Complete this table for your five highest of	compensated	inde _l	oend	dent	t co	ntract	ors	that received mo	ore than \$100,00	0 of	. Amtonia
compensation from the organization. Rep	ort compens	ation	for t	the o	cale	endar	yea		within the organi		tax year.
(A)								(B)		(C)	·
Name and business add	ress				_		\vdash	Description of service	ces	Compensa	tion
Ų.		_									
/											
2 Total number of independent contractors						nose I	iste	d above) who	11-11		
received more than \$100,000 of compen	sation from t	ne org	dillZ	<u>zauc</u>	ш				Her all		

Form 99			ed :	Soccer Club,	Inc		59-2377	476 Page 9
Part \	VIII	Statement of Revenue Check if Schedule O contains a res	none	e or note to any li	ne in this Part V	711		
		Check ii Schedule O contains a res	pons	e of flote to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a		Nymet (
V9 10	b	Membership dues	1b	1,941,248				
unts	С	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
sifts ar A	e	Government grants (contributions)	1e	16,850				
S. G.	f	All other contributions, gifts, grants,			1 - 5 - VI - 1			
rSi		and similar amounts not included above	1f		33 Y	21.0		
ibu	g	Noncash contributions included in						The second second
d d		lines 1a-1f	1g	\$				
ğ g	h	Total. Add lines 1a-1f			1,958,098			
				Business Code				
	2a	Misc Other Donations		900099	21,526	21,526		
<u>ce</u>	ь	Field Hosting Commssion		900099	1,853	1,853		
E e	l .	Camp Revenue	- 1	711210	84,624	84,624		
ram Sen Revenue		Rebates		711210	16,431	16,431		
Re	l .	Tournament Fees		711210	155,110	155,110		
Program Service Revenue		All other program service revenue	2 25		67	19 100 1		
-		Total. Add lines 2a-2f		50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	279,544	40 400	W 1	
-					100	10 10	h.	
	3	Investment income (including dividends, inte other similar amounts)		and .	125	125	A.	
	4	Income from investment of tax-exempt bond		eeds A	1 1			
	ı	Royalties		0.00	A . A		-	
	້	(i) Real		(ii) Personal		THE VALUE		(V) (V
	6-	Gross rents 6a		(ii) Fersonal	-			
			-	100	10			
	ı		_			50,000		
	ı	Rental income or (loss) 6c						
	a	E V	9363					
	7a	Gross amount from (i) Securities sales of assets	S	(ii) Other				
		other than inventory 7a	-46	- All - All -		TO THE REAL PROPERTY.		
	Ь	Less: cost or other basis	ь.	- The Control of the	174	- 4	7111111-7-2	
e		and sales expenses 7b	Z.		The face of the	v Venter III		The second
en /en	С	Gain or (loss) 7c		\ V	SELECTION OF THE SECOND			1 2 2
, Re	d	Net gain or (loss)		V				
Other Revenue	8a	Gross income from fundraising	-		100		155.50	
븅		events (not including \$	Þ		Sales III			
		of contributions reported on line				ALL THE TOTAL		AND ADDRESS
		1c). See Part IV, line 18	8a		The state of the s	D	0 5,000 11 11	The Indiana
	Ь	Less: direct expenses	8b					
		Net income or (loss) from fundraising event	s					
		Gross income from garning						N. Siyis
		activities. See Part IV, line 19	9a		2 2 3 1 4 9		IN THE	1
	Ь	Less: direct expenses	9b				1 38 38	
	ı	Net income or (loss) from gaming activities	L.					
								The Liver
	lua	Gross sales of inventory, less returns and allowances	10a		2 - T		- 17 To 1 72 72 72 72 72 72 72 72 72 72 72 72 72	the state of
	Ь	Less: cost of goods sold	101	1		- 10 ov		
	1 ~							

Business Code

2,237,767

279,669

0

Miscellanous Revenue

11a

d All other revenue e Total. Add lines 11a-11d

c Net income or (loss) from sales of inventory

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (D) (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 203,520 203,520 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 30,900 862,016 831,116 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 81,188 81,188 10 11 Fees for services (nonemployees): 1,598 1,598 Ь 1,300 1,300 е Professional fundraising services. See Part IV, line 17. . f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 4,555 4,555 12 3,255 3,255 13 14 15 74,393 16 74,393 3,896 3,896 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . . . 19 20 21 8,090 8,090 22 37,117 26,649 10,468 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 220,212 220,212 a Soccer Program Expenses 3,719 3,719 b Continuing Education 20,775 20,775 Business License and Permits 138,594 138,594 Tournament Expenses (18,483 100,914 119,397 e All other expenses 1,765,142 1,737,702 27,440 Total functional expenses. Add lines 1 through 24e. . 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [] if following SOP 98-2 (ASC 958-720)

Page 11

EEA

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 493,370 563,070 2 738,981 974,106 2 3 3 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 8 9 Land, buildings, and equipment: cost or other 10a 10a basis, Complete Part VI of Schedule D 134,268 21,598 10c 27,399 10b 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 1,253,949 16 1,564,575 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 81,792 133,930 26 133,930 81,792 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 1,172,157 27 1,430,645 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 1,172,157 32 1,430,645 32 1,253,949 33 1,564,575

Form 990 (2024)

Form	990 (2024) Space Coast United Soccer Club, Inc	59-23774	76	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	237,	767
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	765,	142
3	Revenue less expenses. Subtract line 2 from line 1	3		472,	625
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	172,	157
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	(214,	137)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	430,	645
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	The state of the s		y	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.		100		189
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		100		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on		1100		100
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Forn	n 990	(2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2024

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer Identification number Name of the organization 59-2377476 Space Coast United Soccer Club, Inc Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monelary (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

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.)

	on A. Public Support						
Calen	dar 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						<u> </u>
4	Total. Add lines 1 through 3						
5	The portion of total contributions by			7.		S. D. S. C.	
	each person (other than a			5	Later Town		
	governmental unit or publicly					7.0	1
	supported organization) included on				The state of		
	line 1 that exceeds 2% of the amount	100		T DE	A 10		1
	shown on line 11, column (f)			- 00	100	A	
6	Public support. Subtract line 5 from line 4.			68.3			<u> </u>
	on B. Total Support		I #3 ===/		I (n 0000	4 > 0004	40 T-1-1
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4		777	100	7		
8	Gross income from interest, dividends,	1	1	P 10 .			
	payments received on securities loans,		M	The said	4		
	rents, royalties, and income from	Ъ.	40 4	1			
•	similar sources	-					
9	Net income from unrelated business	-	4000	9			
	activities, whether or not the business	All I					
4.0	is regularly carried on	1	A				
10	Other income. Do not include gain or	10 10					
	loss from the sale of capital assets	F 15	h				
44	(Explain in Part VI.)						
11 12	Gross receipts from related activities, etc.	(eee instructio	ne)		1 CE N 67 245	12	
13	First 5 years. If the Form 990 is for the or						c)(3)
13	organization, check this box and stop her						
Section	on C. Computation of Public Suppor						
14	Public support percentage for 2024 (line 6			1. column (f))	72-72 N 27-27-72	14	%
15	Public support percentage from 2023 Sch					15	%
16a	33 1/3% support test - 2024. If the organ					1/3% or more,	check this
	box and stop here. The organization qual	lifies as a publ	licly supported	organization.			
b	33 1/3% support test - 2023. If the organ	ization did not	t check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or r	nore, check
	this box and stop here . The organization	qualifies as a	publicly suppor	rted organizati	on		
17a	10%-facts-and-circumstances test - 202	24. If the orgai	nization did not	check a box	on line 13, 16a,	or 16b, and lin	ne 14 is
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check	this box and st	op here . Expl	ain in
	Part VI how the organization meets the fa						
	organization						
b	10%-facts-and-circumstances test - 202	23. If the orgai	nization did not	check a box	on line 13, 16a,	16b, or 17a, a	and line
	15 is 10% or more, and if the organization	meets the fac	cts-and-circums	stances test, c	heck this box a	nd stop here.	Explain
	in Part VI how the organization meets the	facts-and-circ	umstances tes	t. The organiz	ation qualifies a	as a publicly su	upported
	organization						
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	a, or 17b, check	this box and	see
	instructions						

Schedule A (Form 990) 2024 EEA

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

(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.)

	if the organization falls to qualify	under the te	3t3 li3ted beit	W, picase co	implete i dit i	1/	
Secti	on A. Public Support						
Calen	dar 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		11,10	171-75			
	received. (Do not include any "unusual grants.")	896,953	1,142,890	1,447,232	1,730,924	1,958,098	7,176,097
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	247,368	357,311	4,520	20,915	279,544	909,658
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				À		
_	organization without charge	1 144 201	1,500,201	1,451,752	1,751,839	2,237,642	8,085,755
6	Total. Add lines 1 through 5	1,144,321	1,500,201	1,451,752	1,751,639	2,231,642	8,083,733
7a	Amounts included on lines 1, 2, and 3			- 4	W		
	received from disqualified persons		<u> </u>	4 100			
b	Amounts included on lines 2 and 3			76. 7	A 1997		
	received from other than disqualified		-	- Th.	W B		
	persons that exceed the greater of \$5,000		dillo.	- OF 180-	Jan Jan		
	or 1% of the amount on line 13 for the year	- 4		- 10 A			
С	Add lines 7a and 7b	0	6	0	0	0	0
8	Public support. (Subtract line 7c from	W BIET I	A TOTAL	The state of			
	line 6.)				1.550		8,085,755
	on B. Total Support		VID.	pro-		II was	T - 22
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	1,144,321	1,500,201	1,451,752	1,751,839	2,237,642	8,085,755
10a	Gross income from interest, dividends,	Sharp A					
	payments received on securities loans, rents,	Mr. Apr.					
	royalties, and income from similar sources .	981	277	138	147		1,543
b	Unrelated business taxable income (less	10 1					
	section 511 taxes) from businesses	P . W.					
	acquired after June 30, 1975	8 4					
C	Add lines 10a and 10b	981	277	138	147		1,543
11	Net income from unrelated business						
	activities not included on line 10b, whether	k:					
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1.145.302	1,500,478	1,451,890	1,751,986	2,237,642	8,087,298
14	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppo			1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
15	Public support percentage for 2024 (line			13. column (f))	1 20 20 2 2 20 20 2	15	99.98 %
16	Public support percentage from 2023 Sch					16	99.97 %
	on D. Computation of Investment In						
17	Investment income percentage for 2024 (by line 13. colu	mn (f))	17	0 %
18	Investment income percentage from 2023					3.87947	0 %
19a	33 1/3% support tests - 2024. If the orga						
130	17 is not more than 33 1/3%, check this b	oox and ston	nere. The organ	nization qualifie	es as a publich	supported ord	anization X
L	33 1/3% support tests - 2023. If the organizar	tion did not cher	k a hoy on line 1	4 or line 19a an	d line 16 is more	e than 33 1/3%	and
b	line 18 is not more than 33 1/3%, check this be	ny and eten her	e The organizat	ion qualifies as a	publicly suppor	ted organization	
20	Private foundation. If the organization d						
£U.			TOO VITE HILLY I'T				12790

Part IV Suppor

Supporting Organizations

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

Section A. All	Supporting	Organizations
----------------	------------	---------------

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

	Yes	No
1		
2		
3a		
3b		
J.D		11
3с		
4a		
44		
7		
4b		
4c		
5a		
5b		
5с		
	127	
6		
7		
8		
9a		
9b		
9c		
36		(in
10a	(1	/ ET
10b		

Schedule A (Form 990) 2024

Schadu	e A (Form 990) 2024 Space Coast United Soccer Club, Inc 59-2377476		P	age 5
Part				
Mark State			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	- "	21.1	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
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.	11c		_
Secti	on B. Type I Supporting Organizations		Yes	No
	Division in the second state of the second sta		162	140
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	131		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	- 12		
_	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,	-4	= 3	
	supervised, or controlled the supporting organization.	2	D11 -	
Secti	on C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		0.1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	7.	3.0	
	or management of the supporting organization was vested in the same persons that controlled or managed		de la	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		2	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			18.0
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		-
	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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			100
3	a significant voice in the organization's investment policies and in directing the use of the organization's	#		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructio	ons).
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	uction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	435	1-5
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1 13
	how the organization was responsive to those supported organizations, and how the organization determined			-
	that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			711
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	24		
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
	trustees of each of the supported organizations? If Tes of No, provide details in Fart VI.	- Ja	_	-

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(exp</i>	lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	zati	ons must complete Sect	
Secti	on 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		4	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a	9 1	
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	J. 1619	
	Total (add lines 1a, 1b, and 1c)	1d	11 .01	
е	Discount claimed for blockage or other factors			3 - 3
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	30		
	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		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		51
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		8
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
9 72	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly ir	tegrated Type III suppo	rting organization
	(see instructions).	-		-

Schedule A (Form 990) 2024

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	ea)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed	_	
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets	20 1 1 2 2 D 41		4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part	VI)	5 6	
6	Other distributions (describe in Part VI). See instructions.			7	
7	Total annual distributions. Add lines 1 through 6.	41		-	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	,	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			10	
10	Line 8 amount divided by line 9 amount		(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution	ns	Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024		The same		
	(reasonable cause required - explain in Part VI). See		- W. Co.		
	instructions.				
3	Excess distributions carryover, if any, to 2024				
a	From 2019				
Ь	From 2020	20 - F - AV.		-	
С	From 2021				
d	From 2022			-	
е	From 2023	The second			X B LIEU,
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.		1000	JU	
4	Distributions for 2024 from				
	Section D, line 7:			_	
a	Applied to underdistributions of prior years			-	
	Applied to 2024 distributable amount	OHI CONTRACTOR			
<u>c</u>	Remainder, Subtract lines 4a and 4b from line 4.		V. W	0.1	
5	Remaining underdistributions for years prior to 2024, if	The second second			
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h		The same		
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:	All affects of the least			
a	Excess from 2020				
<u>b</u>	Excess from 2021				
<u>c</u>	Excess from 2022				
<u>d</u>	Excess from 2023				

Schedule A (Form 990) 2024

EEA

Schedule A (Fe	orm 990) 2024	Space Coast Unite	d Soccer Club	, Inc	59-2377476	Page 8
Part VI	Supplemental	Information. Provide th	e explanations i	required by Part II,	line 10; Part II, line 17a or	17b; Part
	III, line 12; Par	t IV, Section A, lines 1, 2	2, 3b, 3c, 4b, 4c	, 5a, 6, 9a, 9b, 9c, 1	11a, 11b, and 11c; Part IV,	Section
	B, lines 1 and	2; Part IV, Section C, lin	e 1; Part IV, Sed	ction D, lines 2 and	3; Part IV, Section E, lines	1c, 2a, 2t
	3a, and 3b; Pa	rt V, line 1; Part V, Sect	ion B, line 1e; P	art V, Section D, lin	nes 5, 6, and 8; and Part V,	Section E
	lines 2, 5, and	6. Also complete this pa	ert for any addition	onal information. (S	see instructions.)	
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SCHEDULE D (Form 990)

(Rev. December 2024)

Internal Revenue Service

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 59-2377476 Space Coast United Soccer Club, Inc Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by 3 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. b Assets included in Form 990, Part X

Par					sets (continued)
3	Using the organization's acquisition, accession, ar	nd other records, check ar	ny of the following that m	nake significant use of its	
	collection items (check all that apply).				
а	Public exhibition	d [Loan or exchange pr	rogram	
b	Scholarly research	e	Other		
C	Preservation for future generations	•			
4	Provide a description of the organization's collecti	ons and explain how they	further the organization	s exempt purpose in Part	
•	XIII.				
5	During the year, did the organization solicit or rece	eive donations of art, histo	rical treasures, or other	similar	
•	assets to be sold to raise funds rather than to be				Yes No
Par	EV Escrow and Custodial Arrange				
1.01	Complete if the organization answ	vered "Yes" on Form	990. Part IV. line	9. or reported an am-	ount on Form
	990, Part X, line 21.	100 011 0111	. 555,	o, o	
1a	Is the organization an agent, trustee, custodian, or	other intermediany for cor	tributions or other asse	ets not	
Ia	included on Form 990, Part X?				√ Yes No
	If "Yes," explain the arrangement in Part XIII and of				
b	ires, explain the arrangement in Fart Air and	complete the following tab	ю.	Am	ount
_	Beginning balance			-	Jane
C	Additions during the year				
đ	Distributions during the year				
e	Ending balance				
f n-	Did the organization include an amount on Form 9	100 Dort V line 21 for one	row or sustadial associa	nt liability?	Yes No
2a	If "Yes," explain the arrangement in Part XIII. Che		has been provided in D	ort VIII	L les L le
		ck nere ii die explanation	nas been provided in re	alt Alli	· · · · · ·
Par	Complete if the organization answ	wared "Ves" on Form	900 Part IV line	10	
		Current year 4 (b)Prior			(e) Four years back
4-		Current year 1 (Dar no	(c) Two years	(u) Times years back	(e) I cal years back
1a	Beginning of year balance	- 4			
b	Contributions	100	- Verify	*	
С	Net investment earnings, gains,	V 40V	Mary Comments		
	and losses	De 10			
d	Grants or scholarships				
е	Other expenditures for facilities and	- P			
	programs				
f	Administrative expenses	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
g	End of year balance				
2	Provide the estimated percentage of the current year	100 1200h	column (a)) neid as:		
а	Board designated or quasi-endowment	%			
b	Permanent endowment%				
С	Term endowment%				
	The percentages on lines 2a, 2b, and 2c should ed		1.11	16	
3a	Are there endowment funds not in the possession	n of the organization that a	ire neid and administere	ed for the	Van Na
	organization by:				Yes No
	(i) Unrelated organizations?				3a(i)
	(ii) Related organizations?				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organization				. 3b
4	Describe in Part XIII the intended uses of the organization		nds.		
Par	Land, Buildings, and Equipmer		- 000 Dod IV II	11a Soo Form 000	Part V line 10
	Complete if the organization answ				
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated depreciation	(d) Book value
		(investment)	(other)	depredation	
	Land	-			
Ь	Buildings				
С	Leasehold improvements			105.050	07.202
d	Equipment	134,268		106,869	27,399
e	Other	- 200 - 111 11	1		
Total.	Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, line 10	ic, column (B))		27,399

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

Part VII	Complete if the organization answered	"Yes" on Form	990, Part IV, li	ne 11b. See	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation: st or end-of-year market value
(1) Financial of	derivatives	* **** * * * *			
(2) Closely he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII	Investments - Program Related				
	Complete if the organization answered	"Yes" on Form	990, Part IV, li	ne 11c. See	Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	4	(c) Method of valuation: st or end-of-year market value
(1)			-	100	
(2)				10 10	
(3)			417	ALL A	
(4)			- 1	B B	
(5)			STATE OF THE PARTY	M A	
(6)		AUTO	B 100 10		7
(7)			de de		
(8)				18	
(9)		- 10			
Total. (Colum Part IX	n (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered		990 Part IV li	ne 11d. See	Form 990. Part X line 15
	complete if the organization answered	ALC: NO.	550, i dir iv, ii	114. 000	(b) Book value
(1)	(8) 065	in profit			(a) book voids
(2)					
7775		100			
(3)	4 4 4 4 4	- T			
(4)		-			
(6)					
1.00					
(7)					
(8)					
	n (b) must equal Form 990, Part X, line 15, col. (B))				
Part X	Other Liabilities Complete if the organization answered line 25.				f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	1 16		
(1) Federal i	income taxes				
(2Accrue	d Payroll	8	6,613		
(3¢hase 0	cc	4	7,317		
(4)			اثروا		
(5)					
(6)					
(7)					
(8)			hitter 1		
(9)					
	(b) must equal Form 990, Part X, line 25, col. (B))	13	3,930	Maren per la	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part		Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.50
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	5.75
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		er Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	UU
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	177
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	art X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
_		
_		
_		

Shadeded D (Form 1900) (Rev. 12-28)PAGE Coast United Societ Club, Inc 59-23771476 Page 5 Part XIII Supplemental Information (continued)	Schedule D (Forn	990) (Rev. 12-28bace Coast United Soccer Club, Inc	59-2377476	Page 5
	Part XIII	Supplemental Information (continued)		
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Schedule D (Form 990) (Rev. 12-2024)

SCHEDULE 0 (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

i. Form 390 governing body review (Part VI, line 11) he form is provided electronically to all board members for review prior to filing. P. Governing documents, etc, available to public (Part VI, line 19) he public may obtain a coy of the Form 990 or other governing documents Output Description:	ame of the organization pace Coast United Soccer Club, Inc	Employer identification number 59-2377476
ne form is provided electronically to all board memebers for review prior to filing. 2. Governing documents, etc, available to public (Part VI, line 19)	1 Form 990 governing hody review (Part VI line 11)	1 200 20
2. Governing documents, etc, available to public (Part VI, line 19)	the form is provided electronically to all heard memehers for	review prior to filing.
P. Governing documents, etc, available to public (Part VI, line 19) The public may obtain a coy of the Form 990 or other governing documents The public may obtain a coy of the Form 990 or other governing documents The public may obtain a coy of the Form 990 or other governing documents The public may obtain a coy of the Form 990 or other governing documents The public may obtain a coy of the Form 990 or other governing documents	We form 12 browness effectionizedity to all posts memeners for	Terrow brior oo triting.
A coverning documents, etc. available to public [Fart v1, line 19) The public may obtain a coy of the Form 990 or other governing documents The public may obtain a coy of the Form 990 or other governing documents The public may obtain a coy of the Form 990 or other governing documents	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ing 10)
The public may obtain a coy of the Form 990 of other governing occuments	2. Governing documents, etc, available to public (Part VI, 1.	ne 19)
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4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172 **2024**

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990 - 1 59-2377476 Space Coast United Soccer Club, **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (b) Cost (business use only) 6 (a) Description of property 7 Listed property, Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 . . . 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 7,233 17 MACRS deductions for assets placed in service in tax years beginning before 2024 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and year (d) Recovery (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property only-see instructions) service 3-year property 857 5-yeas paopentent #567 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs. S/L 27.5 yrs. MM h Residential rental S/L 27.5 yrs. MM property MM S/L Nonresidential real 39 yrs. MM S/L Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System S/L 20a Class life b 12-year 12 yrs. S/L c 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 8,090 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning

, 2024, and ending

, 20

2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer 59-2377476 Space Coast United Soccer Club, Inc Name and title of officer or person subject to tax Brad Oxley, Treasurer Type of Return and Return Information Part I 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 X b Total revenue, if any (Form 990, Part VIII, column (A), line 12). Form 990-EZ check here Form 1120-POL check here. 3b b Tax based on investment income (Form 990-PF, Part V, line 5). Form 990-PF check here . . . 5a Form 8868 check here 6a Form 990-T check here 7a Form 4720 check here 8a Form 5227 check here Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Form 8038-CP check here. . Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or I am a person subject to tax with respect to (name Under penalties of perjury, I declare that (EIN) and that I have examined a copy of the of entity) 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 77476 Boehm & Associates, Inc. to enter my PIN as my signature x I authorize Enter five numbers, but **ERO firm name** 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. 03-20-2025 Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 504572 32904 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. 03-16-2025 ERO's signature Date

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

Name(s) as shown on re		ederal Supporting S	tatements	2024 PG01 Tax ID Number
	ast United Soc	cer Club, Inc		59-2377476
		Form 4562 - Line	e 19b	Statement #5
Basis 812 7,200 5,880	RP 5 5 5	CV MQ MQ MQ	Method 200 DB 200 DB 200 DB	Deduction 203 360 294
Total				857



990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2024 Page 1
Name(s) as shown on return		FEIN
Space Coast	United Soccer Club, Inc	59-2377476

Membership Dues

Description		Amount
Adult League	\$	36,805
Competetive Programs		1,236,710
Recreational Programs		431,310
Team Fees		236,423
200111	Total: \$	1,941,248

Part IX, Line 24e, Other Expenses Program Services

Description	Amount
Adult League Expensse	\$ 25,671
Camp Expense	9,936
Deminimus Equipment	15,863
Facilities and Field Rentals	245
Fuel for Golf Carts	300
Leased Equipment	920
Payroll Processing Fees	7,010
Repairs and Maintenance	4,773
Telephone	5,540
Teams Exp from Old Accounts	3,686
Tryout Expense	507
Uniforms and Tshirts	44,946
Total:	\$ 119,397
The state of the s	

Pt IX, Line 24e Other Expenses Mgmt and General

Description		Amount
Directors Discrectionary Budget	\$	1,979
Merchant Services		1,877
Miscellaneous		3,322
Postage and Delivery		753
Club Card - unclassified		(16,448)
Team Expenses		(9,981)
Quickbooks Payments Fees		15
	Total: \$	-18,483

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The Control of Part Contro	* Item is included in UBIA	_				Depreci	ation Deta	Depreciation Detail Listing						2024	
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C1-2-2-212 C2-2-213 C2-2-2-213 C2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	st United			Basis	Business	Section	Bonus		e Lie	Method	Rate	Prior	-2377476 Current	Accumulated	AMT
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2024 PAGE 3	- 1		Accumulated Depreciation	2 9 9 4	106,869	
		Social security number/EIN	5		080,8	8,090
V		Social sec	Prior Depreciation		98,779	179/bonus
			Rate	ω		cluding
	ly.)		Method	200 DB MQ		CY 179 and CY Bonus TOTAL CY Depr including 179/bonus
70	ords on		Life	in .	00	CY 17 TOTAL
il Listing	is for your rec		Depreciable Basis	5,880	134,268	
Depreciation Detail Listing	(This page is not filed with the return. It is for your records only.)		Bonus	96		
Deprec	je is not filed		Section 179			
	(This pag		Business	100.00		
			Basks			
			Cost	2, 880	134,268	134,268
30		er Club. Inc	II.	12-31-2024		
UBIA	r right corner	um United Soco	an	6.5 x 18.5 Goas		able Cost
* Item is included in UBIA for Section 199A calculations.	See "UBIA" in lower right corner,	a(s) as shown on return Space Coast United Soccer Club.	Description		Totals	Land Amount Net Depreciable Cost
* Item for Sec	See "L	Name(s)	- S	61		

Next Year's Depreciation Worksheet

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

2024

Tax ID Number Name(s) as shown on return 59-2377476 Space Coast United Soccer Club, Inc Method Life Deduction Date **Basis** Multi-Form Description 200 DBHY 7 07-24-2021 799 PRG Trailer 2 1 08-18-2021 650 200 DBHY Aed PRG 1 200 DBHY 7 08-18-2021 650 Aed-2 PRG 1 200 DBHY 7 1,067 4x16 Forza Goal 09-15-2021 PRG 1 09-15-2021 1,067 200 DBHY 7 4x16 Forza Goal-2 PRG 1 08-24-2012 4,000 Goals PRG 1 2,000 7 10-19-2014 Golf Cart PRG 1 7 02-26-2015 4,500 PRG 1 Pop Up Goals 06-04-2015 3,786 Pop Up Goals PRG 1 09-10-2015 15,050 PRG 1 Shed Field Security Netting 09-22-2015 6,750 PRG 1 8x24 Soccer Goal 08-22-2017 2,650 200 DBHY PRG 1 200 DBHY 7 08-22-2017 2,400 6.5x18.5 Soccer Goal PRG 1 2,000 200 DBHY 7 08-30-2017 Computer (New in 2017) PRG 1 200 DBMQ 7 54 10-02-2018 709 7.5' Aluminum Bench PRG 1 200 DBMQ 215 10-23-2018 2,825 8'x24' Soccer Goal 2 PRG 1 200 DBMO 69 11-12-2018 908 15' Aluminum Bench PRG 200 DBHY 908 15' Aluminum Bench 2 01-16-2019 PRG 1 01-16-2019 908 200 DBHY 7 15' Aluminum Bench 3 PRG 1 200 DBHY 7 01-16-2019 908 15' Aluminum Bench 4 PRG 1 200 DBHY 7 01-16-2019 908 15' Alumunum Bench 5 PRG 1 200 DBHY 7 01-16-2019 709 7.5" Aluminum Bench 3 PRG 1 01-16-2019 709 200 DBHY 7 7.5" Aluminum Bench 2 PRG 1 01-16-2019 709 200 DBHY 7 PRG 1 7.5" Aluminum Bench 4 200 DBHY 7 2,800 7' x 21' Soccer Goal 03-13-2019 PRG 1 03-13-2019 2,950 200 DBHY 7 8'x24' Soccer Goal 3 PRG 1 200 DBHY 7 03-25-2019 709 7 5' Aluminum Bench 5 PRG 1 200 DBHY 7 908 15' Aluminum Bench 7 03-25-2019 PRG 1 200 DBHY 7 15' Aluminum Bench 8 03-25-2019 908 PRG 1 15' Aluminum Bench 6 03-25-2019 908 200 DBHY PRG 1 7.5' Aluminum Bench 7 03-25-2019 709 200 DBHY PRG 200 DRHY 709 7.5' Aluminum Bench 6 03-25-2019 PRG 1 975 200 DBHY 7 Drinks Cooler 05-06-2019 1 PRG 200 DBHY 7 7.5' Aluminum Bench 8 709 09-12-2019 PRG 1 200 DBHY 7 09-18-2019 731 PRG 1 200 DBHY 7 10-04-2019 500 1 6.5 x 18.5 Shooting Goal PRG 200 DBHY 7 6.5 x 18.5 Shooting Goal 10-04-2019 500 PRG 1 600 200 DBHY 8x24 Shooting Goal 2 10-04-2019 PRG 200 DBHY 600 PRG 1 8x24 Shooting Goal 10-04-2019 3,396 200 DBMQ 7 Lightning Detector 03-09-2020 PRG 1 2,800 200 DBMQ 7 7x12 Soccer Goal 2 04-28-2020 PRG 1 200 DBMQ 7 Video Camera 08-25-2020 600 PRG 1 200 DBMQ 7 1 Ipad 09-05-2020 1,099 PRG 200 DBMQ 6.5 x 18.5 Soccer Goal 2 10-26-2020 2,800 PRG 1 200 DBMO 6.5 x 18.5 Soccer Goal 3 10-26-2020 2,800 PRG 200 DBMQ 7 7x12 Soccer Goal 3 11-05-2020 2,800 1 PRG 2 Soccer Goal Dollies 05-31-2022 1,318 200 DBHY 7 165 1 PRG 2013 Yamaha Golf Cart 09-23-2022 3,000 200 DBHY 7 375 PRG 1 200 DBHY 7 78 7 x 21 Soccer Goas 04-30-2022 626 PRG 1 200 DBHY 7 4 - 7 x 21 Soccer Goals 06-01-2022 6,975 871 PRG 1 200 DBHY 7 940 06-30-2022 7,525 4 - 8 x 24 Soccer Goals PRG 1 200 DBHY 7 393 11-30-2022 3,150 PRG 1 6.5 x 18.5 Soccer Goal

Next Year's Depreciation Worksheet

2024 (This page is not filed with the return. It is for your records only.) Tax ID Number Name(s) as shown on return Space Coast United Soccer Club, Inc 59-2377476 Method Date Basis Deduction Form Multi-Form Description 800 200 DBHY 7 100 01-01-2022 PRG iPad Pro 10.5 in 256 GB 200 DBHY 5 273 01-31-2023 1,420 PRG 1 Zoll AED Plus - 3 273 Zoll AED Plus - 4 01-31-2023 1,420 200 DBHY 5 PRG 1 200 DBHY 5 271 01-31-2023 1,412 1 Laptop - MacBook Air M1 PRG 200 DBHY 5 221 iPad Pro 12.9 in Wi-Fi 5 07-19-2023 1,149 PRG 200 DBHY 5 Utility Cart 08-15-2023 2,500 480 PRG 1 Apple MacBook Air (O Sim 04-30-2024 200 DBMQ 5 244 812 1 PRG 7,200 200 DBMQ 5 2,736 $4 - 7 \times 21$ Goals and Whe 11-30-2024 PRG 200 DBMQ 5 PRG $4 - 6.5 \times 18.5$ Goas 12-31-2024 5,880 2,234 9,992 TOTAL

Form W=9 (Rev. March 2024) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Beto	you begin. For guidance related to the purpose of Form W-9, see P	urnose of Form, below.						
1 Name of entity/individual, An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)								
	Space Coast United Soccer Club							
	2 Business name/daregarded entity name, if different from above.							
on page 3.	Se Check the appropriate box for federal tax classification of the entity/individually one of the following seven boxes.	tual whose name is entered	on line 1. Check	Examptions (codes apply only to certain emities, not individuals; see instructions on page 3);				
5	☐ Individual/sole proprietor ☐ C corporation ☐ S corporation		Trust/estate	activities and an activities and an extension of				
Print or type. See Specific Instructions	LLC. Enter the lax classification (C = C corporation, S = S corporation, Note: Check the "LLC" box above and, in the entry space, enter the ap classification of the LLC, unless it is a disregarded entity. A disregarded box for the tax classification of its owner.	or the tax k the appropriate	Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting					
Print fris	Other (see instructions) 501(code (if any)					
Specific	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC and you are providing this form to a partnership, trust, or estate in which this box if you have any foreign partners, owners, or beneficiaries. See inst.	n you have an ownorship in	iterost, check	(Applies to accounts maintained outside the United States.)				
SS	5 Address (number, street, and apt. or suite no.). See instructions. 7824 Citrus Creek Dr							
	6 City, state, and ZIP code Melbourne, FL 32940							
	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)							
Enter	your TIN in the appropriate box. The TIN provided must match the name	na given on line 1 to avoi	10	urity number				
backu	p withholding. For individuals, this is generally your social security nun nt alien, sole proprietor, or disregarded entity, see the instructions for	nber (SSN). However, for Part I, later, For other	ra					
entitle	s, it is your employer identification number (EIN). If you do not have a	number, see How to get	e or					
TIN, la				identification number				
Note: Numbe	If the account is in more than one name, see the instructions for line 1 or To Give the Requester for guidelines on whose number to enter.	. See also What Name a	nd 5 9 -	. 2 3 7 7 4 7 6				
Part								
Under	penalties of perjury, I certify that:	hae foe I am umiting foe a	aumbor to bo loo	word to make and				
 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 								
3. I am	a U.S. citizen or other U.S. person (defined below); and							
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.								
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.								
Sign	Signature of Killy Rogus		02297947	4 14. 2025				
General Instructions New line 3b has been added to this form. A flow-through entity is								
Section references are to the Internal Revenue Code unless otherwise foreign partners, owners, or beneficiaries when it provides the Form W-8								
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.								
	t's New			Schedules K-2 and K-3. See the K-2 and K-3 (Form 1065).				
this line	has been modified to clarify how a disregarded entity completes An LLC that is a disregarded entity should check the interpretation of its owner. Otherwise, it	Purpose of Fo						
should	check the "LLC" box and enter its appropriate tax classification.	An individual or entity information return wil	/ (Horm W-9 requi In the IRS is alvin	ester) who is required to file an a you this form because they				

Cat. No. 10231X

Form W-9 (Rev. 3-2024)

		sh					
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Payroll	\$15,000.00	\$14,585.00	\$415.00	Registration	\$66,542.00	\$67,566.67	-\$1,024.67
Referees	\$20,000.00	\$19,460.00	\$540.00	Vendors	\$1,500.00	\$2,102.00	-\$602.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
Expenses Subtotal	\$35,000.00	\$34,045.00	\$955.00				\$0.00
Other Expenses			12 110-21/				\$0.00
Registration fees and application	\$4,000.00	\$3,664.75	\$335.25	8			\$0.00
Hotel room	\$500.00	\$423.36	\$76.64				\$0.00
Trophies/medals	\$4,000.00	\$4,327.50	-\$327.50	Income Subtotal	\$68,042.00	\$69,668.67	-\$1,626.67
BCPR Staff	\$0.00	\$0.00	\$0.00				
Supplies/Food for staff	\$1,200.00	\$1,104.68	\$95.32	Cash in Bank to start	\$0.00	\$0.00	\$0.00
Athletic Trainers	\$2,500.00	\$2,003.75	\$496.25	Other Income			
Event Insurance	\$1,000.00	\$791.17	\$208.83	TDC grant funding	\$15,450.00	\$20,000.00	-\$4,550.00
Transport goals	\$500.00	\$400.00	\$100.00				\$0.00
Paint for fields	\$500.00	\$500.00	\$0.00				
Gas for golf carts	\$40.00	\$41.94	-\$1.94				
			\$0.00				
				Other Income Subtotal	\$15,450.00	\$20,000.00	-\$4,550.00
Other Expenses Subtotal	\$14,240.00	\$13,257.15	\$982.85	Total Income	\$83,492.00	\$89,668.67	-\$6,176.67
Marketing - please specify							
Brevard/Out-of-County						447.000.45	44 007 05
			\$0.00	Total Expenses Paid	\$49,240.00	\$47,302.15	\$1,937.85
			\$0.00		40.1.000.00	* 40 000 FO	40.444.50
			\$0.00	Profit/Loss	\$34,252.00	\$42,366.52	-\$8,114.52
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$0.00	\$0.00	\$0.00				
Total Expenses 2025-2026	\$49,240.00	\$47,302.15	\$1,937.85				

Updated: 6/18/212166



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

_		4	1	1
Αį	oplicant organization name:	PACO	CARUF) occ-
Αŗ	oplicant event name:	ce Coro	<u>, C</u>	Ask
Ар	plicant name completing this form:	PARO CODO LEI	ly Rig	us
	<u>plicant-</u> Use this checklist to confirm that you have c ial next to each item. Items (2–9) must be uploaded			the application prior to submitti
		Applicant initial	TDO staff initial	TDO staff comments
1.	Application –	Kn	P	
2.	Copy of IRS Articles of Incorporation — (submit if for-profit)		TP	NIA
3.	Copy of IRS Determination Letter – (submit if 501(c)(3)	14	TP	
4.	Copy of SunBiz.com - (if applicable, see application for details)	Kr +	P	V P 6
5.	Copy of 990 form (if applicable, see application)	ia 1	P	
5.	Copy of completed W-9 form (March 2024)	Ker T	TP	
7.	Income/Expense worksheet (required for all applicants)	e t	Pal	
	Copy of this checklist – (completed, initialed, and signed by applicant)	10	H	
	sent that all above documents have been s	ubmitted o	ompletely	by uploading within the
plic	cation packet. (Uly his	6/4/2	.Y	
olic	ant signature & date		-	

Cocoa Beach Triathlon & Duathlon

Return to Table of Contents

For TDO use: PROJECT #- S 7



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

Applicant Organization Name: Smooth Running, LLC

Applicant Event Name: Cocoa Beach Triathlon and Duathlon

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

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

YES	NO

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

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

sponse ID:3	2 Data
2. (untitled)
	ead and understand the policies/procedures within the FY 2025-2026 Marketing Program Criteria.
	. Vav. Mitchell Varnes
igriature or.	Wildright Various
. (untitled	
	NIZATION INFORMATION of organization hosting event/year-round programming
Smoo	oth Running
Organi	zation address
660 C	Cinnamon Court
State	
Floric	la
City	
Satel	lite Beach
Zip	
3293	7
Primar	y contact name
Mitch	Varnes
	v contact phone number

Primary contact email

mitchvarnes@gmail.com

Secondary contact name

h

Secondary contact phone number

3217597200

Secondary contact email

info@thefloridamarathon.com

Organization website address

660 Cinnamon Court

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

26-3025672

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Cocoa Beach Triathlon & Duathlon

Event website address (if different from organization website)

www.cocoabeachtriathlon.com

Event location

Cocoa Beach, A1A, Patrick Space Force Base

9. (untitled)	
8. What is the first date of your event?	
04/11/2026	
10. (untitled)	
9. In total, how many days will your event be held?	
2	
11. (untitled)	
10. Do you have a second event?	
12. (untitled)	
1. EVENT INFORMATION - #2	
Name of event	
Event website address (if different from organization website)	
Event location	
13. (untitled)	1
What is the first date of your event?	
14. (untitled)	
In total, how many days will your event be held?	
15. (untitled)	
Do you have a third event?	
16. (untitled)	
5. EVENT INFORMATION - #3	
Name of event	

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Direct mail

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

Other - Please be specific: Traditional Marketing Cards and at other events

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook: #cocoabeachtri

Instagram: n/a YouTube: n/a

22. (untitled)

13. What hashtags do you currently use?

#runfla

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

Smooth_Running_Articles_of_Incorporation.pdf

26. (untitled)

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

smooth_running_sun_biz.pdf

27. (untitled)

16. Upload your completed W-9 form.

Smooth_Running_w9_as_of_April_2025.pdf

28. (untitled)

17. Upload your completed Event Income/Expense report.

Cocoa_Beach_Triathlon_2026_projected_revenues_and_expenses.pdf

29. (untitled)

18. Upload your completed Checklist.

Tourism Grant_Checklist_updated_2025-2026_cycle.pdf

30. (untitled)

19.

ATTESTATION

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

M.Van

Signature of: Mitchell Varnes

31. Thank You!

New Send Email

May 30, 2025 11:32:03 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

UD 6626 Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

·(((H08000169408 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name

: GRAY ROBINSON, P.A.

Account Number : 075154001651

Phone

: (321)727-8100

Fax Number

: (321)984-4122

LORIDA/FOREIGN LIMITED LIABILITY CO.

SMOOTH RUNNING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Help

JUL 1 0 2008

EXAMINER

ARTICLES OF ORGANIZATION

OF

SMOOTH RUNNING, LLC

The undersigned desiring to form a limited liability company pursuant to Chapter 608, Florida Statutes, hereby states as follows.

ARTICLE I - NAME

The name of this limited liability company (the "Company") is SMOOTH RUNNING, LLC.

ARTICLE II - PRINCIPAL OFFICE .

The street address of the principal office of the Company is 503 Peragrine Drive, Indialantic, FL 32903 and mailing address of the Company is PO Box 33100, Indialantic, FL 32903.

ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent for service of process in the state for this Company is JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901.

ARTICLE IV - MANAGER

The initial manager of the Company is G. MITCHELL VARNES, (MGR.)

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization this day of July, 2008.

JACK A. JURNCHENBAUM, a person authorized by a mumber to sign these

Articles of Organization

FILED
JUL -9 AM 8:
CRETARY OF STAT
LAHASSEE FLORIT

(((HO8000169408 3)))

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Section 608.415, Florida Statutes, the following is submitted in compliance with said Act:

FIRST, that SMOOTH RUNNING, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in the City of Indialantic, County of Brevard, State of Florida, has named JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901, as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with the obligations of a registered agent under Chapter 608, Florida Statutes, and I hereby accept to act in this capacity and agree to comply with the provisions of said Chapter relative to keeping open said office.

JACK A. KIRSCHENBAUM

FILED

08 JUL -9 AN 8: 32

SECRETARY OF STATE
TALL AMASSEE EL COR.



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

Detail by Entity Name

Florida Limited Liability Company SMOOTH RUNNING, LLC

Filing Information

 Document Number
 L08000066265

 FEI/EIN Number
 26-3025672

 Date Filed
 07/09/2008

State FL
Status ACTIVE

Principal Address

660 Cinnamon Ct. Satellite Beach, FL 32937

Changed: 07/10/2017

Mailing Address
P O BOX 33100

INDIALANTIC, FL 32903

Registered Agent Name & Address

VARNES, GARRY MJR 660 Cinnamon Ct. Satellite Beach, FL 32937

Name Changed: 02/17/2011

Address Changed: 07/10/2017

<u>Authorized Person(s) Detail</u>

Name & Address

Title MGR

VARNES, G. MITCHELL 660 Cinnamon Ct. Satellite Beach, FL 32937

Annual Reports

Report Year Filed Date 2022 04/06/2022

171609

2023	02/17/2023
2024	02/09/2024

Document Images

02/09/2024 ANNUAL REPORT	View image in PDF format
02/17/2023 – ANNUAL REPORT	View image in PDF format
04/06/2022 ANNUAL REPORT	View image in PDF format
02/14/2021 - ANNUAL REPORT	View image in PDF format
03/30/2020 ~ ANNUAL REPORT	View image in PDF format
04/22/2019 ANNUAL REPORT	View image in PDF format
06/10/2018 ANNUAL REPORT	View image in PDF format
07/10/2017 ANNUAL REPORT	View image in PDF format
07/10/2016 ANNUAL REPORT	View image in PDF format
04/30/2015 ANNUAL REPORT	View image in PDF format
04/30/2014 ANNUAL REPORT	View image in PDF format
01/24/2013 ANNUAL REPORT	View image in PDF format
01/11/2012 ANNUAL REPORT	View image in PDF format
02/17/2011 ANNUAL REPORT	View image in PDF format
04/21/2010 - ANNUAL REPORT	View image in PDF format
04/30/2009 ANNUAL REPORT	View image in PDF format
07/09/2008 Florida Limited Liability	View image in PDF format

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066265

Entity Name: SMOOTH RUNNING, LLC

Current Principal Place of Business:

660 CINNAMON CT.

SATELLITE BEACH, FL 32937

Current Mailing Address:

P O BOX 33100

INDIALANTIC, FL 32903

FEI Number: 26-3025672 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VARNES, GARRY MJR 660 CINNAMON CT.

SATELLITE BEACH, FL 32937 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Feb 09, 2024

Secretary of State

4699778325CC

Authorized Person(s) Detail:

Title

MGR

Name

VARNES, G. MITCHELL

Address

660 CINNAMON CT.

City-State-Zip: SATELLITE BEACH FL 32937

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

SIGNATURE: VARNES, G. MITCHELL

PRINCIPAL

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Form W=9 (Rev. March 2024) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Internal Revenue Service Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below. Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) 2 Business name/disregarded entity name, if different from above.

Smooth Running LLC

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check 4 Exemptions (codes apply only to က် certain entities, not individuals; page only one of the following seven boxes. see Instructions on page 3): ☐ C corporation ☐ S corporation ☐ Partnership Individual/sole proprietor Г Exempt payee code (if any) LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Print or type. Specific Instructions Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate Exemption from Foreign Account Tax Compliance Act (FATCA) reporting box for the tax classification of its owner. code (if any) Other (see instructions) 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, (Applies to accounts maintained and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check outside the United States.) this box if you have any foreign partners, owners, or beneficiaries. See instructions Requester's name and address (optional) 5 Address (number, street, and apt. or suite no.). See instructions. 660 CINNAMOR Satellite Beach 6 City, state, and ZIP code List account number(s) here (optional Taxpayer Identification Number (TIN) Social security number Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a or Employer identification number Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter. Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2.1 am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later. Sign Oril 28, 2025 New line 3b has been added to this form. A flow-through entity is General Instructions required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 Section references are to the Internal Revenue Code unless otherwise to another flow-through entity in which it has an ownership interest. This noted. change is intended to provide a flow-through entity with information Future developments. For the latest information about developments regarding the status of its indirect foreign partners, owners, or related to Form W-9 and its instructions, such as legislation enacted beneficiaries, so that it can satisfy any applicable reporting after they were published, go to www.irs.gov/FormW9. requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the What's New Partnership Instructions for Schedules K-2 and K-3 (Form 1065). Line 3a has been modified to clarify how a disregarded entity completes **Purpose of Form** this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it An individual or entity (Form W-9 requester) who is required to file an should check the "LLC" box and enter its appropriate tax classification. information return with the IRS is giving you this form because they

Form W-9 (Rev. 3-2024)

Marketing Support Program	Cocoa Beach	Triathlon & Di	uathlon				
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
City Permitting and Park Usage	\$2,200.00	\$2,000.00	\$200.00	Athlete Entry Fees	\$58,000.00	\$54,000.00	\$4,000.00
Police	\$3,000.00	\$3,000.00	\$0.00				\$0.00
Timing	\$5,500.00	\$5,200.00	\$300.00				\$0.00
Athlete shirts and medals	\$13,500.00	\$11,500.00	\$2,000.00				\$0.00
USA Triathlon sanctioning fees	\$700.00	\$700.00	\$0.00				\$0.00
Traffic Control and barricading	\$5,800.00	\$5,200.00	\$600.00				\$0.00
Portalets	\$750.00	\$750.00	\$0.00				\$0.00
Medical Support	\$600.00	\$600.00	\$0.00				\$0.00
Expenses Subtotal	\$32,050.00	\$28,950.00	\$3,100.00				\$0.00
Other Expenses			اعطانيوا				\$0.00
Ice Trailer	\$600.00	\$600.00	\$0.00				\$0.00
Beverages/Snacks/Athletes/Vol	\$1,200.00	\$1,000.00	\$200.00				\$0.00
Awards	\$2,400.00	\$2,000.00	\$400.00	Income Subtotal	\$58,000.00	\$54,000.00	\$4,000.00
Light Tower Rentals	\$700.00	\$700.00	\$0.00				
Lifeguards	\$800.00	\$700.00	\$100.00	Cash in Bank to start	\$10,000.00	\$10,000.00	\$0.00
Staffing	\$3,000.00	\$3,000.00	\$0.00	Other Income		15 (17 34)	
				Sponsors	\$10,000.00	\$10,000.00	\$0.00
				TDC grant funding	\$9,660.00	\$15,000.00	-\$5,340.00
				Other Income Subtotal	\$19,660.00	\$25,000.00	-\$5,340.00
Other Expenses Subtotal	\$8,700.00	\$8,000.00	\$700.00	Total Income	\$77,660.00	\$79,000.00	-\$1,340.00
Marketing - please specify Brevard/Out-of-County		3 7 3 1	THAT S				
Billboards in Brevard County	\$1,500.00	\$1,500.00	\$0.00	Total Expenses Paid	\$48,250.00	\$44,450.00	\$3,800.00
Southeast US Regional Calendars	\$2,000.00	\$2,000.00	\$0.00				
Marketing in other races	\$1,500.00	\$1,500.00	\$0.00	Profit/Loss	\$29,410.00	\$34,550.00	-\$5,140.00
Social Media - Florida & SE USA	\$2,500.00	\$2,500.00	\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$7,500.00	\$7,500.00	\$0.00				
Total Expenses 2025-2026	\$48,250.00	\$44,450.00	\$3,800.00				

Updated: 6/18/2**12183**



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

App	olicant checklist			
Арр	licant organization name: <u>Smro</u> licant event name: <u>Cocoa</u> Be	th R	unning	, 226
			2	
qqA	licant name completing this form:	MITZ	h	arnes
ADDII	cant- Use this checklist to confirm that you have of I next to each item. Items (2–9) must be uploaded	Jumpieted dir	cicinchia oj	the application prior to submitting.
		Applicant initial	TDO staff initial	TDO staff comments
1.	Application –	/NV	PP	
2.	Copy of IRS Articles of Incorporation – (submit if for-profit)	M.	TP	
3.	Copy of IRS Determination Letter – (submit if 501(c)(3)	n/a	P	NIA
4.	Copy of SunBiz.com - (if applicable, see application for details)	pv	T	
5.	Copy of 990 form (if applicable, see application)	N/A	TP	NA
6.	Copy of completed W-9 form (March 2024)	nV	Th	•
7.	Income/Expense worksheet (required for all applicants)	Inv	TY	
8.	Copy of this checklist – (completed, initialed, and signed by applicant)	M	AP	
	nsent that all above documents have bee	n submitted	complete	ly by uploading within the
appl	ication packet.			
1	June 8,	2025	<u> </u>	
Appl	cant signature & date			

Brevard Winter Classic/Soccer

Return to Table of Contents

For TDO use: PROJECT #- S 8



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

Applicant Organization Name: Central Brevard Soccer

Applicant Event Name: Brevard Winter Classic

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

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

YES	NO

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

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:85 Data

2. (untitled)

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



Signature of: Brittany J Lee

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Central Brevard Soccer

Organization address

PO Box 540241

State

Florida

City

Merritt Island

Zip

32953

Primary contact name

Brittany Lee

Primary contact phone number

303-895-6902

Primary contact email

treasurer@centralbrevardsoccer.com

Secondary contact name

Jenna Scaglione

Secondary contact phone number

321-271-6583

Secondary contact email

cbs.scaglione@gmail.com

Organization website address

www.centralbrevardsoccer.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-2193805

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Brevard Winter Classic

Event website address (if different from organization website)

www.centralbrevardsoccer.com

Event location

Mitchell Ellington Park 577 W Hall Rd. Merritt Island FL 32953

9. (untitled)	
8. What is the first date of your event?	
01/24/2026	
10. (untitled)	
9. In total, how many days will your event be held?	
2	
11. (untitled)	
10. Do you have a second event?	
No	
12. (untitled)	
1. EVENT INFORMATION - #2	
Name of event	
Event website address (if different from organization website)	
Event location	
13. (untitled)	
What is the first date of your event?	
14. (untitled)	
In total, how many days will your event be held?	
15. (untitled)	
Do you have a third event?	
16. (untitled)	
5. EVENT INFORMATION - #3	
Name of event	

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

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

Social hashtags

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

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook: Central Brevard Soccer Instagram: @centralbrevardsoccer

22. (untitled)

13. What hashtags do you currently use?

#TeamCBS #winterclassic

23. (untitled)

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

TaxExemptCBS.pdf

24. (untitled)

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

990.pdf

25. (untitled)

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

26. (untitled)

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

Sunbiz.pdf

27. (untitled)

17. Upload your completed W-9 form.

W9.pdf

28. (untitled)

18. Upload your completed Event Income/Expense report.

Expense Report-Brevard Winter_Classic.pdf

29. (untitled)

19. Upload your completed Checklist.

MSP_applicant_checklist_5.30.2025.pdf

30. (untitled)

20.

ATTESTATION

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



Signature of: Brittany Lee

31. Thank You!

New Send Email

Jun 09, 2025 08:36:14 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

Consumer's Certificate of Exemption

DR-14 R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

LONIDA			
85-8013751259C-2	01/31/2022	01/31/2027	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

CENTRAL BREVARD SOCCER INC 5190 WILDWOOD AVE MERRITT ISLAND FL 32953-7515

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



Important Information for Exempt Organizations

DR-14 R. 01/18

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



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

Detail by Entity Name

Florida Not For Profit Corporation CENTRAL BREVARD SOCCER, INC.

Filing Information

Document Number 763720

 FEI/EIN Number
 59-2193805

 Date Filed
 06/16/1982

State FL

Status ACTIVE

Last Event AMENDMENT
Event Date Filed 03/27/2003
Event Effective Date 05/01/2003

Principal Address

1265 Little Oak Circle Titusville, FL 32780

Changed: 05/01/2025

<u>Mailing Address</u>

P.O. BOX 540241

MERRITT ISLAND, FL 32954

Changed: 09/02/2023

Registered Agent Name & Address

Baker, Jonathan 1265 Little Oak Circle Titusville, FL 32780

Name Changed: 05/01/2025

Address Changed: 05/01/2025

Officer/Director Detail
Name & Address

Title Treasurer

Lee, Brittany, Treasurer 3961 TRADEWINDS TRL Home Merritt Island, FL 32953

Title VP

Weaver, Sheila, VP P.O. BOX 540241 MERRITT ISLAND, FL 32954

Title President

Baker, Jonathan, President 1265 Little Oak Circle Titusville, FL 32780

Title Director of Coaching

Carey, Scooty, Director of Coaching P.O. BOX 540241 MERRITT ISLAND, FL 32954

Title Director of Coaching

Humbert, Jordan P.O. BOX 540241 Merritt Island, FL 32954

Annual Reports

Report Year	Filed Date
2023	09/02/2023
2024	04/10/2024
2025	05/01/2025

Document Images

View image in PDF format
View image in PDF format

01/24/2013 ANNUAL REPORT	View image in PDF format
02/12/2012 ANNUAL REPORT	View image in PDF format
02/08/2011 - ANNUAL REPORT	View image in PDF format
01/19/2010 - ANNUAL REPORT	View image in PDF format
04/21/2009 ANNUAL REPORT	View image in PDF format
04/20/2008 ANNUAL REPORT	View image in PDF format
07/05/2007 ANNUAL REPORT	View image in PDF format
04/28/2006 ANNUAL REPORT	View image in PDF format
04/24/2005 ANNUAL REPORT	View image in PDF format
06/16/2004 ANNUAL REPORT	View image in PDF format
04/14/2003 ANNUAL REPORT	View image in PDF format
03/27/2003 Amendment	View image in PDF format
05/01/2002 ANNUAL REPORT	View image in PDF format
04/14/2001 ANNUAL REPORT	View image in PDF format
07/14/2000 ANNUAL REPORT	View image in PDF format
09/24/1999 ANNUAL REPORT	View Image in PDF format
04/15/1998 ANNUAL REPORT	View image in PDF format
05/27/1997 - ANNUAL REPORT	View image in PDF format
05/01/1996 ANNUAL REPORT	View image in PDF format
04/24/1995 ANNUAL REPORT	View image in PDF format

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763720

Entity Name: CENTRAL BREVARD SOCCER, INC.

Current Principal Place of Business:

1265 LITTLE OAK CIRCLE TITUSVILLE, FL 32780

Current Mailing Address:

P.O. BOX 540241

MERRITT ISLAND, FL 32954 US

FEI Number: 59-2193805 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BAKER, JONATHAN 1265 LITTLE OAK CIRCLE TITUSVILLE, FL 32780 US

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

SIGNATURE: JONATHAN BAKER 05/01/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Address

Name

Title TREASURER Title VF

Name LEE, BRITTANY TREASURER Name WEAVER, SHEILA VP

3961 TRADEWINDS TRL Address P.O. BOX 540241
HOME

City-State-Zip: MERRITT ISLAND FL 32953

City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR OF COACHING

Title PRESIDENT Name CAREY, SCOOTY DIRECTOR OF COACHING

Address 1265 LITTLE OAK CIRCLE Address P.O. BOX 540241

City-State-Zip: TITUSVILLE FL 32780 City-State-Zip: MERRITT ISLAND FL 32954

Title DIRECTOR OF COACHING

Address P.O. BOX 540241

City-State-Zip: MERRITT ISLAND FL 32954

HUMBERT, JORDAN

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

SIGNATURE: JONATHAN BAKER PRESIDENT 05/01/2025

Electronic Signature of Signing Officer/Director Detail

Date

May 01, 2025

Secretary of State

3553606143CC

990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. eginning 05/01/22 , and ending 04/30/23

For the 20	22 calendar year, or tax year beginning U5/U1/22, and ending U4/U4/	23	O Employer ide	ntification number		
Check if applicat Address change	ile: C Namo of organization		**-**	3805		
	45 1 -1	Room/suite	321-917-3273			
Name change	Number and street (or P.O. box if mail is not delivered to street address)		321-91	7-3213		
mulen lacke	P.O. BOX 540241 City or town, state or province, country, and ZIP or foreign postal code			000 510		
Final return/ terminated			G Gross receipts	\$ 222,510		
Amended return	MERRITT ISLAND	areas in this man	roup return for subor	dinales? Yes X No		
Application pen	JENNA SCAGNIONE		bordinates included	88 First 1995 First		
	PO BOX 540241 FL 32954	If "No	o "attach u list. See	INETOCIONS		
	MERRITI ISLAND					
Tax-exempt s		H(c) Group ex	xemption number	1947 (2747) (2447)		
Website:		Year of formation.	M	State of legal domicale:		
Form of organ	zation A Corporation Hust Associated					
art I	Summary somet significant activities			HO -97-		
1 Brie	fly describe the organization's mission or most significant activities:					
S	EE SCHEDULE O			77		
	The state of the s					
11.5	ck this box if the organization discontinued its operations or disposed of more than 25	% of its net ass	sets.			
2 Che	ck this box if the organization discontinued its operations of disposed of the		3	7		
	A series members of the deverning pour (Fait VI, IIIC (V)		4	7		
1	. Aladana dont valled members of the doverning body (1 dit 1)		5	0		
5 Tot	al number of individuals employed in calendar year 2022 (Fait 1, Inio 25)	122 11-100	6	0		
C Tot	al number of volunteers (estimate if necessary)	11.00	7a			
- T-A	al vestolated business revenue from Part VIII, column (C), line 12		7b			
b Ne	unrelated business taxable income from Form 990-T, Part I, line 11	Prior	Year	Current Year		
				200,949		
8 Co	ntributions and grants (Part VIII, line 1h)			21,56		
9 Pro	gram service revenue (Part VIII, line 29)					
9 Pro	estment income (Part VIII, column (A), lines 3, 4, and 7d)					
11 Otl	(D=4 \(A)) column (Δ) lines 5 fid. 8C, 9C, 10C, 810 110)			222,51		
40 To	tel revenue - add lines 8 through 11 (must equal Part VIII, column VIII)					
42 Cr	ante and similar amounts paid (Part IX, column (A), lines (-5)					
3.7	to the make to (Dort IX Chilling IO), till 7/					
40.0-	the samponeation employee benefits (Part IX, Column (X), interes and					
16a Dr	ofessional fundraising fees (Part IX, column (A), line 116)					
2 L. T.	hat fundraising expenses (Part IA, Column (D), and D)			187,88		
17 0	(Dot IV column (A) lines 11a-110, 111-240)			187,88		
49 To	tal expenses. Add lines 13–17 (must equal Part IX, colorin (A), title 207			34,62		
19 R	evenue less expenses. Subtract line 18 from line 12	Beginning o	f Current Year	End of Year		
9			74,450	77,62		
區 20 To	otal assets (Part X, line 16)		0			
21 To	otal liabilities (Part X, line 26)		74,450	77,62		
22 N	et assets or fund balances. Subtract line 21 from line 20					
Part II	Signature Block	tements, and to t	he bast of my kr	nowledge and belief, it is		
Under pon	Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedules and state and state of perjury. I declare that I have examined this return, including accompanying schedules and state at the property of perjury. I declare that I have examined this return, including accompanying schedules and state at the perjury of perjury. I declare that I have examined this return, including accompanying schedules and state at the perjury of perjury. I declare that I have examined this return, including accompanying schedules and state at the perjury of perjury. I declare that I have examined this return, including accompanying schedules and state at the perjury of perjury. I declare that I have examined this return, including accompanying schedules and state at the perjury of perjury of the perjury of	erer has any know	wledge			
true, corre	and complete. Declaration of preparer tomar trian officery is deserted an extraction of preparer tomar trian officery is deserted.					
			Date			
Sign	Signature of officer PRESDENT	i				
lere	JENNA SCAGLIONE					
. 2	Type or print name and tilbs	Da	de Check	# PTIN		
	Print/Type preparer's name Proparer's signature	05	9/28/23 self-or	mployed ******		
Paid	CHRISTOPHER DAVIS CHRISTOPHER DAVIS	PA	Firm's EIN	**-***841		
Preparer	BREVARD ACCOUNTING GROOF, CITY SY					
Use Only	150 FORTENBERRY RD SIE A		Phone no	321-452-50		
			F = 1	Yes		
	Firm's address S discuss this return with the preparer shown above? See instructions			Form 990 (2)		

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Befor	'e you begin. For guidance related to the purpose of Form W-9, see <i>P</i>	urpose of Form, below.								
	Name of entity/individual. An entry is required. (For a sole proprietor or disentity's name on line 2.)	regarded entity, enter the or	wner's na	me	on line	1, and	enter the	busir	ness/dis	regarded
	Victorio Canales									
	2 Business name/disregarded entity name, if different from above.									
	Canales Legacy Unlimited, LLC									
Print or type. See Specific Instructions on page 3	Check the appropriate box for federal tax classification of the entity/individual only one of the following seven boxes. Individual/sole proprietor	n Partnership [, P = Partnership) propriate code (C, S, or P) 1	Trust	/esta	ate	Exem	emptions rtain enti e instruct pt payee ption fro oliance A	ties, no tions o code m For	ot indivi in page (if any) eign Ac	duals; 3): count Tax
nt o Istra	box for the tax classification of its owner. Other (see instructions)						(if any)	ot (i A	10/1/10	porting
Pri				_	_		1			
Specifi	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC and you are providing this form to a partnership, trust, or estate in whic this box if you have any foreign partners, owners, or beneficiaries. See inst	h you have an ownership ir	classificanterest, c	ation hecl	i, k . 🔲		oplies to outside t			
99	5 Address (number, street, and apt. or suite no.). See instructions.		Request	er's	name a	and ad	dress (or	otional)	
	521 Eastbrook Drive									
	6 City, state, and ZIP code									
	Decatur, IN 46733									
	7 List account number(s) here (optional)									
Day	Taxpayer Identification Number (TIN)									
Par				So	cial se	curity	number			
Enter	your TIN in the appropriate box. The TIN provided must match the naup withholding. For individuals, this is generally your social security nu	me given on line 1 to avo	old			٦Ť		7 [TT
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for	Part I, later. For other	, ,			-		6 25		
entitie	es, it is your employer identification number (EIN). If you do not have a	number, see How to get	ta 🕴	or				1 1		
TIN, la	ater.		ſ	Em	ployer	identi	fication	numb	er	
Note:	If the account is in more than one name, see the instructions for line	1. See also What Name a	and					ТТ	$\neg \tau$	
	per To Give the Requester for guidelines on whose number to enter.			9	3 -	- 2	9 4	0	1 2	9
Par	t II Certification									
Unde	r penalties of perjury, I certify that:									
1. The	e number shown on this form is my correct taxpayer identification num	ber (or I am waiting for a	a numbe	er to	be is:	sued t	o me); a	and		
2. I ar Ser	m not subject to backup withholding because (a) I am exempt from ba rvice (IRS) that I am subject to backup withholding as a result of a failu longer subject to backup withholding; and	ckup withholding, or (b)	l have n	ot b	een n	otified	by the	Interr	al Rev	enue hat I am
3. I ar	m a U.S. citizen or other U.S. person (defined below); and									
	e FATCA code(s) entered on this form (if any) indicating that I am exem									
becau	fication instructions. You must cross out item 2 above if you have been use you have failed to report all interest and dividends on your tax return. sition or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification.	For real estate transaction utions to an individual reti	ns, item rement a	2 d arrar	loes no ngeme	ot app ent (IR/	ly. For n 4), and,	ortga gener	ge inte ally, pa	rest paid, yments
Sign Here		D	ate	6	/9/2	025				
Go	noral Instructions	New line 3b has b	een add	ed t	to this	form.	A flow-	throu	gh ent	ty is

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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

What's New

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

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

Purpose of Form

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

Marketing Support Program	Central Breva	rd Soccer Wir	ter Classic				
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% Increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Signs and Banners	\$400.00	\$200.00	\$200.00	Quinter Tournaments	\$10,000.00	\$11,400.00	-\$1,400.00
Flags	\$150.00	\$115.00	\$35.00				\$0.00
Signs/Keychains/Stickers	\$200.00	\$147.00	\$53.00				\$0.00
Field Maps	\$75.00	\$56.00	\$19.00				\$0.00
Nets	\$200.00	\$165.00	\$35.00				\$0.00
Field Paint	\$950.00	\$930.00	\$20.00				\$0.00
Facility Permit and Staff	\$1,000.00	\$750.00	\$250.00				\$0.00
Athletic Trainers	\$1,000.00	\$740.00	\$260.00				\$0.00
Expenses Subtotal	\$3,975.00	\$3,103.00	\$872.00				\$0.00
Other Expenses							\$0.00
Volunteer Meals	\$500.00	\$335.00	\$165.00				\$0.00
Field Lining	\$1,500.00	\$1,250.00	\$250.00				\$0.00
Police	\$1,500.00	\$1,250.00	\$250.00	Income Subtotal	\$10,000.00	\$11,400.00	-\$1,400.00
Tournament Host Coordinators	\$3,500.00	\$3,500.00	\$0.00				
Tournament Bookkeeper	\$1,000.00	\$1,000.00	\$0.00	Cash in Bank to start			\$0.00
Field set up and break down	\$1,800.00	\$1,500.00	\$300.00	Other Income		in the contract	
Staff Apparel	\$250.00	\$250.00	\$0.00	TDC grant funding	\$8,160.00	\$15,000.00	-\$6,840.00
Photographer	\$500.00	\$200.00	\$300.00				
Registration/Scheduler	\$1,000.00	\$750.00	\$250.00				
Referee Assignor	\$1,000.00	\$750.00	\$250.00				
Robot rental	\$500.00	\$500.00	\$0.00				
Golf Cart rental	\$600.00	\$600.00	\$0.00				
Goals/Benches/Tents	\$1,500.00	\$1,000.00	\$500.00	Other Income Subtotal	\$8,160.00	\$15,000.00	-\$6,840.00
Other Expenses Subtotal	\$15,150.00	\$12,885.00	\$2,265.00	Total Income	\$18,160.00	\$26,400.00	-\$8,240.00
Marketing - please specify Brevard/Out-of-County	History A.						
Online ads/FB/IG	\$500.00	\$150.00	\$350.00	Total Expenses Paid	\$20,125.00	\$16,338.00	\$3,787.00
Signs and banners-Brevard	\$500.00	\$200.00	\$300.00				
			\$0.00	Profit/Loss	-\$1,965.00	\$10,062.00	-\$12,027.00
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$1,000.00	\$350.00	\$650.00				
Total Expenses 2025-2026	\$20,125.00	\$16,338.00	\$3,787.00				
I Otal Expelises 2023-2020	920, 120.00	₩ 10,000.00	Ψ0,707,00				

Updated: 6/29/2**9200**



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

Applicant signature & date

	icant organization name: <u>Central Bre</u> icant event name: <u>Brevard Winter C</u>			
nnlic	icant name completing this form: <u>Brit</u> cant- Use this checklist to confirm that you have connext to each item. Items (2–9) must be uploaded	mpietea aii	eiements oj	the application prior to submitting
		Applicant initial	TDO staff initial	TDO staff comments
1.	Application –	BL	TP	
2.	Copy of IRS Articles of Incorporation – (submit if for-profit)	BL.	TP	NIA
3.	Copy of IRS Determination Letter – (submit if 501(c)(3)	BL.	TP_	
4.	Copy of SunBiz.com - (if applicable, see application for details)	BL	TP	
5.	Copy of 990 form (if applicable, see application)	BL	TP	
6.	Copy of completed W-9 form (March 2024)	BL	IP.	
7.	Income/Expense worksheet (required for all applicants)	81	T	
8.	Copy of this checklist – (completed, initialed, and signed by applicant)	BL	TH	ely by uploading within the

Brevard Hurricane Classic/Soccer

Return to Table of Contents

For TDO use: PROJECT #- S 9



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

Applicant Organization Name: Central Brevard Soccer

Applicant Event Name: Brevard Hurricane Classic

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

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

Y	ES	NO

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

Peter Cranis, Executive Director

Response ID:81 Data

2. (untitled)

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



Signature of: Brittany J Lee

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Central Brevard Soccer

Organization address

PO Box 540241

State

Florida

City

Merritt Island

Zip

32954

Primary contact name

Brittany Lee

Primary contact phone number

303-895-6902

Primary contact email

treasurer@centralbrevardsoccer.com

Secondary contact name

Jenna Scaglione

Secondary contact phone number

321-271-6583

Secondary contact email

cbs.scaglione@gmail.com

Organization website address

www.centralbrevardsoccer.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-2193805

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Brevard Winter Classic

Event website address (if different from organization website)

www.centralbrevardsoccer.com

Event location

Mitchell Ellington Park 577 W Hall Rd. Merritt Island FL 32953

10. Do you have a second event? Yes	
12. (untitled)	
CVENT INFORMATION #2	
11. EVENT INFORMATION - #2	
11. EVENT INFORMATION - #2 Name of event	
Name of event Brevard Hurricane Classic	
Name of event	
Name of event Brevard Hurricane Classic Event website address (if different from organization website) www.centralbrevardsoccer.com	
Name of event Brevard Hurricane Classic Event website address (if different from organization website) www.centralbrevardsoccer.com Event location	
Name of event Brevard Hurricane Classic Event website address (if different from organization website) www.centralbrevardsoccer.com	
Name of event Brevard Hurricane Classic Event website address (if different from organization website) www.centralbrevardsoccer.com Event location Mitchell Ellington Park 577 W Hall Rd. Merritt Island FL 32953	
Name of event Brevard Hurricane Classic Event website address (if different from organization website) www.centralbrevardsoccer.com Event location Mitchell Ellington Park 577 W Hall Rd. Merritt Island FL 32953	
Name of event Brevard Hurricane Classic Event website address (if different from organization website) www.centralbrevardsoccer.com Event location	

14. Do you have a third event?

No

1. EVENT INFORMATION - #3

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

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

Social hashtags

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

20. (untitled)

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

21. (untitled)

16. What are your social media handles?

Facebook: Central Brevard Soccer Instagram: @centralbrevardsoccer

22. (untitled)

17. What hashtags do you currently use?

#TeamCBS #winterclassic #hurricaneclassic

23. (untitled)	
•	y of your organization's IRS Determination letter.
TaxExemptCBS.pdf	
24. (untitled)	
19. Upload a cop	y of your organization's 990 form.
990.pdf	
25. (untitled)	
Upload a copy o	of your organization's Articles of Incorporation.
26. (untitled)	
	lorida organization, please upload a copy of your SunBiz.com accoun
20. If you are a F	lorida organization, please upload a copy of your SunBiz.com accoun
20. If you are a F	
20. If you are a Fassociated with Sunbiz.pdf	
_{20.} If you are a F associated with	
20. If you are a Fassociated with Sunbiz.pdf	
20. If you are a Fassociated with Sunbiz.pdf	your organization.
20. If you are a Fassociated with Sunbiz.pdf 27. (untitled) 21. Upload your	your organization.
20. If you are a Fassociated with Sunbiz.pdf 27. (untitled) 21. Upload your own.pdf 28. (untitled)	your organization. completed W-9 form.
20. If you are a Fassociated with Sunbiz.pdf 27. (untitled) 21. Upload your own.pdf 28. (untitled) 22. Upload your own.pdf	your organization.
20. If you are a Fassociated with Sunbiz.pdf 27. (untitled) 21. Upload your own.pdf 28. (untitled) 22. Upload your own.pdf	your organization. completed W-9 form. completed Event Income/Expense report.
20. If you are a Fassociated with Sunbiz.pdf 27. (untitled) 21. Upload your own.pdf 28. (untitled) 22. Upload your own.pdf	your organization. completed W-9 form. completed Event Income/Expense report.
20. If you are a Fassociated with Sunbiz.pdf 27. (untitled) 21. Upload your of W9.pdf 28. (untitled) 22. Upload your of Expense_Report-Breed.	your organization. completed W-9 form. completed Event Income/Expense report.

24. ATTESTATION

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

comply with the requirements set forth, if awarded support.



Signature of: Brittany J Lee

31. Thank You!

New Send Email

Jun 08, 2025 16:57:01 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com



Consumer's Certificate of Exemption

DR-14 R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8013751259C-2	01/31/2022	01/31/2027	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

CENTRAL BREVARD SOCCER INC 5190 WILDWOOD AVE MERRITT ISLAND FL 32953-7515

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



Important Information for Exempt Organizations

DR-14 R. 01/18

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



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

Detail by Entity Name

Florida Not For Profit Corporation CENTRAL BREVARD SOCCER, INC.

Filing Information

Document Number

763720

FEI/EIN Number

59-2193805

Date Filed

06/16/1982

State

FL

Status

ACTIVE

Last Event

AMENDMENT

Event Date Filed

03/27/2003

Event Effective Date

05/01/2003

Principal Address

1265 Little Oak Circle

Titusville, FL 32780

Changed: 05/01/2025

Mailing Address

P.O. BOX 540241

MERRITT ISLAND, FL 32954

Changed: 09/02/2023

Registered Agent Name & Address

Baker, Jonathan 1265 Little Oak Circle Titusville, FL 32780

Name Changed: 05/01/2025

Address Changed: 05/01/2025

Officer/Director Detail
Name & Address

Title Treasurer

Lee, Brittany, Treasurer 3961 TRADEWINDS TRL Home Merritt Island, FL 32953

Title VP

Weaver, Sheila, VP P.O. BOX 540241 MERRITT ISLAND, FL 32954

Title President

Baker, Jonathan, President 1265 Little Oak Circle Titusville, FL 32780

Title Director of Coaching

Carey, Scooty, Director of Coaching P.O. BOX 540241 MERRITT ISLAND, FL 32954

Title Director of Coaching

Humbert, Jordan P.O. BOX 540241 Merritt Island, FL 32954

Annual Reports

Report Year	Filed Date
2023	09/02/2023
2024	04/10/2024
2025	05/01/2025

Document Images

05/01/2025 ANNUAL REPORT	View image in PDF format
04/10/2024 ANNUAL REPORT	View image in PDF format
09/26/2023 AMENDED ANNUAL REPORT	View image in PDF format
09/02/2023 ANNUAL REPORT	View image in PDF format
08/29/2022 ANNUAL REPORT	View image in PDF format
04/08/2021 ANNUAL REPORT	View image in PDF format
06/19/2020 ANNUAL REPORT	View image in PDF format
04/08/2019 ANNUAL REPORT	View image in PDF format
03/15/2018 ANNUAL REPORT	View image in PDF format
02/21/2017 ANNUAL REPORT	View image in PDF format
02/25/2016 ANNUAL REPORT	View image in PDF format
01/16/2015 ANNUAL REPORT	View image in PDF format
04/17/2014 ANNUAL REPORT	View image in PDF format

01/24/2013 ANNUAL REPORT	View image in PDF format
02/12/2012 ANNUAL REPORT	View image in PDF format
02/08/2011 ANNUAL REPORT	View image in PDF format
01/19/2010 ANNUAL REPORT	View image in PDF format
04/21/2009 ANNUAL REPORT	View image in PDF format
04/20/2008 ANNUAL REPORT	View image in PDF format
07/05/2007 ANNUAL REPORT	View image in PDF format
04/28/2006 ANNUAL REPORT	View image in PDF format
04/24/2005 ANNUAL REPORT	View image in PDF format
06/16/2004 ANNUAL REPORT	View image in PDF format
04/14/2003 ANNUAL REPORT	View image in PDF format
03/27/2003 Amendment	View image in PDF format
05/01/2002 ANNUAL REPORT	View image in PDF format
04/14/2001 ANNUAL REPORT	View image in PDF format
07/14/2000 ANNUAL REPORT	View image in PDF format
09/24/1999 ANNUAL REPORT	View image in PDF format
04/15/1998 ANNUAL REPORT	View image in PDF format
05/27/1997 ANNUAL REPORT	View image in PDF format
05/01/1996 ANNUAL REPORT	View image in PDF format
04/24/1995 ANNUAL REPORT	View image in PDF format

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763720

Entity Name: CENTRAL BREVARD SOCCER, INC.

Current Principal Place of Business:

1265 LITTLE OAK CIRCLE TITUSVILLE, FL 32780

Current Mailing Address:

P.O. BOX 540241

MERRITT ISLAND, FL 32954 US

Certificate of Status Desired: Yes FEI Number: 59-2193805

Name and Address of Current Registered Agent:

BAKER, JONATHAN 1265 LITTLE OAK CIRCLE TITUSVILLE, FL 32780 US

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

SIGNATURE: JONATHAN BAKER

Date Electronic Signature of Registered Agent

City-State-Zip:

Officer/Director Detail:

City-State-Zip:

Address

TREASURER Title Title

WEAVER, SHEILA VP Name LEE, BRITTANY TREASURER Name

P.O. BOX 540241 3961 TRADEWINDS TRL Address Address HOME

MERRITT ISLAND FL 32954 City-State-Zip: MERRITT ISLAND FL 32953 City-State-Zip:

DIRECTOR OF COACHING Title

Title PRESIDENT CAREY, SCOOTY DIRECTOR OF Name BAKER, JONATHAN PRESIDENT Name

COACHING P.O. BOX 540241 Address

Address 1265 LITTLE OAK CIRCLE MERRITT ISLAND FL 32954

DIRECTOR OF COACHING Title HUMBERT, JORDAN Name

MERRITT ISLAND FL 32954 City-State-Zip:

P.O. BOX 540241

TITUSVILLE FL 32780

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

05/01/2025 **PRESIDENT** SIGNATURE: JONATHAN BAKER

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 01, 2025

Secretary of State

3553606143CC

05/01/2025

990 Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2022 Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information. For the 2022 calendar year, or tax year beginning 05/01/22, and ending 04/30/23 D Employer identification number C Name of organization Check if applicable: CENTRAL BREVARD SOCCER Address change **-***3805 Doing business as E Telephone number Name chance Room/suite Number and street (or P.O. box if mail is not delivered to street address) 321-917-3273 P.O. BOX 540241 Indial return City or town, state or province, country, and ZIP or foreign postal code Final returns 222,510 G Gross receipts \$ FL 32954 MERRITT ISLAND Amended return Name and address of principal officer. H(a) is this a group return for subordinales? JENNA SCAGLIONE Application pending H(b) Are all subordinates included? PO BOX 540241 If "No," attach a list. See instructions FL 32954 MERRITT ISLAND 4947(a)(1) or X 501(c)(3) 501(c) (CENTRALBREVARD SOCCER.ORG Website: M State of legal domicile Year of formation. X Corporation Trust Association Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities. SEE SCHEDULE O Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0 6 8 Total number of volunteers (estimate if necessary) 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 200,949 8 Contributions and grants (Part VIII, line 1h) 21,561 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 222,510 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 5,553 b Total fundraising expenses (Part IX, column (D), line 25) 187,889 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 187,889 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 34,621 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 625 sets or 77, 74,450 20 Total assets (Part X, line 16) 0 21 Total liabilities (Part X, line 26) 77,625 74,450 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign PRESDENT JENNA SCAGLIONE Here Type or print name and title PTIN Preparer's signature PhotType preparer's name 09/28/23 self-employed **** CHRISTOPHER DAVIS Paid CHRISTOPHER DAVIS **-***8410 BREVARD ACCOUNTING GROUP, Fam's FIN Preparer Firm's name 150 FORTENBERRY RD STE A Use Only 321-452-5061 32952-3681 MERRITT ISLAND, FL Yes No Firm's address

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Befor	e you begin. For guidance related to the purpose of Form W-9, see								
	Name of entity/individual. An entry is required. (For a sole proprietor or d entity's name on line 2.)	lisregarded entity, enter the o	wner's nar	ne on line	1, and	anter the	business	disreg	arded
	Victorio Canales								
	2 Business name/disregarded entity name, if different from above.								
	Canales Legacy Unlimited, LLC								
Print or type. See Specific Instructions on page 3.	3a Check the appropriate box for federal tax classification of the entity/indiconly one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation Note: Check the "LLC" box above and, in the entry space, enter the classification of the LLC, unless it is a disregarded entity. A disregard box for the tax classification of its owner.	ion Partnership on, P = Partnership	Trust/	estate	Exemple Comp	tain entit instructi ot payee ption from	(codes ap ies, not in ions on pa code (if ar m Foreign ct (FATCA	dividua age 3): ny) — ı Accou	ils;
ِيِّ جَ	Other (see instructions)				1 0000	;;; =,; :=			
P Specific	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LL and you are providing this form to a partnership, trust, or estate in wh this box if you have any foreign partners, owners, or beneficiaries. See ir	iich you have an ownership i	interest, ch	tion, neck			accounts r he United		
ee	5 Address (number, street, and apt. or suite no.). See instructions.		Requeste	er's name	and add	lress (op	tional)		
(I)	521 Eastbrook Drive								
	6 City, state, and ZIP code								
	Decatur, IN 46733								
	7 List account number(s) here (optional)								
Pai	Taxpayer Identification Number (TIN)								
Enter	your TIN in the appropriate box. The TIN provided must match the n	name given on line 1 to av	oid	Social se	curity n	umber			
backı reside	p withholding. For individuals, this is generally your social security nent alien, sole proprietor, or disregarded entity, see the instructions for	number (SSN). However, f or Part I, later. For other	ora		==		-		
	s, it is your employer identification number (EIN). If you do not have	a number, see How to ge	ta c	or			* I b		
TIN, I	iter.			Employe	r identif	ication r	number		
	If the account is in more than one name, see the instructions for line er To Give the Requester for guidelines on whose number to enter.	e 1. See also What Name	and	9 3	- 2	9 4	0 1	2 9	9
Par	t II Certification								
Unde	penalties of perjury, I certify that:								
	number shown on this form is my correct taxpayer identification nu	ımber (or I am waiting for	a numbe	r to be is	sued to	o me); a	ınd		
2. I ar Se	n not subject to backup withholding because (a) I am exempt from b vice (IRS) that I am subject to backup withholding as a result of a fai longer subject to backup withholding; and	packup withholding, or (b)	I have no	ot been n	otified	by the I	Internal F	Revenune that	ie : I am
	n a U.S. citizen or other U.S. person (defined below); and								
	FATCA code(s) entered on this form (if any) indicating that I am exe	empt from FATCA reportin	ng is corre	ect.					
becau acqui	ication instructions. You must cross out item 2 above if you have bee ise you have failed to report all interest and dividends on your tax return sition or abandonment of secured property, cancellation of debt, contril than interest and dividends, you are not required to sign the certificatio	n. For real estate transaction butions to an individual ret	ons, item irement a	2 does ne rrangeme	ot apply ent (IRA	y. For m), and, g	iortgage i generally,	interes , paym	ents
Sigr Here		ſ	Date	6/9/2	025				
^	- I la stance time a	New line 3b has b	een adde	ed to this	form	A flow-t	through a	entity i	s
Ge	neral Instructions	required to complete	e this line	to indica	ate that	t it has o	direct or	indire	ct
Secti	on references are to the Internal Revenue Code unless otherwise	foreign partners, ow	ners, or b	peneficia	ries wh	en it pre	ovides th	ne Forr	n W-9

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

What's New

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

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

Purpose of Form

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

2025-2026 projection		ricane Classic				
A STATE OF THE PARTY OF THE PAR						
A STATE OF THE PARTY OF THE PAR	2224 222					
	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
\$600.00	\$585.00	\$15.00	Quinter Tournaments	\$10,000.00	\$9,700.00	\$300.00
\$150.00	\$110.00	\$40.00				\$0.00
\$360.00	\$360.00	\$0.00				\$0.00
\$1,000.00	\$750.00	\$250.00				\$0.00
\$1,000.00	\$750.00	\$250.00				\$0.00
\$1,130.00	\$1,130.00	\$0.00				\$0.00
\$650.00	\$620.00	\$30.00				\$0.00
\$950.00	\$930.00	\$20.00				\$0.00
\$5,840.00	\$5,235.00	\$605.00				\$0.00
						\$0.00
\$1,000.00	\$1,750.00	-\$750.00				\$0.00
\$1,000.00	\$250.00	\$750.00				\$0.00
\$0.00	\$500.00	-\$500.00	Income Subtotal	\$10,000.00	\$9,700.00	\$300.00
\$2,150.00	\$2,150.00	\$0.00				
\$600.00	\$600.00	\$0.00	Cash in Bank to start			\$0.00
\$500.00	\$140.00	\$360.00	Other Income			
\$1,500.00	\$1,100.00	\$400.00	TDC grant funding	\$8,055.00	\$15,000.00	-\$6,945.00
\$1,500.00	\$1,435.00	\$65.00				
\$3,500.00	\$2,000.00	\$1,500.00				
\$250.00	\$250.00	\$0.00				
\$800.00	\$800.00	\$0.00				
\$1,500.00	\$500.00	\$1,000.00				
\$1,500.00	\$1,000.00	\$500.00	Other Income Subtotal	\$8,055.00	\$15,000.00	-\$6,945.00
\$15,800.00	\$12,475.00	\$3,325.00	Total Income	\$18,055.00	\$24,700.00	-\$6,645.00
\$500.00	\$250.00	\$250.00	Total Expenses Paid	\$22,640.00	\$18,060.00	\$4,580.00
\$500.00	\$100.00	\$400.00				
		\$0.00	Profit/Loss	-\$4,585.00	\$6,640.00	-\$11,225.00
		\$0.00				
		\$0.00				
		\$0.00				
		\$0.00				
		\$0.00				
\$1,000.00	\$350.00	\$650.00				
\$22,640.00	\$18,060.00	\$4,580.00				
	\$360.00 \$1,000.00 \$1,000.00 \$1,130.00 \$650.00 \$950.00 \$1,000.00 \$1,000.00 \$2,150.00 \$500.00 \$1,500.00 \$3,500.00 \$1,500.00 \$1,500.00 \$1,500.00 \$1,500.00 \$1,500.00 \$1,500.00	\$360.00 \$360.00 \$1,000.00 \$750.00 \$1,000.00 \$750.00 \$1,130.00 \$1,130.00 \$650.00 \$620.00 \$950.00 \$930.00 \$5,840.00 \$5,235.00 \$1,000.00 \$1,750.00 \$1,000.00 \$250.00 \$0.00 \$500.00 \$2,150.00 \$2,150.00 \$600.00 \$600.00 \$5500.00 \$1,40.00 \$1,500.00 \$1,435.00 \$3,500.00 \$2,000.00 \$250.00 \$2,000.00 \$1,500.00 \$1,435.00 \$3,500.00 \$2,000.00 \$250.00 \$250.00 \$800.00 \$250.00 \$800.00 \$1,435.00 \$3,500.00 \$2,000.00 \$250.00 \$250.00 \$800.00 \$1,000.00 \$1,500.00 \$1,000.00 \$15,800.00 \$1,000.00 \$15,800.00 \$100.00 \$15,000.00 \$100.00	\$360.00 \$360.00 \$0.00 \$1,000.00 \$750.00 \$250.00 \$1,000.00 \$750.00 \$250.00 \$1,130.00 \$1,130.00 \$0.00 \$650.00 \$620.00 \$30.00 \$950.00 \$930.00 \$20.00 \$5,840.00 \$5,235.00 \$605.00 \$1,000.00 \$250.00 \$750.00 \$1,000.00 \$250.00 \$750.00 \$2,150.00 \$2,150.00 \$0.00 \$500.00 \$1,100.00 \$400.00 \$1,500.00 \$1,435.00 \$65.00 \$3,500.00 \$200.00 \$1,500.00 \$3,500.00 \$250.00 \$1,500.00 \$3,500.00 \$250.00 \$1,500.00 \$3,500.00 \$250.00 \$1,500.00 \$3,500.00 \$250.00 \$1,500.00 \$3,500.00 \$250.00 \$1,500.00 \$3,500.00 \$250.00 \$1,500.00 \$3,500.00 \$250.00 \$1,500.00 \$3,500.00 \$250.00 \$0.00 \$3,500.00 \$250.00 \$250.00 \$3,500.00 \$250.00 \$250.00 \$3,500.00 \$250.00 \$250.00 \$3,500.00 \$250.00 \$250.00 \$3,500.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,500.00 \$250.00 \$250.00 \$500.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$0.00 \$1,000.00 \$0.00 \$1,000.00 \$0.00 \$1,000.00 \$0.00 \$1,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000	\$360.00 \$360.00 \$0.00 \$1,000.00 \$750.00 \$250.00 \$1,000.00 \$750.00 \$250.00 \$1,130.00 \$1,130.00 \$0.00 \$650.00 \$620.00 \$30.00 \$950.00 \$930.00 \$20.00 \$1,000.00 \$5,235.00 \$605.00 \$1,000.00 \$1,750.00 \$750.00 \$1,000.00 \$250.00 \$750.00 \$1,000.00 \$250.00 \$750.00 \$2,150.00 \$2,150.00 \$0.00 \$600.00 \$600.00 \$0.00 \$1,500.00 \$1,400.00 \$360.00 \$1,500.00 \$1,435.00 \$650.00 \$250.00 \$250.00 \$1,000.00 \$1,500.00 \$1,435.00 \$650.00 \$250.00 \$250.00 \$1,000.00 \$250.00 \$250.00 \$1,000.00 \$250.00 \$250.00 \$1,000.00 \$250.00 \$250.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,500.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.0	\$360.00 \$360.00 \$0.00 \$250.00 \$1,000.00 \$750.00 \$250.00 \$250.00 \$31,130.00 \$1,130.00 \$0.00 \$5650.00 \$620.00 \$30.00 \$55,840.00 \$5,235.00 \$605.00 \$750.00 \$750.00 \$750.00 \$1,000.00 \$1,750.00 \$750.00 \$1,000.00 \$250.00 \$750.00 \$1,000.00 \$250.00 \$750.00 \$1,000.00 \$251,50.00 \$500.00 \$0.00 \$1,500.00 \$1,000.00 \$1,100.00 \$1,	\$360.00 \$360.00 \$0.00 \$1,000.00 \$750.00 \$250.00 \$1,100.00 \$750.00 \$250.00 \$1,130.00 \$1,130.00 \$1,130.00 \$30.00 \$1,000.00 \$1,000.00

Updated: 6/29/2**127**



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

Applicant name completing this form: Brittany Lee	اممد	icant organization name:Central Br	evard So	ccer	
Applicant name completing this form: Applicant					
Applicant—Use this checklist to confirm that you have completed all elements of the application prior to submitial next to each item. Items (2–9) must be uploaded within the application. Applicant TDO staff Initial Init	Appı	icant event name:			
Applicant initial rinitial rin	Annlie	ant- Use this checklist to confirm that you have co	ompleted all	elements of oplication.	the application prior to submitting
2. Copy of IRS Articles of Incorporation — (submit if for-profit) 3. Copy of IRS Determination Letter — (submit if 501(c)(3) 4. Copy of SunBiz.com - (if applicable, see application for details) 5. Copy of 990 form (if applicable, see application) 6. Copy of completed W-9 form (March 2024) 7. Income/Expense worksheet (required for all applicants) 8. Copy of this checklist – (completed, 32			Applicant	TDO staff	TDO staff comments
(submit if for-profit) 3. Copy of IRS Determination Letter — (submit if 501(c)(3) 4. Copy of SunBiz.com - (if applicable, see application for details) 5. Copy of 990 form (if applicable, see application) 6. Copy of completed W-9 form (March 2024) 7. Income/Expense worksheet (required for all applicants) 8. Copy of this checklist — (completed, initialed, and signed by applicant) 8. Consent that all above documents have been submitted completely by uploading within a submitted completely	1.	Application –	BL	P	
3. Copy of IRS Determination Letter — (submit if 501(c)(3) 4. Copy of SunBiz.com - (if applicable, see application for details) 5. Copy of 990 form (if applicable, see application) 6. Copy of completed W-9 form (March 2024) 7. Income/Expense worksheet (required for all applicants) 8. Copy of this checklist — (completed, initialed, and signed by applicant) 8. Consent that all above documents have been submitted completely by uploading within	2.		BL.	TP	NIA
see application for details) 5. Copy of 990 form (if applicable, see application) 6. Copy of completed W-9 form (March 2024) 7. Income/Expense worksheet (required for all applicants) 8. Copy of this checklist – (completed, initialed, and signed by applicant) 8. Copy of this checklist – (completed, initialed, and signed by applicant) 8. Copy of this checklist – (completed, initialed, and signed by applicant)	3.	Copy of IRS Determination Letter – (submit if 501(c)(3)	81	TP	
application) 6. Copy of completed W-9 form (March 2024) 7. Income/Expense worksheet (required for all applicants) 8. Copy of this checklist – (completed, initialed, and signed by applicant) 8. Income/Expense worksheet (required for all applicants) 8. Copy of this checklist – (completed, initialed, and signed by applicant) 8. Income/Expense worksheet (required for all applicants) 8. Copy of this checklist – (completed, initialed, and signed by applicant)	4.		81	TP	
7. Income/Expense worksheet (required for all applicants) 8. Copy of this checklist – (completed, initialed, and signed by applicant) 9. consent that all above documents have been submitted completely by uploading within	5.	application)	BL	TP	
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initialed, and signed by applicant) I, consent that all above documents have been submitted completely by uploading within	7.	for all applicants)	81	TP	
		initialed, and signed by applicant)		TP	
application packet.			n submitte	d complet	ely by uploading within the
	appl	lication packet.			
€th () 10 6/9/20205		€th () 6/9/20205			

NKF Rich Salick Surf Fest

Return to Table of Contents

For TDO use: PROJECT #- S 10



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

Applicant Organization Name: National Kidney Foundation

Applicant Event Name: NKF Rich Salick Surf Fest

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

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

YES	NO	l		
All documen	its have bee	n submitted	l, reviewed and/or	addressed in the comments
lt	ul	•	7/3/2025	

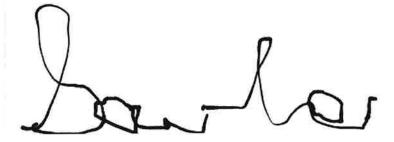
Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:26 Data

2. (untitled)

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



Signature of: Savanna Lanza

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

National Kidney Foundation of FL

Organization address

5756 S. Semoran Blvd

State

FL

City

Orlando

Zip

32822

Primary contact name

Savanna Lanza

Primary contact phone number

1321298443

Primary contact email

slanza@kidneyfla.org

Secondary contact name

Phil Salick

Secondary contact phone number

321-848-1507

Secondary contact email

slanza@kidneyfla.org

Organization website address

www.kidneyfl.org

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-2190073

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

NKF Rich Salick Surf Fest

Event website address (if different from organization website)

www.nkfsurf.com

Event location

Westgate Cocoa Beach Pier

9. (untitled)
8. What is the first date of your event? 10/10/2025
10. (untitled)
9. In total, how many days will your event be held?
4
11. (untitled)
10. Do you have a second event?
No
12. (untitled)
1. EVENT INFORMATION - #2
Name of event
Event website address (if different from organization website)
Event location
13. (untitled)
What is the first date of your event?
14. (untitled)
In total, how many days will your event be held?
15. (untitled)
Do you have a third event?
16. (untitled)
5. EVENT INFORMATION - #3
Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)

Radio

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

Social hashtags

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

TV/Video

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook: NKF Rich Salick Pro-Am Surf Festival

Instagram : nkf_surf_fest

22. (untitled)

13. What hashtags do you currently use?

#surffest2025 #cocoabeach #ronjonsurfshop #surflegacy #cocoabeach #eastcoastsurfing

23. (untitled)

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

FL_Tax_Exempt_Form_2023-2028.pdf

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

National_Kidney_Foundation_of_Florida_Financial_Statements.pdf

25. (untitled)

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

26. (untitled)

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

NKFF_SunBiz.pdf

27. (untitled)

17. Upload your completed W-9 form.

2025_W9_NKFF.pdf

28. (untitled)

18. Upload your completed Event Income/Expense report.

Event Income Expense_Report_nkff.pdf

29. (untitled)

19. Upload your completed Checklist.

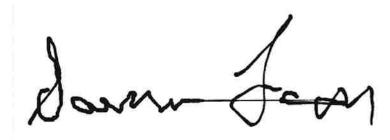
NKF_Checklist.pdf

30. (untitled)

20.

ATTESTATION

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



Signature of: Savanna Lanza

31. Thank You!

New Send Email

May 27, 2025 15:13:06 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

Internal Revenue Service District Director

Department of the Treasury

DEC 2 7 1983

Date: DEC 2 3 1983

Kidney Foundation of Florida, Inc., 1 Davis Boulevard, Suite 304
Tampa, FL 33606

Our Letter Dated:
July 30, 1982

Person to Contact:
Cheryl Mahle/jdf

Contact Telephone Number:
(404) 221-4516

Employer Identification Number: 59-2190073

File Folder Number: 580017121

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section * Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section ______ * ____ status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section _____ * ____ organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

District Director

* 170(b)(1)(A)(vi) & 509(a)(1)



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

Detail by Entity Name

Florida Not For Profit Corporation NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

Filing Information

 Document Number
 758225

 FEI/EIN Number
 59-2190073

 Date Filed
 10/29/1981

State FL

Status ACTIVE

Last Event AMENDMENT
Event Date Filed 06/01/2017
Event Effective Date NONE

Principal Address

5756 S. SEMORAN BLVD ORLANDO, FL 32822

Changed: 05/04/2021

Mailing Address

5756 S. SEMORAN BLVD ORLANDO, FL 32822

Changed: 05/04/2021

Registered Agent Name & Address

Lanza, Savanna 5756 S. SEMORAN BLVD ORLANDO, FL 32822

Name Changed: 01/02/2018

Address Changed: 01/26/2022

Officer/Director Detail
Name & Address

Title CEO

Lanza, Savanna 5756 S. SEMORAN BLVD ORLANDO, FL 32822

Title Secretary

KNOTT, SARAH 4631 WOODLAND CORPORATE BLVD, Suite 113 TAMPA, FL 33614

Title Treasurer

Howard, Lucas 8300 SW 84th Terrace Miami, FL 33143

Title President

SACKET, KEVIN 570 TYLER AVE CAPE CANAVERAL, FL 32920

Title Past President

Marve Ann, Alaimo 9132 Strada Place 3rd Floor Naples, FL 34108

Annual Reports

Report Year	Filed Date
2023	01/27/2023
2024	02/16/2024
2025	02/10/2025

Document Images

02/10/2025 ANNUAL REPORT	View image in PDF format
02/16/2024 ANNUAL REPORT	View image in PDF format
01/27/2023 ANNUAL REPORT	View image in PDF format
01/26/2022 ANNUAL REPORT	View image in PDF format
01/11/2021 ANNUAL REPORT	View image in PDF format
01/03/2020 ANNUAL REPORT	View image in PDF format
01/22/2019 ANNUAL REPORT	View image in PDF format
01/02/2018 ANNUAL REPORT	View image in PDF format
06/01/2017 Amendment	View image in PDF format
01/13/2017 ANNUAL REPORT	View image in PDF format
01/22/2016 ANNUAL REPORT	View image in PDF format
01/23/2015 ANNUAL REPORT	View image in PDF format
02/02/2014 ANNUAL REPORT	View image in PDF format

02/12/2013 ANNUAL REPORT	View image in PDF format
01/12/2012 ANNUAL REPORT	View image in PDF format
01/10/2011 ANNUAL REPORT	View image in PDF format
01/14/2010 ANNUAL REPORT	View image in PDF format
03/23/2009 ANNUAL REPORT	View image in PDF format
11/20/2008 Merger	View image in PDF format
01/04/2008 ANNUAL REPORT	View image in PDF format
01/04/2007 ANNUAL REPORT	View image in PDF format
06/30/2006 ANNUAL REPORT	View image in PDF format
07/07/2005 ANNUAL REPORT	View image in PDF format
06/22/2004 Merger	View image in PDF format
01/05/2004 ANNUAL REPORT	View image in PDF format
01/06/2003 ANNUAL REPORT	View image in PDF format
05/01/2002 ANNUAL REPORT	View image in PDF format
02/09/2001 ANNUAL REPORT	View image in PDF format
02/16/2000 ANNUAL REPORT	View image in PDF format
02/23/1999 ANNUAL REPORT	View image in PDF format
02/27/1998 ANNUAL REPORT	View image in PDF format
03/31/1997 ANNUAL REPORT	View image in PDF format
03/04/1996 ANNUAL REPORT	View image in PDF format
04/12/1995 ANNUAL REPORT	View image in PDF format

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758225

Entity Name: NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

Feb 10, 2025 Secretary of State 3262582529CC

Current Principal Place of Business:

5756 S. SEMORAN BLVD ORLANDO, FL 32822

Current Mailing Address:

5756 S. SEMORAN BLVD ORLANDO, FL 32822 US

Certificate of Status Desired: Yes FEI Number: 59-2190073

Name and Address of Current Registered Agent:

LANZA, SAVANNA 5756 S. SEMORAN BLVD ORLANDO, FL 32822 US

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

SIGNATURE: SAVANNA LANZA

02/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

CEO Title

LANZA, SAVANNA

Name Address

5756 S. SEMORAN BLVD

City-State-Zip:

ORLANDO FL 32822

Title

TREASURER

HOWARD, LUCAS Name

Address

8300 SW 84TH TERRACE

City-State-Zip:

MIAMI FL 33143

Title

PAST PRESIDENT

Name

MARVE ANN, ALAIMO

Address

9132 STRADA PLACE 3RD FLOOR

City-State-Zip: NAPLES FL 34108

CAPE CANAVERAL FL 32920 City-State-Zip:

Title

Name

Title

Name

Address

Address

City-State-Zip:

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

SIGNATURE: SAVANNA LANZA

CEO

SECRETARY

SUITE 113

PRESIDENT

KNOTT, SARAH

TAMPA FL 33614

SACKET, KEVIN

570 TYLER AVE

4631 WOODLAND CORPORATE BLVD.

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

Product: Exempt

Name: NATIONAL KIDNEY FOUNDATION OF

FLORIDA, INC.

FEIN: *****0073

Bank Info:

Fiscal Year Begin Date: 7/1/2023

IRS Message:

Category:

Plan Number:

IRS Center: Ogden

e-Postmark: 4/7/2025 11:52 AM

Notification:

eSigned:

Fiscal Year End Date: 6/30/2024

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
04/07/2025	23X:208486:V1	Upload Started				
04/07/2025	23X:208486:V1	Ready to Release by Customer				
04/07/2025	23X:208486:V1	Released for Transmission - Validation in Progress			hargisja	
04/07/2025	23X:208486:V1	Ready to transmit - Validation Complete				
04/07/2025	23X:208486:V1	Transmitted to FD	31055720250970341e11			
04/07/2025	23X:208486:V1	Accepted by FD on 4/7/2025				

FBAR FBAR BSA ID State Category Status State/Other ID **Status Date**

000		

TAXING AUTHORITY	RETURN STATUS	ELECTRONIC FILING STATUS	DATE EXPORTED
FEDERAL FORM 990 FEDERAL FORM 8868 (FORM 990) FLORIDA	QUALIFIED QUALIFIED NOT SELECTED	ACCEPTED	04/07/2025 10/01/2024
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			#. 838
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Electronic Filing History and Return Results

Taxing Authority FEDERAL		
Form 990	Prior Export	Current Export
Date		04/07/2025
Time	2007 2000 V 1200	12:49:46
Release Number		2023.05060
Taxable Income		176493
Tax	U	
Refund / Balance Due		
Taxing Authority		1
Form	Prior Export	Current Export
Dete		
T.		

Release Number		
Taxable Income		
Tax		
Refund / Balance Due		
Taxing Authority	Prior Export	Current Export
Form		Odirone Export
Date	transity or the second	
Time		
Release Number		_
Taxable Income		_
Tax		
Refund / Balance Due	***************************************	
Taxing Authority		1
Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		
Today A. Al-Adday		_
Taxing Authority	Prior Export	Current Export
Form		CO.TOTIC EXPORT
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Product: Exempt Extension

Name: NATIONAL KIDNEY FOUNDATION OF

FLORIDA, INC.

FEIN: *****0073

Bank Info:

Fiscal Year Begin Date: 7/1/2023

Category:

Plan Number:

IRS Center: Ogden

e-Postmark: 10/22/2024 12:16 PM

Notification:

eSigned:

Fiscal Year End Date: 6/30/2024

IRS Message:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
10/01/2024	23X:208486:V1	Upload Started				
10/01/2024	23X:208486:V1	Ready to Release by Customer				
10/22/2024	23X:208486:V1	Released for Transmission - Validation in Progress			hargisja	
10/22/2024	23X:208486:V1	Ready to transmit - Validation Complete				
10/22/2024	23X:208486:V1	Transmitted to FD	31055720242960348e11			
10/22/2024	23X:208486:V1	Accepted by FD on 10/22/2024				

FBAR FBAR BSA ID State/Other State Category ID **Status Date** Status

Form **8868** (Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or NATIONAL KIDNEY FOUNDATION OF FLORIDA, **Print** 59-2190073 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your return. See 5756 S. SEMORAN BLVD. City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ORLANDO, FL 32822 01 Enter the Return Code for the return that this application is for (file a separate application for each return) Return | Application Is For Return Application Is For Code Code 09 01 Form 4720 (other than individual) Form 990 or Form 990-EZ 10 Form 5227 03 Form 4720 (individual) 11 Form 990-PF 04 Form 6069 12 05 Form 8870 Form 990-T (sec. 401(a) or 408(a) trust) 13 Form 5330 (individual) 06 Form 990-T (trust other than above) 14 Form 5330 (other than individual) 07 Form 990-T (corporation) 08 Form 1041-A After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of SAVANNA LANZA 5756 S. SEMORAN BLVD. - ORLANDO, FL 32822 Telephone No. 800-927-9659 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box _____ and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until MAY 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 _____ or tax year beginning _____ JUL 1 _____, 20 23 ____, and ending ______ JUN 30 , 20 24 Final return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. 3a any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by Зс using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury nternal Revenue Service

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

NATIONAL KIDNEY FOUNDATION OF FLORIDA, EIN or SSN Name of filer 59-2190073 INC. SAVANNA LANZA Name and title of officer or person subject to tax CEO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a b Tax based on Investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here ... 4a 5a Form 8868 check here b Total tax (Form 990-T, Part III, line 4) 6b Form 990-T check here Form 4720 check here 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name _ , (EIN) and that I have examined a copy of the Laura 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

X authorize PORTER WRIGHT MORRIS & ARTHUR LLP	to enter my i my	073
ERO firm name	Enter five n do not ente	numbers, bu er all zeros
as my signature on the tax year 2023 electronically filed return. If I have indicated within this return the with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the 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 return. If I have indicated within this return that a copy of the return is being filed with a state agency(in IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.		

ture of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 31055781482 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date ERO's signature

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 instructions.

Form 8879-TE (2023)

90073

PIN: check one box only

EXTENDED TO MAY 15, 2025 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For th	e 2023 calendar year, or tax year beginning $$ JUL $1,$ 2023 $$ and er	nding J	UN 30, 2024	
_	Check if applicab			D Employer identific	cation number
Г	Addre	SS TYG			
	Name chang	Doing business as		59-21900	
	ireturn Final return	5756 S. SEMORAN BLVD.	oom/suite	E Telephone numbe 800-927-	9659
,	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1987733.
_	lreturn	OKLANDO, FH 52022		H(a) Is this a group re	
	Application pendi	F Name and address of principal unicer.	22	for subordinates H(b) Are all subordinates in	
		empt status: X 501(c)(3)			list. See instructions
_			JE1	H(c) Group exemption	
	Websi		I Voor		State of legal domicile: FL
-	art I	organization: X Corporation Trust Association Other	L Teal (oriumation, 1901 N	State of legal dominere, 2 11
	1	Briefly describe the organization's mission or most significant activities: THE M.	ISSIO	N OF THE NA	TIONAL
Activities & Governance	ו	KIDNEY FOUNDATION OF FLORIDA IS TO PREVEN	T KID	NEY AND URI	NARY TRACT
nar	2	Check this box if the organization discontinued its operations or dispose			
ΛeΓ		Number of voting members of the governing body (Part VI, line 1a)		10451	32
ŝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			32
ο ξ	5.65	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			6
Ę		Total number of volunteers (estimate if necessary)			120
ξ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	I	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
-	-	Net unrelated business taxable income from 10111 0111 000 1,1 art 1, into 11	T	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1106904.	1665063.
ine	1	Program service revenue (Part VIII, line 2g)	10,000	11035.	14819.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35640.	58812.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-118169.	-153068.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1035410.	1585626.
_	+	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		235832.	284745.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		409184.	429889.
Ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 87533	3.		
X	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		437480.	447146.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1082496.	1161780.
		Revenue less expenses. Subtract line 18 from line 12		-47086.	423846.
es	15	nevertue less expenses, oubtract into 10 from into 12	Beg	inning of Current Year	End of Year
ets (20	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1526361.	2003498.
ASS	21	Total liabilities (Part X, line 26)		228618.	238567.
Net Eigh	22	Net assets or fund balances. Subtract line 21 from line 20		1297743.	1764931.
Pa	rt II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	tand-complete. Declaration of preparer, (other than officer) is based on all information of which	h preparer	has any knowledge.	
	•	Lawa Lawre		13-2	5-25
Sig	n 🐣	Signature of officer U		Date	<i>-</i>
Her		SAVANNA LANZA, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	ate Check	PTIN
Paid	ا ا	MARVE ANN M. ALAIMO	3/2	1 444 4144	
Prep	arer	Firm's name PORTER WRIGHT MORKIS & ARTHUR LLP	/	Firm's EIN 3:	1-4373657
Use	Only	Firm's address 9132 STRADA PLACE, STE. 301		,	201502 2022
_		NAPLES, FL 34108-2683		Phone no. (2)	39)593-2900
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No
LΗΔ	For	Paperwork Reduction Act Notice, see the separate instructions, 332001 12-2	21-23		Form 990 (2023)

Other program services (Describe on Schedule O.)

132774 . Including grants of \$ 952692.

14819.

Total program service expenses

17580310 758901 208486

Form 990 (2023)

59-2190073 Page 3 INC. Form 990 (2023) Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	3	_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا مد		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a		20a	_	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22000	domestic government on Part IX, column (A), line 1? II Tes, complete schedule I, Parts Farid II	_	990	(2023)

332003 12-21-23

Form	rt IV Checklist of Required Schedules (continued)			age
Fai	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
50	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			١,,
	If "Yes," complete Schedule R, Part V, line 2	36	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38		
Га	Check if Schedule O contains a response or note to any line in this Part V		******	
		0.64	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4	U.S.	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1900
	(gambling) winnings to prize winners?	1c	X	\perp

INC. Form 990 (2023) INC.

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		T	
	filed for the calendar year ending with or within the year covered by this return	2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		_X_
b	If "Yes," enter the name of the foreign country		F		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Financ			. 1	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		$\frac{x}{x}$
b			5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6.	$ \mathbf{x} $	
		ana ay aifta	6a	21	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the state of the state		6b	x	
_	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
C	to file Form 8282?	A STATE OF THE STA	7c		X
а		7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		H	100	
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	TOTAL MENTION AND AND AND AND AND AND AND AND AND AN		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	f			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	. 3		E
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
a	Gross income from members or shareholders	1 Ia	-11		8 20
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	11b	- 51		
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Blick	
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.				100
b	Enter the amount of reserves the organization is required to maintain by the states in which the	27		170	100
	organization is licensed to issue qualified health plans	13b			1 a F
С	Enter the amount of reserves on hand	13c			البيا
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b	_	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				_ v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		_
	If "Yes," complete Form 4720, Schedule O.	ati dat	0 1		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		100
	If "Yes," complete Form 6069.		_	200	(0000)

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X

Form 990 (2023) INC. 59 – 21 9 0 0 7 3 Page

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

Sac	tion A. Governing Body and Management					-
Sec	tion A. Governing Body and management				Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	l 1a	32		577	
Ia	If there are material differences in voting rights among members of the governing body, or if the governing			-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	32			11
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		v other	-		
2	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under t					
3	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or a	appoint o	ne or			
7a	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholo	ders. or			
D				7b		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ear by the 1	ollowing:		T E	
8	The governing body?			8a	х	
a	Each committee with authority to act on behalf of the governing body?	economica (***************************************	8b	Х	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	abriod at		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
<u> </u>	HOIT B. I Ollows (Mis decidin b requests information about periods not require by the internal				Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-,	Ü			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to confli	cts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," des	cribe			
·	on Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and appro-					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			- 1		
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				EI.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement wit	ha			
	taxable entity during the year?			16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its pa	rticipation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					130
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-	Γ (section 501(c)(3)	s only	/) avail	lable
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain	in on Sch	edule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of	interest policy, ar	d fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and	records			
	SAVANNA LANZA – 800-927-9659					
	5756 S. SEMORAN BLVD., ORLANDO, FL 32822					

Form **990** (2023)

59-2190073 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A) Name and title	(B) Average	(do	not c	(C Posi heck	ition	than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box. offic	, unle	ss pe	rson i	is bot ir/trus	h an	compensation from the	compensation from related organizations	amount of other compensation
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) SAVANNA LANZA	40.00			v				98468.	0.	0
CHIEF EXECUTIVE OFFICER	2.00	_	_	X	_	_	_	96400.	0.	
(2) DOUGLAS RAY	2.00	x						0.	0.	0
PAST-PRESIDENT (3) MARVE ANN ALAIMO, ESQ.	2.00	₽	-	_			-			
PRESIDENT	2.00	x		х				0.	0.	0
(4) AMY KOZSUCH	2.00				П					
PAST-PRESIDENT		Х						0.	0.	0
(5) HOWARD LUCAS	2.00									_
TREASURER		Х		Х				0.	0.	0
(6) SARAH KNOTT	2.00									_
SECRETARY		X		X			_	0.	0.	0
(7) ANDREW HELFAN	2.00	.,						0.	0.	0.
PAST-PRESIDENT	2 00	X	_	-			<u> </u>	0.	0.	0
(8) KEVIN SACKET VICE PRESIDENT	2.00	x		x				0.	0.	0
(9) ANTHONY DEFEO, MD	2.00	1				\vdash	Т			
PAST-PRESIDENT		x						0.	0.	0
(10) WILLIAM CARRIERE, MD	2.00		Г		П	T	Г			
TRUSTEE		<u> x</u>						0.	0.	0
(11) THOMAS PETERS, MD	2.00									
TRUSTEE		X					_	0.	0.	0
(12) STEVE LOSO	2.00									_
TRUSTEE		X						0.	0.	0
(13) BOB WINSTON	2.00	1,,						0.	0.	0
TRUSTEE	2 00	Х		-		-		U.	0.	0
(14) AMMA SEEWA-BONSU	2.00	x						0.	0.	0
TRUSTEE	2.00	1				┼		ļ	0.	0
(15) MARK RUSSO, MD	2.00	x						0.	0.	0
TRUSTEE (16) GARY GREEN	2.00	╀	\vdash			+	Н	- 0.	ļ	· ·
TRUSTEE	2.00	x						0.	0.	0
(17) CHRISTOPHER S. REID, MD	2.00	Ť	\vdash		T	t				
TRUSTEE		1x				1		0.	0.	0

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Form 990 (2023)

59-2190073 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (B) (C) (D) (E) (A) Position Average Reportable Reportable Estimated Name and title (do not check more than one box, unless person is both an officer and a director/trustee) amount of compensation hours per compensation week from from related other (list any organizations compensation the (W-2/1099-MISC/ hours for from the organization 1099-NEC) organization related Institutional trustee (W-2/1099-MISC/ trustee o organizations 1099-NEC) and related Key employee organizations below line) 2.00 (18) GORDON BURTCH, MD 0. 0 . 0 X TRUSTEE 2.00 (19) FEDERICO DUMENIGO 0 0 0 . TRUSTEE 2.00 (20) DAN MACKIN 0. 0. 0. TRUSTEE (21) JOSEPH MOSCATO 2.00 0. 0. 0. TRUSTER X (22) PAUL SAPIA 2.00 0. 0. 0. TRUSTEE (23) SHANNON L. MOORE 2.00 0. 0. 0. X TRUSTEE 2.00 (24) VICTORIA PAGE 0. 0. 0. TRUSTEE (25) AARON EMMEL 2.00 0. 0 0. TRUSTEE 2.00 (26) BARBARA VALLE 0. 0. 0 TRUSTEE 0. 0. 98468. 0. O. 0. c Total from continuation sheets to Part VII, Section A 0. 98468. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х 4 and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Description of services Compensation Name and business address NONE

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2023)

\$100,000 of compensation from the organization

Form 990 INC.									59-219	0073	
Part VII Section A. Officers, Directors, Tro	ustees, Key Er	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours			(C Pos	C) ition			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(27) REX BUCHANAN PAST-PRESIDENT	2.00	x						0.	0.	0.	
(28) FATIMA AMMONS TRUSTEE	2.00	x						0.	0.	0 ,	
(29) AARON BANGSUND TRUSTEE	2.00	x						0.	0.	0,	
(30) RACHEL CAFARCHIO THOMAS TRUSTEE	2.00	x						0.	0.	0	
(31) ANTONE P. CRASTO	2.00	x						0.	0.	0	
(32) LISA GOODWIN	2.00	X						0.	0.	0	
SECRETARY (33) HOLLY PELTON	2.00	Ĥ	Н		H		-				
TRUSTEE	2.00	x						0.	0.	0	
		_					_				
		_									
		_					_				
		_									
-		_									
		_									
		L									
Total to Part VII, Section A, line 1c	**************		(1)(1)		23,022						

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Га	33/10		Check if Schedule O contains a response or no	te to any line	e in this Part VIII		1975-470	
-			Check if Schedule O contains a response or not	and the second	(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
ts	1	a	Federated campaigns 1a		2 1. 7 5 7 1 18	al contract		
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
S, C			Fundraising events 1c 84	2096.	1 1 1 1 1	The second second		
불님			Related organizations 1d					le le man de
E.E.		е	Government grants (contributions) 1e		La sala a			
Sti		f	All other contributions, gifts, grants, and					
호			18461	22967.		3 1 2 1 1 1 1 1		F-1-1-1
탈		g	Noncash contributions included in lines 1a-1f	7614.	4.665.063	STATE OF THE	12 10 00 00	
<u>5 5</u>		h	Total. Add lines 1a-1f		1665063.			
			The state of the s	ness Code	14010	14819.		
<u>ဗ</u> ၂	2	а	RPF SEMINAR REGISTRATI 81	3212	14819.	14619.		
		b						
en S		C						
Re		ď	,					
Program Service Revenue		e	Au					
_			All other program service revenue		14819.			
-	3		Total. Add lines 2a-2f Investment income (including dividends, interest, ar	nd				
	3		other similar amounts)		58812.			58812.
	4		Income from investment of tax-exempt bond proces					
	5		Royalties					
	•			Personal	W			Sign Residen
	6	а	Gross rents 6a					
			Less: rental expenses 6b					201 21 1
		С	Rental income or (loss) 6c		. 711 - 1			
		d	Net rental income or (loss)					
	7			i) Other		A STATE		
			assets other than inventory 7a					100
		b	Less: cost or other basis			- B		
une			and sales expenses 7b				A Same of	
š		С	Gain or (loss) 7c					
Ę.			Net gain or (loss)					
Other Revenue	8	а	Gross income from fundraising events (not including \$ 842096 • of contributions reported on line 1c). See					
			Part IV, line 18	7422.				14 mm
		h		2107.				
			103003011011101110		-204685.			-204685
	9		Gross income from gaming activities. See					
	اً ا	_	Part IV, line 19			- X Y E B	5 July 2007	-21-6
		ь	Less: direct expenses 9b					
	10		Gross sales of inventory, less returns		1111111111111			
			and allowances 10a			Part of the second		47 E.
			Less: cost of goods sold 10b		X Elm El	4-74-3		
		c	Net income or (loss) from sales of inventory					
S			the state of the s	iness Code	F4.64.F	F1 (1 P		
eor	11	а	THRIFT STORE 4	59510	51617.	51617.		4
lan		b						
Miscellaneous Revenue		С						
Ξ̈́			All other revenue		51617.			ETERLI I
	ب	_	Total, Add lines 11a-11d		1585626.		. 0	-145873
	12	_	Total revenue. See instructions		1303020	00430	- 0	Form 990 (2023

Form 990 (2023) INC. | Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons		inis Part IX		(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
_	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	204745	204745		
	individuals. See Part IV, line 22	284745.	284745.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members			TOR	
	Compensation of current officers, directors,				
	trustees, and key employees				
_	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	352863.	285819.	17643.	49401.
	Other salaries and wages	332003.	203013.	170131	131011
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	49419.	40029.	2471.	6919.
	Other employee benefits	27607.	22361.	1381.	3865.
	Payroll taxes	27007.	22301.	13011	30031
	Fees for services (nonemployees):	1			
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	82784.	31439.	50848.	497.
12	Advertising and promotion	01.455	17770	1072	3004.
13	Office expenses	21455.	17379.	1072.	3004.
14	Information technology				
15	Royalties	40620	40207	2402	6949.
16	Occupancy	49638.	40207.	2482.	0343.
	Travel	51096.	33543.	17553.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	104651	164616	17714	12321.
21	Payments to affiliates	194651.	164616.	17714.	12321.
22	Depreciation, depletion, and amortization	4260	2520	217.	612.
23	Insurance	4368.	3539.	211.	012.
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount. list line 24e expenses on Schedule 0.)				
	PATIENT ADVOCATE	17760.	15984.	533.	1243.
_	TELEPHONE	7322.	5931.	366.	1025.
	POSTAGE & SHIPPING	7311.	620.	6114.	577.
ر د	PRINTING & PUBLICATIONS	6339.	5135.	317.	887.
d		4422.	1345.	2844.	233.
	All other expenses Total functional expenses. Add lines 1 through 24e	1161780.	952692.	121555.	87533.
25	Joint costs. Complete this line only if the organization		222022.		950m 505m25.2
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

	_	Check if Schedule O contains a response or note to any	iine in this Part X		т	(B)
				(A) Beginning of year		End of year
T.	1	Cash - non-interest-bearing		204975.	1	241074.
- 1		Savings and temporary cash investments			2	
3		Pledges and grants receivable, net			3	
- 1		Accounts receivable, net		5000.	4	20375
5	5	Loans and other receivables from any current or former of	officer, director,			
		trustee, key employee, creator or founder, substantial co				
		controlled entity or family member of any of these persor			5	
6	6	Loans and other receivables from other disqualified pers	ons (as defined			
		under section 4958(f)(1)), and persons described in secti			6	
- 1 7	7	Notes and loans receivable, net			7	
- 1	8	Inventories for sale or use			8	
- 1		Prepaid expenses and deferred charges		9		
10		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	2504.			
	Ь	Less: accumulated depreciation 10b		2504.	10c	2504
11-		Investments - publicly traded securities			11	
12	2	Investments - other securities. See Part IV, line 11		1211837.	12	1660239
13	3	Investments - program-related. See Part IV, line 11			13	
14	4	Intangible assets			14	
15	5	Other assets. See Part IV, line 11		102045.	15	79306
16	6	Total assets. Add lines 1 through 15 (must equal line 33		1526361.	16	2003498
17	7	Accounts payable and accrued expenses		46559.	17	50050
18	8	Grants payable		18		
19	9	Deferred revenue	85073.	19	116450	
20	0	Tax-exempt bond liabilities	1		20	
2		Escrow or custodial account liability. Complete Part IV of			21	
22		Loans and other payables to any current or former office				
		trustee, key employee, creator or founder, substantial co			01	
		controlled entity or family member of any of these person			22	
23	3	Secured mortgages and notes payable to unrelated third			23	
24		Unsecured notes and loans payable to unrelated third pa			24	
25		Other liabilities (including federal income tax, payables to	The second secon			
		parties, and other liabilities not included on lines 17-24).				
		of Schedule D	1	96986.	25	72067
20	6	Total liabilities. Add lines 17 through 25		228618.	26	238567
\top		Organizations that follow FASB ASC 958, check here	X	7 - 1 - 1 - 1		
		and complete lines 27, 28, 32, and 33.	i		100	
2	7	Net assets without donor restrictions		904576.	27	1305672
2	8	Net assets with donor restrictions		393167.	28	459259
1		Organizations that do not follow FASB ASC 958, chec	k here			
		and complete lines 29 through 33.				
29	9	Capital stock or trust principal, or current funds			29	
30	0	Paid in or capital surplus, or land, building, or equipment			30	
3	1	Retained earnings, endowment, accumulated income, o			31	
2° 26 30 33		Total net assets or fund balances		1297743.	32	1764931
	3	Total liabilities and net assets/fund balances		1526361.	33	2003498

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

За

X

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

Open to Public Inspection

NATIONAL KIDNEY FOUNDATION OF FLORIDA, Name of the organization INC.

Employer identification number 59-2190073

Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	is part.) S	ee instructions.	
he	organi	zation is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of chu)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4		A medical research organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	lege or university owned	d or operat	ed by a g	overnmental unit describ	ped in
•		section 170(b)(1)(A)(iv). (C		,	,			
6		A federal, state, or local gov		nental unit described in a	section 17	O(b)(1)(A)	(v).	
		An organization that normal						public described in
•		section 170(b)(1)(A)(vi). (Co		ricial part of ito copposit				
8		A community trust describe		1)(A)(vi) (Complete Part	· II)			
9	Ħ	An agricultural research org				d in coniu	nction with a land-grant	college
9		or university or a non-land-g						
			rant college of agric	ulture (see instructions).	Litter the	name, on	, and state of the coneg	C 01
		university: An organization that normal	U	th 22 1/20/ of the our	and from a	ontributio	no mombarchin foos a	nd gross receipts from
10		activities related to its exem						
		income and unrelated busin		(less section 511 tax) in	om busine:	sses acqu	ired by the organization	alter dulle 50, 1575.
		See section 509(a)(2). (Con			fabi Caar	ontion Ef	10(a)(A)	
11		An organization organized a						nurnoses of one or
12		An organization organized a						
		more publicly supported org						SHEEK THE BOX OH
		lines 12a through 12d that o						, aivina
а		Type I. A supporting orga						
		the supported organization			majority o	or trie dire	ctors or trustees of the s	supporting
		organization. You must c						
b		Type II. A supporting orga						
		control or management of			ame perso	ns that co	ontrol or manage the sur	portea
		organization(s). You must						1 241-
С	-	Type III functionally inte						ed with,
		its supported organization						
d	L	Type III non-functionally						
		that is not functionally int						iveness
	7	requirement (see instructi						
е	_	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.		
f		r the number of supported o						
g		ide the following information			(iv) is the orga	ouzation lieted	(A) Amount of monotons	(vi) Amount of other
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	support (see instructions)
		Organization	<u> </u>	above (see instructions))	Yes	No	,	
								L

59-2190073 Page 2

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 Suppo	ort					
Calendar year (or fiscal year begi	nning in) (a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
 Gifts, grants, contributions 	s, and					
membership fees received		25524	256622	222555	E00111	0171170
include any "unusual gran	ts.") 396476.	375384.	356633.	333575.	709111.	2171179
2 Tax revenues levied for the	· · · · · · · · · · · · · · · · · · ·					
ization's benefit and either	paid to					
or expended on its behalf	22.2					
3 The value of services or fa	cilities					
furnished by a governmen						
the organization without c		25524	256622	222505	D00111	0171170
4 Total. Add lines 1 through	396476.	375384.	356633.	333575.	709111.	2171179
5 The portion of total contrib	outions	0.00		in the second		
by each person (other that	na					
governmental unit or publi	cly		4 2 EV 24 EV	- 4	12 To 14	
supported organization) in	cluded	100		The state of		
on line 1 that exceeds 2%	of the	THE SECTION AND ADDRESS.			1	
amount shown on line 11,	1 40 1 1 1 1 1			144-1528		
column (f)				Name of the last		0171170
6 Public support. Subtract line						2171179.
Section B. Total Suppor		at removement				(0. T.) .
Calendar year (or fiscal year begin	206156	(b) 2020	(c) 2021	(d) 2022 333575.	(e) 2023 709111.	(f) Total 2171179
7 Amounts from line 4	396476.	375384.	356633.	3335/5.	709111.	21/11/9
8 Gross income from interes	· I I	1				
dividends, payments recei		1				
securities loans, rents, roy	ralties,	16264	17000	35640.	58812.	154567
and income from similar so		16364.	17990.	33040.	50014.	154507
9 Net income from unrelated						
activities, whether or not t						
business is regularly carrie						
10 Other income. Do not inclu	* I					
or loss from the sale of ca		E7021	40402	54651.	51617.	272368
assets (Explain in Part VI.)		57821.	49493.	34031.	51617.	2598114.
11 Total support. Add lines 7						2330114
12 Gross receipts from relate			*******************************		12	
13 First 5 years. If the Form						
	ox and stop here					
Section C. Computation			. (0)		14	83.57
14 Public support percentage						01 01
15 Public support percentage					15	24.000000000000000000000000000000000000
16a 33 1/3% support test - 2	=					77
	on qualifies as a publicly supp					at a transfer of a site of a site of the
	022. If the organization did no					
and stop here. The organ	ization qualifies as a publicly s	supported organiza	tion	12 16a or 16b /	and line 14 is 10%	or more
17a 10% -facts-and-circums	stances test - 2023, if the organization	anization did not ch	hov and atom bar	io, ioa, or ioo, a • Evolaio io Dort	and line 14 is 10%	zation
	ets the facts-and-circumstanc					
	mstances test. The organization				17a and line 15 is	
	tances test - 2022. If the org					1070 UI
	OR MODIE THE TREES AND CIRCUIT		ik triis dox and st o	nere. ⊏xpiain ון	iran vinow the	111
more, and if the organizati						
	cts-and-circumstances test. Th	ne organization qua	ilifies as a publicly	supported organ	ization	

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 b	elow, please comp	olete Part II.)				
	ction A. Public Support				I	4) 0000	(0.T.)
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and				1 1		
	membership fees received. (Do not				1 1		
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				1 1		
	are not an unrelated trade or bus-				1 1		
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				1 1		
	furnished by a governmental unit to						
	the organization without charge				-		
	Total. Add lines 1 through 5				-		
7a	Amounts included on lines 1, 2, and			li .			
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	anization,
	check this box and stop here					ya	Ц
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2023 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20)23 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
192	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3		l line 17 is not
	more than 33 1/3%, check this box a	ind stop here. The	organization qual	ifies as a publicly	supported organiza	tion	
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	box on line 14, 19	a, or 190, check t	nis dox and see ins		dula A (Farm 000) 2022

332023 12-21-23

Schedule A (Form 990) 2023

Part IV Supporting Organizations

Section A. All 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.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	11		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		18 (
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		1	
	lines 3b and 3c below.	3a		
b			130	ME.
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	11.5		
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b		178		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			-
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			5 1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1200		
	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;		1 1	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			100
	was accomplished (such as by amendment to the organizing document).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	-	-
С	•	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	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	8 " "	6	L.Y
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6		
_	Part VI.	. 6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1. 1	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7		
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	-		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?	-		-

If "Yes," complete Part I of Schedule L (Form 990). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990) 2023

9a

9b

9с

10a

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

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.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2023

2b

За

Schedule A (Form 990) 2023

59-2190073 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		A 1-2	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	8		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	THE WILLIAM CONT	
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-function	ally integrate	d Type III supporting org	ganization (see

Schedule A (Form 990) 2023

instructions).

6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

4 Amounts paid to acquire exempt-use assets

8 (provide details in Part VI). See instructions. 9 Distributable amount for 2023 from Section C, line 6

10

10	Line 8 amount divided by line 9 amount		10	
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022		والمتناسب أبالا	
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

4

5

NATIONAL KIDNEY FOUNDATION OF FLORIDA,

Schedule A	(Form 990) 2023	INC.		59-	2190073 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1 line 1: Part IV, Section D.	rmation. Provide the e. , 2, 3b, 3c, 4b, 4c, 5a, 6, lines 2 and 3: Part IV. Se	oplanations required by Part II, line 9a, 9b, 9c, 11a, 11b, and 11c; Part ction E, lines 1c, 2a, 2b, 3a, and 3b lines 2, 5, and 6. Also complete thi	10; Part II, line 17a or 17b; P IV, Section B, lines 1 and 2; ; Part V, line 1; Part V, Sectio	art III, line 12; Part IV, Section C, n B, line 1e; Part V,
-	, coo money				
-					
-					
					-

Schedule B

(Form 990)

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

2023

Name of the organization

NATIONAL KIDNEY FOUNDATION OF FLORIDA,

INC. 59-2

Employer identification number

59-2190073

Organization type (check one):						
Filers of:	Section:					
Form 990 or 9	90-EZ X 501(c)(3) (enter	r number) organization				
	4947(a)(1) nonexem	mpt charitable trust not treated as a private foundation				
	527 political organiz	pization				
Form 990-PF	501(c)(3) exempt pr	private foundation				
	4947(a)(1) nonexem	mpt charitable trust treated as a private foundation				
	501(c)(3) taxable pr	private foundation				
OL 1.1	· · · · · · · · · · · · · · · · · · ·	Bula are Constial Bula				
•	organization is covered by the General F section 501(c)(7), (8), or (10) organization	n can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule						
		or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or e Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules	3					
section contr	ons 509(a)(1) and 170(b)(1)(A)(vi), that ch	(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under hecked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ons of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; and II.				
contr litera	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.					
year, is che purpe	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 inswer "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 hat it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

Name of organization
NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.

Employer identification number

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	FRANCO FOUNDATION 1395 BRICKELL AVE. 14TH FLOOR MIAMI, FL 33131	\$35906.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	CHESTER COLE ESTATE C/O ANDREW THOMPSON, ESQ., 315 E. ROBINSON ST. STE. 600 ORLANDO, FL 32801	\$97632.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	LOUIS J AND JUNE E KAY FOUNDATION 71-11 YELLOWSTONE BLVD. FOREST HILLS, NY 11375-3532	\$15000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	JOSEPH S. TAYLOR LIVING TRUST C/O CREWS BANK & TRUST, 1100 TAMIAMI TR., PORT CHARLOTTE, FL 33953	\$144340.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	GLORIA FUSS TRUST C/O KERA E. HAGAN, ESQ., 1800 S. AUSTRAILIAN AVE. STE. 350 WEST PALM BEACH, FL 33409	\$95075.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	HUMANA 8935 PROMINENCE PKWY. JACKSONVILLE, FL 32256	\$51000.	Person X Payroll			

Name of organization

NATIONAL KIDNEY FOUNDATION OF FLORIDA,

Employer identification number

INC.

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			
7	BAYER HEALTHCARE PHARMACEUTICALS INC. 100 BAYER BLVD, WHIPPANY, NJ 07981	\$50000.	Person X Payroll			
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
No. 8	GARRICK NORLAND C/O ENTERTAINMENT CRUISE PROD., 120 S. CENTRAL AVE. STE. 135 ST. LOUIS, MO 63105	\$16668.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	JOHN AND NELLIE BASTIEN MEM FDN 440 E. SAMPLE RD. STE. 209 POMPANO BEACH, FL 33064	\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	WILLIAM WALTON 1 INDEPENDENT DR., STE. 1660 JACKSONVILLE, FL 32202	\$5000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)			

Name of organization NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

Employer identification number

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

Name of organization

Employer identification number

NATIONAL	KIDNEY	FOUNDATION	OF	FLORIDA,
INC.				

Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$			
(a) No. from	Use duplicate copies of Part III if additional	<u> </u>	(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift	(u) Description of now gire is not			
		(e) Transfer of gi	ft			
	T		Relationship of transferor to transferee			
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
1		(e) Transfer of gi	ft			
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee			
	-					
.,.,.			T.			
(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.		1				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		·				
		-				
	(e) Transfer of gift					
1	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
			Calculate B (Farm 000) (00)			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

Employer identification number 59-2190073

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
-	organization answered Yes on Form 990, Fart IV, iii	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds			
•	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor a					
-	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring			
			1.6			
Par						
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	ition or education) 🖳 Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements					
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str		2c			
d	Number of conservation easements included on line 2c acqu					
	on a historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax			
	year					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements i	t holds?	A			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing cor	iservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year			
'	Amount of expenses mounted in monitoring, inspecting, many	2g 0				
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		37 81-			
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footr					
	organization's accounting for conservation easements.					
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95					
	of art, historical treasures, or other similar assets held for pul					
	service, provide in Part XIII the text of the footnote to its final					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,			
	provide the following amounts relating to these items.		¢			
	(i) Revenue included on Form 990, Part VIII, line 1					
_	(ii) Assets included in Form 990, Part X	popuros, or other cimilar secret for finance				
2	If the organization received or held works of art, historical tre		iai gairi, provide			
_	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1		\$			
а	Assets included in Form 990, Part X					

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

Schedule D (Form 990) 2023

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2504.			2504.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	15 000 D .V.E	0 /01		2504

Schedule D (Form 990) 2023

	-	_	
- 1	NT/		
	N	_	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A) EQUITY INVESTMENTS	1660239.	END-OF-YEAR	MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1660239.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	l1c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(6)			
(0)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1 Description	l1d. See Form 990, Part X,	, line 15. (b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [I1d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [(1) (2)		I1d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [(1) (2) (3)		I1d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		I1d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		I1d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6)		I1d. See Form 990, Part X,	
Fotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7)		I1d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8)		I1d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, cole Part X Other Liabilities	Description . (B))		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X Other Liabilities Complete if the organization answered "Yes" (complete if the organization an	Description . (B))		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col	Description . (B))		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X (b) Form Yes" (c) (a) Description of liability (1) Federal income taxes	Description . (B))		Part X, line 25.
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" (a) [2] (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY	. (B)) on Form 990, Part IV, line 1		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (Column (b) must equal Form 990, Part	. (B)) on Form 990, Part IV, line 1		Part X, line 25. (b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X (b) Equal Form 990, Part X (c) Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY	. (B)) on Form 990, Part IV, line 1		Part X, line 25.
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X line 15, column (b) must equal Form 990, Part X,	. (B)) on Form 990, Part IV, line 1		Part X, line 25. (b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (Part X) Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (4) CURRENT OBLIGATIONS	. (B)) on Form 990, Part IV, line 1		Part X, line 25. (b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (Part X) Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (4) CURRENT OBLIGATIONS (5)	. (B)) on Form 990, Part IV, line 1		Part X, line 25. (b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) OPERATING LEASE LIABILITY (4) CURRENT OBLIGATIONS (5) (6) (7)	. (B)) on Form 990, Part IV, line 1		Part X, line 25. (b) Book value
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (4) CURRENT OBLIGATIONS (5) (6)	. (B)) on Form 990, Part IV, line 1		Part X, line 25. (b) Book value

332053 09-28-23

Schedule D (Form 990) 2023

4 Tetal revenue gains and other augment per audited financial statements			1	1628968.
 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 				
	2a	43342.		
a Net unrealized gains (losses) on investments b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	11044110441111		1	
e Add lines 2a through 2d			2e	43342.
3 Subtract line 2e from line 1			3	1585626.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total revenue, Add lines 3 and 4c, (This must equal Form 990, Part I, line	12.)		5	1585626.
Part XII Reconciliation of Expenses per Audited Financial	Statements With	Expenses per F	eturn	
Complete if the organization answered "Yes" on Form 990, Part IV				
Total expenses and losses per audited financial statements			1	1161780.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a		-	
b Prior year adjustments			< 3	
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d	Control of the Contro		2e	0.
3 Subtract line 2e from line 1			3	1161780.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	(description / 1997/1997/1997/1997/1997/1997/1997/19		1	
c Add lines 4a and 4b	VINCOVARIONATO ATTEMPT		4c	0 .
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			_	1161780.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a arrines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	nd 4; Part IV, lines 1b a	nd 2b; Part V, line 4;	5 Part X,	
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART V, LINE 4:	nd 4; Part IV, lines 1b a e any additional inform	nd 2b; Part V, line 4; ation.	Part X,	line 2; Part XI,
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART V, LINE 4: THE INCOME EARNED BY THE ENDOWMENT FUNDS	nd 4; Part IV, lines 1b a e any additional inform	nd 2b; Part V, line 4; ation.	Part X,	line 2; Part XI,
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART V, LINE 4: THE INCOME EARNED BY THE ENDOWMENT FUNDS IS AVAILABLE TO THE FOUNDATION TO USE TO	nd 4; Part IV, lines 1b a e any additional inform	nd 2b; Part V, line 4; ation.	Part X,	line 2; Part XI,
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART V, LINE 4:	nd 4; Part IV, lines 1b a e any additional inform	nd 2b; Part V, line 4; ation.	Part X,	line 2; Part XI,
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART V, LINE 4: THE INCOME EARNED BY THE ENDOWMENT FUNDS IS AVAILABLE TO THE FOUNDATION TO USE TO	nd 4; Part IV, lines 1b a e any additional inform	nd 2b; Part V, line 4; ation.	Part X,	line 2; Part XI,
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART V, LINE 4: THE INCOME EARNED BY THE ENDOWMENT FUNDS IS AVAILABLE TO THE FOUNDATION TO USE TO	nd 4; Part IV, lines 1b a e any additional inform	nd 2b; Part V, line 4; ation.	Part X,	line 2; Part XI,
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART V, LINE 4: THE INCOME EARNED BY THE ENDOWMENT FUNDS IS AVAILABLE TO THE FOUNDATION TO USE TO	nd 4; Part IV, lines 1b a e any additional inform	nd 2b; Part V, line 4; ation.	Part X,	line 2; Part XI,
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART V, LINE 4: THE INCOME EARNED BY THE ENDOWMENT FUNDS IS AVAILABLE TO THE FOUNDATION TO USE TO	nd 4; Part IV, lines 1b a e any additional inform	nd 2b; Part V, line 4; ation.	Part X,	line 2; Part XI,
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART V, LINE 4: THE INCOME EARNED BY THE ENDOWMENT FUNDS IS AVAILABLE TO THE FOUNDATION TO USE TO	nd 4; Part IV, lines 1b a e any additional inform	nd 2b; Part V, line 4; ation.	Part X,	line 2; Part XI,
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART V, LINE 4: THE INCOME EARNED BY THE ENDOWMENT FUNDS IS AVAILABLE TO THE FOUNDATION TO USE TO	nd 4; Part IV, lines 1b a e any additional inform	nd 2b; Part V, line 4; ation.	Part X,	line 2; Part XI,

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

NATIONAL KIDNEY FOUNDATION OF FLORIDA,

Inspection Employer identification number 59-2190073

INC.					33 2130	0,0		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts of from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)							
		Yes	No					
Total			•					
List all states in which the organization or licensing.				s or has been notifie	d it is exempt from r	egistration		

Schedule G (Form 990) 2023

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

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
-		of farial along over the opticions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF -	SURF - COCOA		1 ' '
			LAKELAND	BEACH	14	(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	276784.	143282.	619452.	1039518.
ш	2	Less: Contributions	157370.	127890.	556836.	842096.
_	3	Gross income (line 1 minus line 2)	119414.	15392.	62616.	197422.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	110414	78957.	203736.	
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)	******************************		402107.
	11	Net income summary. Subtract line 10 from I				-204685.
Pa	ırt I		answered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.			1	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			<u> </u>	
-		Volunteer labor	Yes % No	Yes % No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
_	8	Net gaming income summary, Subtract line 7	7 from line 1, column (d)	***************************************		
	_					
а	ılst	ter the state(s) in which the organization condon the organization licensed to conduct gaming a No," explain:	ctivities in each of these		·····	Yes No
	_	· •				
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No
	_					
_	-				0.1	dula C (Farma 200) 200
3320	82 N	9-13-23			Sche	edule G (Form 990) 202

332082 09-13-23

NATIONAL KIDNEY FOUNDATION OF FLORIDA,

Schedule G (Form 990) 2023	INC.		59-21900/3 Page 3
11 Does the organization conduc	gaming activities with nonmembers	s?	Yes No
		member of a partnership or other entity forme	
13 Indicate the percentage of gar			
			13a %
			101 01
		nization's gaming/special events books and r	
14 Enter the name and address of	the person who prepares the organ	ilization's garning/special events books and i	ecords.
Name			
Address			
15a Does the organization have a	ontract with a third party from whor	n the organization receives gaming revenue?	? Yes No
b If "Yes," enter the amount of g	aming revenue received by the orga	inization \$ and the	e amount
	the third party \$		
c If "Yes," enter name and addr			
·			
Name			
-			
Address			
Address			
46 Coming washing an information.			
16 Gaming manager information:			
Name			
Gaming manager compensation	n \$		
Description of services provide	.d		
S			
Director/officer	Employee	Independent contractor	
17 Mandatory distributions:			
3	der state law to make charitable dis	tributions from the gaming proceeds to	
			Yes No
b Enter the amount of distribution	ps required under state law to be di	stributed to other exempt organizations or sp	pent in the
	944-94 (5 2d 168) (5 C 179)	Stributed to other exempt organizations or a	pork in the
	ivities during the tax year \$	ons required by Part I, line 2b, columns (iii) an	ad (v): and Part III lines 9 9h 10h
			id (v), and Fart iii, iiiles 5, 55, 105,
15b, 15c, 16, and 17b	as applicable. Also provide any add	ditional information. See instructions.	
-			
332083 09-13-23			Schedule G (Form 990) 2023

NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

Schedule G (Form 990) INC.	59-21900/3 Page 4
Schedule G (Form 990) INC . Part IV Supplemental Information (continued)	
	

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Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

NATIONAL KIDNEY FOUNDATION OF FLORIDA,

Name of the organization

Department of the Treasury Internal Revenue Service

ĺ Open to Public Inspection

Employer identification number

≗ Schedule I (Form 990) 2023 59-2190073 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part Part

NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

Page 2

59-2190073

Schedule I (Form 990) 2023 INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

tition (f) Description of noncash assistance other)	GAS, FOOD, TRANSPORTATION AND VOUCHERS.										
(e) Method of valuation (book, FMV, appraisal, other)	0.BOOK			additional information.			ACCOUNT	THE	BOARD MEMBER.		
(d) Amount of non- cash assistance	o			(b); and any other		ME AND	PROGRAM SUB ACCOUNT	ACCOUNT. 1	SIGNING BOARI		
(c) Amount of cash grant	167815.			ne 2; Part III, column		GRANTS, INCOME	DEPOSITED IN A PR	THAT SUB A	CHECK		
(b) Number of recipients	1597			uired in Part I, lir		ALL		OUT OF	EO AND A		
(a) Type of grant or assistance	DIRECT ASSISTANCE IS GIVEN TO LOW INCOME AND OTHER DIALYSIS PATIENTS TO AID WITH MEDICINE, TRANSPORTATION, FOOD, EMERGENCY ASSISTANCE AND OTHER RELATED SERVICES.			Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	J :-	THE CEO AND BOARD TREASURER MONITOR	EXPENDITURES. ALL GRANT INCOME IS	AND EXPENDITURE CHECKS ARE WRITTEN	EXPENDITURES ARE REVIEWED BY THE C		

332102 11-01-23

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

Employer identification number 59-2190073

Par	TI Types of Property		r - 20's			7.0		_	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of de ash contribu	eterminin		5
1	Art - Works of art								
	Art - Historical treasures								
	Art - Fractional interests								
	Books and publications								
	Clothing and household goods								
6	Cars and other vehicles	X	26	19939.	SALE	PRICE	LESS	E	XPE
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
10	trust interests Securities - Miscellaneous				-				
12 13	Qualified conservation contribution -								
13									
14	Historic structures Qualified conservation contribution - Other								_
15	Real estate - Residential								_
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
	Food inventory								
20	Drugs and medical supplies								
	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
23 24	Archeological artifacts								
2 4 25	780								
26									
20 27									
28	Other () Other ()								
29	Number of Forms 8283 received by the organiz	ation durin	a the tay year for a	contributions					
25	for which the organization completed Form 828								
	for which the organization completed form oze	,,, a,, v,, t	2011007101110411049	Johnons				Yes	No
30-	During the year, did the organization receive by	, contributio	on any property rei	norted in Part L lines 1 throu	igh 28, tha	t it		Sft."	
ooa	must hold for at least 3 years from the date of t						- 1		
	exempt purposes for the entire holding period?						30a		X
L	If "Yes," describe the arrangement in Part II.							15.	
	Does the organization have a gift acceptance p	olicy that r	equires the review	of any nonstandard contrib	utions?		31	Х	
31	Does the organization hire or use third parties of					X0120701000000000			
s∠a							32a	\mathbf{x}	
L	contributions?		***************************************	***************************************	1.000.000.000.000.000		OLG		
	If "Yes," describe in Part II. If the organization didn't report an amount in co	olumn (o) fo	or a type of proport	y for which column (a) is ch	ecked				
33	describe in Part II.	olumni (c) ic	a type of propert	y for writeri columni (a) is one	JONEU,		dian.	= /	

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.
NATIONAL KIDNEY FOUNDATION OF FLORIDA,

Employer identification number 59-2190073

INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DISEASES, IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS AND FAMILIES AFFECTED BY THESE DISEASES AND INCREASE THE AVAILABILITY OF ALL ORGANS FOR TRANSPLANTATION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: INDIVIDUAL PATIENTS FOR ASSISTANCE. PUBLIC EDUCATION - LITERATURE AND SPEAKING ENGAGEMENTS TO EDUCATE THE PUBLIC OF THE NEEDS OF KIDNEY PATIENTS AND TO TEACH ABOUT THE EARLY DETECTION OF THE DISEASE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PUBLIC EDUCATION - NKFF PROVIDES LITERATURE AND HOLDS SPEAKING ENGAGEMENTS TO EDUCATE THE PUBLIC OF THE NEEDS OF KIDNEY PATIENTS AND TO TEACH ABOUT THE EARLY DETECTION OF THE DISEASE. ITEM 2. NKFF HOLDS PROFESSIONAL EDUCATIONAL SEMINARS DESIGNED TO BRING UP-TO-DATE RENAL-SPECIFIC INFORMATION TO NURSES, SOCIAL WORKERS, TECHNICIANS, AND DIETICIANS WHO CARE FOR KIDNEY PATIENTS. DURING THE LAST FISCAL YEAR, THE NKFF PARTNERED WITH SEVERAL ORGANIZATIONS TO CONDUCT VIRTUAL EDUCATIONAL OPPORTUNITIES FOR HEALTHCARE PROFESSIONALS IN ADDITION TO HOLDING THE RENAL PROFESSIONAL FORUM (RPF). PROFESSIONALS ATTENDED RPF AND RECEIVED UP TO 18 CONTINUING EDUCATION

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

CREDITS FOR ATTENDING ALL SESSIONS.

Schedule O (Form 990) 2023

Employer identification number 59-2190073

ITEM 3. PATIENT ADVOCACY - NKFF IS UNIQUE IN THAT IT HAS A FULL-TIME

EXPERIENCED PATIENT ADVOCATE. THE ADVOCATE TRAVELS AROUND THE STATE

OFFERING PROGRAMS DESIGNED TO APPEAL TO THE SPECIFIC AUDIENCE. HIS

RECENT PRESENTATIONS ARE TO HEALTH CARE PROFESSIONALS, CORPORATIONS,

TRANSPLANT CENTERS, THE NAACP AND OTHER ORGANIZATIONS, COLLEGE

STUDENTS, AND THE GENERAL PUBLIC. HE IS ALSO AVAILABLE 7 DAYS A WEEK

BY PHONE OR EMAIL TO PATIENTS OR THE GENERAL PUBLIC.

EXPENSES \$ 132774. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14819.

FORM 990, PART VI, SECTION B, LINE 11B:

COMPLETION OF THE FORM 990 IS REPORTED TO THE GOVERNING BOARD AND COPIES ARE MADE AVAILABLE TO THE BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE REFLECTED IN THE ORGANIZATION'S ANNUAL BUDGET. EACH YEAR, THE ORGANIZATION'S BUDGET COMMITTEE PREPARES AND PRESENTS A PROPOSED BUDGET TO THE BOARD OF TRUSTEES FOR APPROVAL. PROPOSED CHANGES IN OFFICER AND KEY EMPLOYEE COMPENSATION ARE DISCUSSED BY THE BOARD'S BUDGET COMMITTEE AND THE EXECUTIVE COMMITTEE BEFORE PRESENTATION AND APPROVAL BY THE FULL BOARD. IN 2024, AFTER INITIATING COMPENSATION DISCUSSIONS WITH THE CEO, THE BUDGET COMMITTEE PROPOSED A CHANGE TO THE CEO'S COMPENSATION WHICH WAS APPROVED BY BOTH THE EXECUTIVE COMMITTEE AND THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2023	Page 2
Name of the organization NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.	Employer identification number 59-2190073
FORM 990, PART XII, 2C	
THE ORGANIZATION FORMED A COMMITTEE THAT CONSISTS OF THR	EE NATIONAL
KIDNEY FOUNDATION OF FLORIDA, INC. BOARD MEMBERS WHO ASS	UME
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION	OF AN
INDEPENDENT AUDITOR.	

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Befor	re you begin. For guidance related to the purpose of Form W-9, see Pu	rpose of Form, below.							
-	Name of entity/individual. An entry is required. (For a sole proprietor or disreentity's name on line 2.)	egarded entity, enter the o	wner's nam	e on line '	1, and er	nter the	busines	s/disreg	jarded
	National Kidney Foundation of FL								
	2 Business name/disregarded entity name, if different from above.								
age 3.	3a Check the appropriate box for federal tax classification of the entity/individuonly one of the following seven boxes.	on line 1. C	Check		in entiti	(codes a es, not i	ndividu	als;	
Ē.	☐ Individual/sole proprietor ☐ C corporation ☐ S corporation	Trust/es	state	300 11	i i Sti Gotii	9110 OII F	Jugo e _/ .		
.s.	☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)						Exempt payee code (if any)		
Print or type. c Instructions	Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.						Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (If any)		
ring fris	✓ Other (see instructions) 501 (C)(3)Charitab				.,	===			
Print or type. Specific Instructions on page	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and you are providing this form to a partnership, trust, or estate in which this box if you have any foreign partners, owners, or beneficiaries. See instr	interest, che	on, eck . 🔲			ccounts e United			
See	5 Address (number, street, and apt. or suite no.). See instructions.		Requester'	's name a	nd addre	ess (opt	ional)		
Ų,	5756 S. Semoran Blvd								
	6 Clty, state, and ZIP code								
	Orlando, FL 32822								
	7 List account number(s) here (optional)								
Pa	Taxpayer Identification Number (TIN)								
	your TIN in the appropriate box. The TIN provided must match the name	ne given on line 1 to av	oid s	ocial sec	urity nu	mber			
hacki	in withholding. For individuals, this is generally your social security num	nber (SSN). However, f	or a				_	1 1	
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for loss, it is your employer identification number (EIN). If you do not have a r	Part I, later. For other							
entitie		idiliber, see riow to ge			المام سفاطات	otion E	umbar		
Employer Identification and the second secon									
Note	Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.						3		
Pai	t II Certification								
Unde	r penalties of perjury, I certify that:					,	1		
1. Th	e number shown on this form is my correct taxpayer identification number	per (or I am waiting for	a number	to be iss	sued to	me); ai	na nternal	Reven	lie.
Se	m not subject to backup withholding because (a) I am exempt from bac rvice (IRS) that I am subject to backup withholding as a result of a failur longer subject to backup withholding; and	e to report all interest	or dividend	ds, or (c)	the IRS	hasn	otified	me tha	tlam
	n a U.S. citizen or other U.S. person (defined below); and								
4. Th	e FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reportir	ng is correc	ct.					
becau	fication instructions. You must cross out item 2 above if you have been not use you have failed to report all interest and dividends on your tax return. It is sition or abandonment of secured property, cancellation of debt, contribute than interest and dividends, you are not required to sign the certification.	For real estate transactions to an individual ret	ons, item 2 irement arr	does no angemei	t apply. nt (IRA),	and, g	ortgage enerally	, interes y, payn	nents
Sigr	Signature of		Date	- 7 -	2	5			
Her	e U.S. person	<u>, </u>	Jate			_			
Go									
	neral Instructions	New line 3b has b required to complete	e this line t	o indica	te that i	t has c	firect o	r indire	ct
Secti	on references are to the Internal Revenue Code unless otherwise	required to complete foreign partners, ow to another flow-thro	e this line t ners, or be ugh entity	o indica eneficiari in which	te that i ies whe it has a	t has on it pro an owr	direct o ovides t iership	r indire the For interes	ct m W-9 st. This
Secti noted Futur	on references are to the Internal Revenue Code unless otherwise	required to complete foreign partners, owe to another flow-thro change is intended regarding the status beneficiaries, so that requirements. For ex-	e this line to rners, or be ugh entity to provide of its indirect it it can sat example, a re	to indica eneficiari in which a flow-th rect forei tisfy any partners	te that i les whe it has a nrough ign part applica hip that	it has on it pro an own entity oners, on able rep has a	direct of ovides to ovides to ovides to ovides to ovides to ovide the ovides ovides to ovide the ovides to ovide the ovides ovides to ovide the ov	r indire the For interes ormation or	et m W-9 et. This on eign
Section noted Future related after	on references are to the Internal Revenue Code unless otherwise d. re developments. For the latest information about developments and to Form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9. at's New	required to complet foreign partners, ow to another flow-thro change is intended regarding the status	e this line to mers, or be ugh entity to provide of its indirect it it can sat xample, a purified to co	to indicate neficiaring which a flow-the rect foreitisfy any partners amplete	te that i les whe it has a hrough ign part applica hip that Schedu	it has on it pro an own entity oners, on ble rep has alles K-	direct on ovides to nership with informers, owners, oorting ny indirect 2 and h	r indire the For interes ormation or ect for (-3. Se	et m W-9 et. This on eign
Section noted Future related after Who	on references are to the Internal Revenue Code unless otherwise d. re developments. For the latest information about developments and to Form W-9 and its instructions, such as legislation enacted they were published, go to www.irs.gov/FormW9.	required to complete foreign partners, ow to another flow-thro change is intended regarding the status beneficiaries, so that requirements. For expartners may be reconstructed to complete the complete foreign the comple	e this line to rners, or be rugh entity to provide to fits indirect at it can sat example, a puried to co ions for Sc	to indicate neficiaring which a flow-the rect foreitisfy any partners amplete	te that i les whe it has a hrough ign part applica hip that Schedu	it has on it pro an own entity oners, on ble rep has alles K-	direct on ovides to nership with informers, owners, oorting ny indirect 2 and h	r indire the For interes ormation or ect for (-3. Se	et m W-9 et. This on eign

should check the "LLC" box and enter its appropriate tax classification.

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

2025-2026 projection \$3,000.00 \$15,000.00 \$7,174.00 \$5,000.00 \$37,674.00	2024-2025 actuals \$2,615.00 \$13,068.00 \$7,174.00 \$6,590.00 \$3,918.00	VAR+10% Increase \$385.00 \$1,932.00 \$0.00 \$910.00 \$1,082.00	Income Donations t-shirt/sales Raffles Surf registration Sponsorship Taste of Brevard Block party Income Sponsors	2025-2026 projection \$10,000.00 \$10,000.00 \$3,000.00 \$12,000.00 \$75,000.00 \$10,000.00	2024-2025 actuals \$6,061.00 \$13,121.00 \$1,600.00 \$9,271.00 \$68,000.00 \$27,500.00 \$10,000.00	VAR \$3,939.00 -\$3,121.00 \$1,400.00 \$2,729.00 \$7,000.00 \$7,500.00 \$19,447.00
\$3,000.00 \$15,000.00 \$7,174.00 \$7,500.00 \$5,000.00 \$37,674.00	\$2,615.00 \$13,068.00 \$7,174.00 \$6,590.00 \$3,918.00 \$33,365.00	\$385.00 \$1,932.00 \$0.00 \$910.00 \$1,082.00	Donations t-shirt/sales Raffles Surf registration Sponsorship Taste of Brevard Block party	\$10,000.00 \$10,000.00 \$3,000.00 \$12,000.00 \$75,000.00 \$35,000.00 \$10,000.00	\$6,061.00 \$13,121.00 \$1,600.00 \$9,271.00 \$68,000.00 \$27,500.00 \$10,000.00	\$3,939.00 -\$3,121.00 \$1,400.00 \$2,729.00 \$7,000.00 \$7,500.00
\$3,000.00 \$15,000.00 \$7,174.00 \$7,500.00 \$5,000.00 \$37,674.00	\$2,615.00 \$13,068.00 \$7,174.00 \$6,590.00 \$3,918.00 \$33,365.00	\$385.00 \$1,932.00 \$0.00 \$910.00 \$1,082.00	Donations t-shirt/sales Raffles Surf registration Sponsorship Taste of Brevard Block party	\$10,000.00 \$10,000.00 \$3,000.00 \$12,000.00 \$75,000.00 \$35,000.00 \$10,000.00	\$6,061.00 \$13,121.00 \$1,600.00 \$9,271.00 \$68,000.00 \$27,500.00 \$10,000.00	\$3,939.00 -\$3,121.00 \$1,400.00 \$2,729.00 \$7,000.00 \$7,500.00
\$15,000.00 \$7,174.00 \$7,500.00 \$5,000.00 \$37,674.00 \$5,000.00	\$13,068.00 \$7,174.00 \$6,590.00 \$3,918.00 \$33,365.00	\$1,932.00 \$0.00 \$910.00 \$1,082.00	t-shirt/sales Raffles Surf registration Sponsorship Taste of Brevard Block party	\$10,000.00 \$3,000.00 \$12,000.00 \$75,000.00 \$35,000.00 \$10,000.00	\$13,121.00 \$1,600.00 \$9,271.00 \$68,000.00 \$27,500.00 \$10,000.00	-\$3,121.00 \$1,400.00 \$2,729.00 \$7,000.00 \$7,500.00
\$7,174.00 \$7,500.00 \$5,000.00 \$37,674.00 \$5,000.00	\$7,174.00 \$6,590.00 \$3,918.00 \$33,365.00	\$0.00 \$910.00 \$1,082.00	Raffles Surf registration Sponsorship Taste of Brevard Block party	\$3,000.00 \$12,000.00 \$75,000.00 \$35,000.00 \$10,000.00	\$1,600.00 \$9,271.00 \$68,000.00 \$27,500.00 \$10,000.00	\$1,400.00 \$2,729.00 \$7,000.00 \$7,500.00 \$0.00
\$7,500.00 \$5,000.00 \$37,674.00 \$5,000.00	\$6,590.00 \$3,918.00 \$33,365.00	\$910.00 \$1,082.00	Surf registration Sponsorship Taste of Brevard Block party	\$12,000.00 \$75,000.00 \$35,000.00 \$10,000.00	\$9,271.00 \$68,000.00 \$27,500.00 \$10,000.00	\$2,729.00 \$7,000.00 \$7,500.00 \$0.00
\$5,000.00 \$37,674.00 \$5,000.00	\$3,918.00 \$33,365.00	\$1,082.00	Sponsorship Taste of Brevard Block party	\$75,000.00 \$35,000.00 \$10,000.00	\$68,000.00 \$27,500.00 \$10,000.00	\$7,000.00 \$7,500.00 \$0.00
\$37,674.00 \$5,000.00	\$33,365.00		Taste of Brevard Block party	\$35,000.00 \$10,000.00	\$27,500.00 \$10,000.00	\$7,500.00 \$0.00
\$5,000.00	KYAT-YAR	\$4,309.00	Block party	\$10,000.00	\$10,000.00	\$0.00
\$5,000.00	KYAT-YAR	\$4,309.00				
\$5,000.00	KYAT-YAR	\$4,309.00	Income Sponsors	\$155,000.00	\$135.553.00	\$19,447,00
	NATE NO.					+ ,
	A /		Sales of the State of			
	\$4,900.00	\$100.00				
Ψυ,υυυ.υυ		\$561.00	Cash in Bank to start	\$0.00	\$0.00	\$0.00
	\$1,200.00	\$0.00	Income Other			
		\$0.00	TDC grant funding	\$7,800.00	\$6,666.66	\$1,133.34
		\$665.00	(520 projected RN x \$15)			
\$200.00	\$200.00	\$0.00				
\$1,500.00	\$1,084.00	\$416.00				
		\$0.00				
		\$0.00	Total Income	\$162,800.00	\$142,219.66	\$20,580.34
		\$0.00				
		\$0.00	Total Expenses Paid	\$74,439.00	\$68,388.00	\$6,051.00
\$21,300.00	\$19,558.00	\$1,742.00	Profit/Loss	\$88,361.00	\$73,831.66	\$14,529.34
\$2,760.00	\$2,760.00	\$0.00				
\$11,055.00	\$11,055.00	\$0.00				
\$1,650.00	\$1,650.00	\$0.00				
\$15,465.00	\$15,465.00	\$0.00				
\$74,439.00	\$68,388.00	\$6,051.00				
	\$6,000.00 \$1,200.00 \$400.00 \$7,000.00 \$200.00 \$1,500.00 \$21,300.00 \$2,760.00 \$1,650.00 \$15,465.00	\$6,000.00 \$5,439.00 \$1,200.00 \$1,200.00 \$400.00 \$400.00 \$7,000.00 \$6,335.00 \$200.00 \$200.00 \$1,500.00 \$1,084.00 \$21,300.00 \$19,558.00 \$2,760.00 \$2,760.00 \$11,055.00 \$11,055.00 \$1,650.00 \$1,650.00	\$6,000.00 \$5,439.00 \$561.00 \$1,200.00 \$1,200.00 \$0.00 \$0.00 \$400.00 \$0.00 \$7,000.00 \$6,335.00 \$665.00 \$200.00 \$1,084.00 \$416.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$1,742.00 \$0.00 \$1,055.00 \$1,055.00 \$0.00 \$1,650.00 \$0.00 \$1,650.00 \$0.00 \$0.00 \$1,650.00 \$1,650.00 \$0.00	\$6,000.00 \$5,439.00 \$561.00 Cash in Bank to start \$1,200.00 \$1,200.00 \$0.00 Income Other \$400.00 \$400.00 \$0.00 TDC grant funding \$7,000.00 \$6,335.00 \$665.00 (520 projected RN x \$15) \$200.00 \$200.00 \$0.00 \$1,500.00 \$1,084.00 \$416.00 \$0.00 Total Income \$0.00 Total Expenses Paid \$21,300.00 \$19,558.00 \$1,742.00 \$1,055.00 \$11,055.00 \$0.00 \$1,650.00 \$1,650.00 \$0.00 \$1,650.00 \$1,650.00 \$0.00 \$15,465.00 \$15,465.00 \$0.00	\$6,000.00 \$5,439.00 \$561.00 Cash in Bank to start \$0.00 \$1,200.00 \$1,200.00 \$0.00 Income Other \$400.00 \$400.00 \$0.00 TDC grant funding \$7,800.00 \$7,000.00 \$6,335.00 \$665.00 (520 projected RN x \$15) \$200.00 \$1,084.00 \$416.00 \$0.00 \$1,084.00 \$0.00	\$6,000.00 \$5,439.00 \$561.00 Cash in Bank to start \$0.00 \$0.00 \$1,200.00 \$1,200.00 \$0.00 \$1,200.00 \$0.00 \$1,200.00 \$0.00 \$1,200.00 \$400.00 \$0.00 \$10C grant funding \$7,800.00 \$6,666.66 \$7,000.00 \$6,335.00 \$665.00 \$0.00 \$1,500.00 \$1,084.00 \$416.00 \$0.00 \$1,084.00 \$0.00 \$19,558.00 \$1,742.00 \$0.00 \$0.00 \$11,055.00 \$0.00 \$0.00 \$0.00 \$11,055.00 \$0

Updated: 6/17/2**42280**



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

App	licant checklist			
Ann	licant organization name: Nationa	21 K	quer	Foundation
	licant event name: <u>NKF R.c.</u>		. 1	301 + Pest
Annli	licant name completing this form:	Ompleted all within the a	elements of	
		Applicant initial	TDO staff initial	TDO staff comments
1.	Application –	Su	P.	
2.	Copy of IRS Articles of Incorporation – (submit if for-profit)	SI	The	NIA
3.	Copy of IRS Determination Letter – (submit if 501(c)(3)	SI	11	
4.	Copy of SunBiz.com - (if applicable, see application for details)	SI	TP	
5.	Copy of 990 form (if applicable, see application)	SL	TP	
6.	Copy of completed W-9 form (March 2024)	Sr	The	
7.	Income/Expense worksheet (required for all applicants)	SI	T	
8.	Copy of this checklist – (completed,	02	T	ii
1, co	initialed, and signed by applicantly insent that all above documents have been	n submitte	d complete	ely by uploading within the
арр	Sauceuce Saug Slicant signature & date		7-25	

University of Louisville Athletic Association/Moon Golf Invitational

Return to Table of Contents

For TDO use: PROJECT #- S 11



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

Applicant Organization Name: University of Louisville Athletic Association

Applicant Event Name: Moon Golf Invitational

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

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

YES	NO
-----	----

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

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:22 Data

2	(LIII)	Hitl	led)
۷. ۱	un	ıuu	cu,

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



Signature of: Whitney Young

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

University of Louisville Athletic Association

Organization address

1670 S. Floyd St.

State

KY

City

Louisville

Zip

ΚY

Primary contact name

Whitney Young

Primary contact phone number

2707797367

Primary contact email

whitney@gocards.com

Secondary contact name

Zach Brooks

Secondary contact phone number

502-852-7079

Secondary contact email

zach@gocards.com

Organization website address

www.gocards.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

31-1106941

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Moon Golf Invitational

Event website address (if different from organization website)

www.gocards.com

Event location

Suntree Country Club in Melbourne, FL

What is the first date of your event? 2/15/2026 . (untitled) In total, how many days will your event be held? . (untitled) . (untitled) Do you have a second event? . (untitled) EVENT INFORMATION - #2 Name of event Event website address (if different from organization website) Event location s. (untitled) hat is the first date of your event? . (untitled)	
In total, how many days will your event be held? (untitled) Do you have a second event? (untitled) EVENT INFORMATION - #2 Name of event Event website address (if different from organization website) Event location (untitled) hat is the first date of your event?	
In total, how many days will your event be held? . (untitled) Do you have a second event? Io 2. (untitled) EVENT INFORMATION - #2 Name of event Event website address (if different from organization website) Event location 5. (untitled) that is the first date of your event?	
. (untitled) Do you have a second event? (a) E. (untitled) EVENT INFORMATION - #2 Name of event Event website address (if different from organization website) Event location 6. (untitled) hat is the first date of your event?	
. (untitled) Do you have a second event? (a) E. (untitled) EVENT INFORMATION - #2 Name of event Event website address (if different from organization website) Event location 6. (untitled) hat is the first date of your event?	
Do you have a second event? (untitled) EVENT INFORMATION - #2 Name of event Event website address (if different from organization website) Event location 6. (untitled) that is the first date of your event?	
EVENT INFORMATION - #2 Name of event Event website address (if different from organization website) Event location S. (untitled) hat is the first date of your event?	
EVENT INFORMATION - #2 Name of event Event website address (if different from organization website) Event location S. (untitled) hat is the first date of your event?	
EVENT INFORMATION - #2 Name of event Event website address (if different from organization website) Event location 8. (untitled) hat is the first date of your event?	
EVENT INFORMATION - #2 Name of event Event website address (if different from organization website) Event location 8. (untitled) hat is the first date of your event?	
Name of event Event website address (if different from organization website) Event location S. (untitled) hat is the first date of your event?	
Event website address (if different from organization website) Event location 8. (untitled) hat is the first date of your event?	
Event location S. (untitled) hat is the first date of your event?	
hat is the first date of your event?	
hat is the first date of your event?	
hat is the first date of your event?	
· (untitled)	
total, how many days will your event be held?	
i. (untitled)	
o you have a third event?	
S. (untitled)	
EVENT INFORMATION - #3	
Name of event	

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)

Social hashtags

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

Other - Please be specific: programs will be printed along with signage around the course

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : MGI Instagram : MGI YouTube : n/a

22. (untitled)

13. What hashtags do you currently use?

#MGI

23. (untitled)

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

irsletterulaa.pdf

24. (untitled)

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

ULAA - 2023 - 990 - Public Disclosure.pdf

25. (untitled)

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

26. (untitled)

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

27. (untitled)

17. Upload your completed W-9 form.

W-9_ULAA_2024.pdf

28. (untitled)

18. Upload your completed Event Income/Expense report.

2025_MGI_Event_Report.pdf

29. (untitled)

19. Upload your completed Checklist.

MSP_applicant_checklist_4.30.2025.pdf

30. (untitled)

20.

ATTESTATION

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



Signature of: Whitney Young

31. Thank You!

New Send Email

May 21, 2025 18:04:28 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077952422 June 26, 2018 LTR 4168C 0 31-1106941 000000 00

00031935 BODC: TE

UNIVERSITY OF LOUISVILLE ATHELETIC ASSOCIATION INC CONTROLLERS OFFICE SERVICE COMPLEX LOUISVILLE KY 40292-0001



012409

Employer ID number: 31-1106941 Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Apr. 30, 2018, about your tax-exempt status.

We issued you a determination letter in September 1984, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(3).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income
 Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific

4077952422 June 26, 2018 LTR 4168C 0 31-1106941 000000 00 00031936

UNIVERSITY OF LOUISVILLE ATHELETIC ASSOCIATION INC CONTROLLERS OFFICE SERVICE COMPLEX LOUISVILLE KY 40292-0001

time).

Thank you for your cooperation.

Sincerely yours,

stephou a martin

Stephen A. Martin Director, EO Rulings & Agreements

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

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

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

Open to Public Inspection

A	For the	2022 calend	dar year, or tax year beginning		22, and endi		30	, 20 23			
В	Check if	applicable:	C Name of organization UNIVERS	SITY OF LOUISVILLE ATHLET	IC ASSOCIA	TION	D Employer identification				
	Address	change	Doing business as					31-1106941			
	Name ch	nange	Number and street (or P.O. box if	mail is not delivered to street addre	ess)	Room/suite	E Telepho	ne number			
	Initial ret	urn	2215 S. BROOK STREET				((502) 852-7072			
	Final retu	ırn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal co	de						
	Amende	d return	LOUISVILLE, KY 40208-2772				G Gross re				
	Applicati	ion pending	F Name and address of principal off	icer: KIM E. SCHATZEL, PH.D.	W	H(a) Is this a gr	oup return for s	subordinates? Ves Vo			
			SAME AS C ABOVE			H(b) Are all s	ubordinates	included? Yes No			
I	Tax-exe	mpt status:	✓ 501(c)(3)) (insert no.) 🔲 4947(a)(1) or 527	If "No," a	attach a list.	See instructions.			
J	Website	: HTTP://M	/WW.GOCARDS.COM/			H(c) Group e	xemption n				
ĸ	Form of	organization: 🗸	Corporation Trust Associa	ition Other	L Year of form	nation: 1984	M State of	legal domicile: KY			
P	art I	Summa	ry								
	1	Briefly des	cribe the organization's miss	ion or most significant activ	ities: THE L	JNIVERSITY OF	LOUISVIL	LE ATHLETIC			
ce		ASSOCIAT	ION IS ORGANIZED TO DEVEL	OP INTERCOLLEGIATE ATHL	ETIC TEAMS	S COMPOSED O	F STUDE	NTS OF THE			
Governance			IED ON SCHEDULE O)		***********		*****				
Veri	2	Check this	box 🗌 if the organization d	iscontinued its operations o	r disposed	of more than 25					
S	3		voting members of the gove				3	29			
∘ ŏ	4		independent voting member			o) * * * * *	4	11			
Activities &	5	Total numb	per of individuals employed in	n calendar year 2022 (Part V	', line 2a)	• 98 90 90 90	5	624			
Ξį	6		per of volunteers (estimate if i			. * * * * *	6	121			
Ac	7a		ated business revenue from I				7a	391,889			
	b	Net unrelat	ted business taxable income	7b	391,889						
						Prior Yea		Current Year			
ō	8	Contribution	ons and grants (Part VIII, line		767,130	38,545,944					
Bu	9	Program s	ervice revenue (Part VIII, line	46,9	932,228	47,440,204					
Revenue	10		t income (Part VIII, column (A			24,434	24,702				
ш.	11		nue (Part VIII, column (A), line				133,035	50,954,406			
_	12		nue-add lines 8 through 11 (n			4	356,827	136,965,256			
	13	Grants and	d similar amounts paid (Part I	X, column (A), lines 1–3) .		17,6	370,370	19,916,667			
	14	Benefits pa	aid to or for members (Part IX	(, column (A), line 4)							
S	15		ther compensation, employee			53,5	583,004	51,523,589			
Expenses	16a		al fundraising fees (Part IX, c				0	0			
xpe	b		raising expenses (Part IX, col		2,494,395			20 507 000			
ш	17		enses (Part IX, column (A), line				231,128	69,587,686			
	18		nses. Add lines 13-17 (must		484,502	141,027,942					
_	19	Revenue le	ess expenses. Subtract line 1	8 from line 12			27,675)	(4,062,686)			
Assets or	3					Beginning of Curi		End of Year			
sset	20		ts (Part X, line 16)	040 540 S	4 4 4 4		343,287	352,949,635			
Net As	21		ities (Part X, line 26)		8 8 8 9		785,725	249,575,937			
			or fund balances. Subtract li	ine 21 from line 20	4 % % W	108,0	057,562	103,373,698			
	art II		re Block		<u>.</u> .			1 1 1 1 1 2 2 2 2			
Ur	nder pena	ilties of perjury	, I declare that I have examined this e. Declaration of preparer (other than	return, including accompanying sch officer) is based on all information	nedules and sta of which prepa	atements, and to th irer has any knowle	e best of m dae.	y knowledge and bellet, it is			
-	16, 001160	t, and complet	o, beelgaten or proper (exter the								
c:		8: 1 (L_					
	gn	Signature of		S TREASURER/CONTROLLE	:D	Date	;				
He	ere		ELLE COMER, ASST VICE PRES	3 - IREMOURER/CUNTRULLE	.1\						
_			name and title	Tp		Data	T	; PTIN			
Pá	aid		e preparer's name	Preparer's signature		Date	Check self-emple	J "			
	epare	er	SPURLOCK			1					
	se On	lv Firm's nar		OAD CHITE 400 LOUICY !! I	VV 40244 2	Firm'		35-0921680 (502) 326-3996			
_		Firm's add		OAD, SUITE 400, LOUISVILLE		902 Phon	e no.	(502) 326-3996 ✓ Yes □ No			
IVIa	av tne II	35 discuss	this return with the preparer:	snown above? See instructi	UIIS	5 TO TO TO THE		* F 162 140			

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
4	
1	Briefly describe the organization's mission: THE UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION IS ORGANIZED TO DEVELOP INTERCOLLEGIATE
	ATHLETIC TEAMS COMPOSED OF STUDENTS OF THE UNIVERSITY OF LOUISVILLE AND TO SCHEDULE AND MANAGE
	INTERCOLLEGIATE ATHLETIC CONTESTS, ALL IN THE HARMONY WITH AND IN SUBJECTION TO THE GENERAL
	EDUCATION POLICY OF THE UNIVERSITY OF LOUISVILLE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 135,468,504 including grants of \$ 19,916,667) (Revenue \$ 49,042,579)
	THE UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION (ULAA) CONTINUED TO FURTHER AND ENHANCE ITS
	MISSION DURING FISCAL YEAR 2023, PROVIDING INVALUABLE SUPPORT FOR BOTH THE STUDENT ATHLETES AND
	THE UNIVERSITY WHICH IT SERVES.
	DURING THE YEAR, ULAA AWARDED OVER \$16.1 MILLION IN SCHOLARSHIPS TO NEARLY 800 STUDENTS. THE
	GRADUATION SUCCESS RATE FOR ULAA STUDENT ATHLETES DURING THE YEAR WAS 92% – A RATE WHICH TIES
	FOR THE HIGHEST IN PROGRAM HISTORY. OVERALL STUDENT GRADE POINT AVERAGE (GPA) OF 3.28 WAS THE
	HIGHEST IN THE PROGRAM'S HISTORY, WITH FISCAL YEAR 2023 ALSO CONTAINING THE 25TH CONSECUTIVE
	SEMESTER WHERE STUDENTS EARNED A DEPARTMENT GRADE POINT AVERAGE (GPA) OF 3.0 OR HIGHER.
	ULAA'S STUDENT ATHLETES COMPLETED MORE THAN 4,000 HOURS OF COMMUNITY SERVICE THROUGH THE CARDS
	(CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	,
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 135 468 504

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

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	~	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		V	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		-
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	or IV, and Part V, line 1	34	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V) ÷) •)	V	i L
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a	Effet the fluthbei reported in box 3 of Form 1030. Effet 6 if flot applicable	- 170h		13
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	15	8.7	Tilo
С	reportable gaming (gambling) winnings to prize winners?	1c	~	- 900

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 624			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	V	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	~	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		v
		4a		
þ	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	3 E	200	251=
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	20		
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		~
4	If "Yes," indicate the number of Forms 8282 filed during the year	70		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		970	
	sponsoring organization have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.	0	820	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9D		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		Jugar	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		ino)	
b	Gross income from other sources. (Do not net amounts due or paid to other sources		J	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
р	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			d'im-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	100	100	
b	Enter the amount of reserves the organization is required to maintain by the states in which			20.7
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		125 0	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	~	
40	If "Yes," see the instructions and file Form 4720, Schedule N.	16		1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		-	100001
.,	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struci	tions.
Section	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		V
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		V
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a		<i>y y y</i>
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	V	
а b 9	the year by the following: The governing body?	8a 8b	V	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	ode l	
Secu	on b. Policies (This Section B requests information about policies not required by the internal rever	uc o	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		V
11a b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	11a 12a 12b	7 7 7	5/1
13 14 15	Did the organization have a written whistleblower policy?	13	>>	
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	7	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re MICHELLE COMER, SERVICE COMPLEX-UNIV OF LOUISVILLE, LOUISVILLE, KY 40292, (502) 852-6164	cords	•	

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no		Ŭ			C)	-				
(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	ition more	e than is both or/trus	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) CHRISTOPHER L. MACK	50.0		П	Г			V			
FORMER HCE AS MEN'S BB COACH TO 1/31/22	0.0						•	5,105,691	0	1,774
(2) FREDRIC SCOTT SATTERFIELD	50.0			Г		1	П			
HEAD FOOTBALL COACH	0,0							3,241,608	0	50,328
(3) KENNETH PAYNE	50.0			П		V				
MEN'S BB COACH FROM 3/18/22	0.0					Ů		2,750,005	0	217,059
(4) JEFF WALZ	50.0			Г		V				
WOMEN'S BASKETBALL COACH	0.0							1,952,678	0	45,478
(5) DANIEL S. MCDONNELL	50.0					V				
MEN'S BASEBALL COACH	0.0							1,618,421	0	150,076
(6) JOSHUA HEIRD	50.0			1						
ATHLETIC DIRECTOR	0.0							844,410	0	159,705
(7) LORI GONZALEZ, PH.D.	0.5	~		V						
PRES/CHAIR TO 1/31/23	49.5							0	834,244	48,556
(8) DR. THOMAS GERARD BRADLEY	0.5	~								
DIRECTOR	49.5							0	583,531	52,303
(9) DANIEL A. DURBIN	0.5	V		V						
ASST. TREASURER	49.5							0	433,919	52,259
(10) DR. NEELI BENDAPUDI							V			
FORMER PRES/CHAIR	50.0							0	318,001	20,898
(11) AMY S. LINGO	0.5	~								
DIRECTOR	49.5	Ľ.						0	271,764	44,552
(12) PROF. LARS S. SMITH	0.5	~	П							
DIRECTOR	49.5							0	256,748	47,987
(13) MARVIN MITCHELL	50.0				V					
DEPUTY ATHLETIC DIRECTOR	0.0				Ĺ			234,270	0	37,314
(14) AMY M CALABRESE	50.0									
DEPUTY ATHLETIC DIRECTOR	0.0				1			181,726	O	38,268

Form **990** (2022)

Part VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	id F	lighest Compe	nsated Emplo	yees (co	ntinu	ied)
					C)							
(A)	(B)	(do r	ot ch		ition	e than o	one	(D)	(E)	(F	=)	
Name and title	Average	box,	unles	ss pe	erson	is both	n an	Reportable	Reportable	Estimated		unt
	hours per week	office	_	_		or/trus	1	compensation from the	compensation from related	of o		n
	(list any	ndiv or di	nstit	Officer	é	Highest co	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from organiza		ad
	hours for related	idua	utio	ď	emp	est c	₫	1099-NEC)	1099-NEC)	related org		
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						
	dotted line)	stee	ruste		[®]	ens						
			8			ated						
(15) DOUGLAS CRADDOCK	0.5											
DIRECTOR	49.5	~						0	170,821		41	,093
(16) LEE A. GILL, J.D.	0.5											
DIRECTOR	49.5	~		L				.0	184,555		19	,341
(17) SHANNON I, RICKETT	0.5								450.000		21	020
DIRECTOR	49.5	~		-	_		-	0	158,968		31	,028
(18) CAROLYN KLINGE, PH.D. DIRECTOR	0.5 49.5	1						0	149,294		33	,993
(19) CLAUDIA ANGELI, PH.D.	0.5	Ť		H	┢				110,201			
DIRECTOR	49.5	1						0	147,335		29	872
(20) EUGENE G. MUELLER				H	\vdash		\vdash					
FORMER VICE CHAIR	50.0						1	0	134,441		28	,102
(21) DR. KRISTA B. WALLACE-BOAZ	0.5											
DIRECTOR	49.5	V						0	128,231		33	,390
(22) JEREMY D. CLARK	0,5											
DIRECTOR	49.5	~						0	122,683		23	,172
(23) PROF. SHARON MOORE	0.5											
DIRECTOR	49.5	~		_		_	-	0	111,740		27	,334
(24) MARGARET HANCOCK, PH.D.	0.5								102,983		26	,015
DIRECTOR	49.5	~	-	-	H		-	0	102,963		20	,013
(25) (SEE STATEMENT)												
1b Subtotal		-		_	_		_	15,928,809	4,109,258		1,259	.897
c Total from continuation sheets to Part	VII Section	n A	-		na n		OK 10	0				,546
d Total (add lines 1b and 1c)								15,928,809	4,423,947		1,351	,443
2 Total number of individuals (including bu	t not limited	to th	1056	e list	ted	above	e) w	ho received mor	e than \$100,000	of		
reportable compensation from the organ	ization				_			79				
										_	res	No
3 Did the organization list any former	officer, dire	ector,	tru	ıste	e, l	кеу е					ST.	ES.
employee on line 1a? If "Yes," complete										3	~	
4 For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other compe	nsation from the			
organization and related organizations		an \$					S,	complete sche	dule J loi suci		~	
individual			-	-					tion or individua	4		
5 Did any person listed on line 1a receive of for services rendered to the organization	? If "Yes." o	comp	nsa lete	Sch	hed	ule J	for s	such person .		5		1
Section B. Independent Contractors										- 0		
1 Complete this table for your five hid	nest comp	ensat	ed	inde	ene	ndent	CC	ontractors that	received more	than \$10	00.00	0 01

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

(A) Name and business address	(B) Description of services	(C) Compensation
AT&T CORP, 360 GEES MILL PKWY, CONYERS, GA 30013	UPGRADE STADIUM WIFI	4,997,411
BUFFALO CONSTRUCTION, INC., 12700 OTTO KNOP DR, LOUISVILLE, KY 40299	CONSTRUCTION SERVICES	4,853,620
SERVICE AMERICA CORPORATION, 300 FIRST STAMFORD PL, STAMFORD, CT 06904-2203	CONCESSION SERVICES	1,890,199
SHORTS TRAVEL MANAGEMENT INC, 1203 WEST RIDGEWAY AVE, WATERLOO, IA 50701	TRAVEL SERVICES	1,270,755
ANC SPORTS ENTERPRISES LLC, 2 MANHATTANVILLE RD, PURCHASE, NY 10577	MEDIA SERVICES	1,113,603
2 Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization	those listed above) who	

arı	VIII	Statement of Revenue Check if Schedule O contains a re	snon	se or note to any	line in this Pa	rt VIII		\square
		STIOOK II SOTIOGALIS S SS. III.			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
and Other Similar Amounts	1a	Federated campaigns	1a					
H	b	Membership dues	1b					
٤	С	Fundraising events	1c					
Ϋ́	d	Related organizations	1d					
ig Ig	е	Government grants (contributions)	1e	991,300				
and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f	37,554,644				
ŧ	g	Noncash contributions included in						
밀		lines 1a–1f	1g					
Ø	h	Total. Add lines 1a-1f			38,545,944			Name of the
				Business Code		10.110.015	004.000	-V.V - DV
	2a	TOTAL SPORTS REVENUE		711210	46,540,204	46,148,315	391,889	
ne ne	b	STUDENT ATHLETIC FEES AND RELA	TED	713940	900,000	900,000		
el	С							
Program Service Revenue	d							
-	е						0	
	f	All other program service revenue			47 440 204	0	0	
	g	Total. Add lines 2a–2f	dond	interest and	47,440,204	7.5		
	3	other similar amounts)		(0)	68,492			68,492
	4	Income from investment of tax-exem		1	48,960,142			48,960,142
	5	Royalties			40,500,142			
	_	 		(ii) Personal		LINE AND ST		
	6a	Gross rents 6a	_					THE RESERVE
	b	Less: rental expenses 6b	0	0				
	C .	Rental income or (loss) 6c						
	_ d			(i) Othor				ELLO DE LO SUE
	7a	Gross amount from sales of assets other than inventory 7a	ies	(ii) Other				
	b	Less: cost or other basis				Territoria.		
ner Kevenue			3,790					
ĕ	c		3,790)	0				and the state of
Ĕ		Net gain or (loss)		0 0 121 34 5	(43,790)			(43,790)
2	8a		Ė		ALLES I EXT	Les Eller Land	6 16 71,-39	
5	oa	events (not including \$						
		1c). See Part IV, line 18	8a					
	ь	Less: direct expenses	8b			- Deligible		
	c	Net income or (loss) from fundraisin	-	ents				
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					Uson Institut
	С	Net income or (loss) from gaming a	ctivitie	9S # # 180 0#0				
	10a	Gross sales of inventory, less				HE SENIEN		15年25月
		returns and allowances	10a				AND SERVICE	
	b	Less: cost of goods sold	10b					ENDER AND S
	С	Net income or (loss) from sales of ir	vent	ory				
				Business Code		18 18 18 18 18		
ā	11a	ADMINISTRATIVE SUPPORT SERVI		561990	1,850,801	1,850,801		
Ju.	b	MARKETING AND DEVELOPMENT REVE	NUE	711320	143,463	143,463		
Revenue	С							
Revenue	d	All other revenue			0		0	C
	е	Total. Add lines 11a-11d	_		1,994,264			10.00
	12	Total revenue. See instructions		M M M M M M	136,965,256	49,042,579	391,889	4848361

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response	or note to any line	otner organizations i in this Part IX	must complete colum	in (A).
Do no	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9b	, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
81	and domestic governments. See Part IV, line 21 .	3,731,006	3,731,006		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	16,185,661	16,185,661		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	1,273,913		1,273,913	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,210,010		1,275,675	
7 8	Other salaries and wages	40,725,429	38,814,553	961,100	949,776
9	Other employee benefits	5,839,963	5,325,950	285,344	228,669
10	Payroll taxes	3,684,284	3,522,527	93,688	68,069
11	Fees for services (nonemployees):				
а	Management				
b	Legal	240,925	240,925		
С	Accounting	44,522	10,787	26,800	6,935
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		X-YEV LINE-LINE		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0.050.700	0.004.700	070 440	84,898
40		6,959,769	6,601,723 609,717	273,148 5,300	27,775
12 13	Advertising and promotion	642,792 238,153	226,886	5,294	5,973
14	Office expenses	1,332,227	1,275,497	12,416	44,314
15	Royalties	1,002,221	1,2,0,401	12,110	7,1011
16	Occupancy	3,601,992	3,508,983		93,009
17	Travel	17.058.742	16,436,733	19,700	602,309
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings .	18,749	18,749		
20 21	Interest	2,543,125	2,543,125		
22	Depreciation, depletion, and amortization .	12,381,428	12,381,428		
23	Insurance	1,645,889	1,645,889		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	ATHLETIC EVENT FEES AND EXPENSES	3,348,237	3,330,049	8,824	9,364
a b	REPAIRS AND MAINTENANCE	3,737,004	3,630,924	0,024	106,080
C	SMALL EQUIPMENT PURCHASES AND RENTALS	3,229,064	3,017,251	2,316	209,497
d	OTHER LICENSES AND FEES	2,079,294	2,054,950	24,344	
е	All other expenses	10,485,774	10,355,191	72,856	57,727
25	Total functional expenses. Add lines 1 through 24e	141,027,942	135,468,504	3,065,043	2,494,395
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 51.500 51,500 Cash-non-interest-bearing 1 11,043,895 24,272,306 2 Savings and temporary cash investments 8,948,229 9.279.214 3 3 70.241.413 34.604.358 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 0 6 7 7 Assets 4,838,215 5,400,451 8 8 821,499 1.543.051 9 10a Land, buildings, and equipment: cost or other 361,591,073 basis. Complete Part VI of Schedule D . . . | 10a 250,294,306 111,296,767 250,451,565 10c Less: accumulated depreciation 10b b 3,907,852 3,961,002 11 Investments—publicly traded securities 11 0 12 12 Investments - other securities. See Part IV, line 11 . 0 0 Investments-program-related. See Part IV, line 11 13 13 14 14 1,518,938 1,563,628 15 Other assets. See Part IV, line 11 15 329,843,287 352.949.635 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 21.836.554 25,619,562 Accounts payable and accrued expenses 17 17 18 18 31,111,297 70,378,248 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% Λ controlled entity or family member of any of these persons 0 22 32,348,965 34,777,313 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 130,277,553 125,012,170 25 249,575,937 221,785,725 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 27 27 28 28 **Net Assets or Fund** Organizations that do not follow FASB ASC 958, check here 🔽 and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 30 103,373,698 108,057,562 31 Retained earnings, endowment, accumulated income, or other funds ... 31 103,373,698 108,057,562 32 32 352,949,635 329,843,287 33 33 Total liabilities and net assets/fund balances

Form **990** (2022)

Form 990 (2022) Page **12**

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	180,350			~
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36,96	
2	Total expenses (must equal Part IX, column (A), line 25)	2		41,02	
3	Revenue less expenses. Subtract line 2 from line 1	3		(4,062	-
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		08,05	
5	Net unrealized gains (losses) on investments	5		82	1,175
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(1,442	2,353)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		103,37	3,698
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• •	201.50 10		Ц.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	-t-l	- 184		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain ol			
	Schedule O.			10 4 11	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were com	pilea a	1,000	301	
	reviewed on a separate basis, consolidated basis, or both:		10.00		
1.50	Separate basis Consolidated basis Both consolidated and separate basis		2b	-	
b	Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	eu on	a la		
			8.11		
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	reight c	of The State of th		
С	the audit, review, or compilation of its financial statements and selection of an independent accountain	1319111 C 1†7	′	\ \rac{1}{2}	
	If the organization changed either its oversight process or selection process during the tax year, ex			5111	
	Schedule O.	piairi			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th	e		
3a	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		\ \sigma
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	eran th			<u> </u>
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	3b		
	roquirou dudito, dudito, oxpidiri wity on contedito o una decembe uny elept ditante difficille			000	

Form **990** (2022)

(A) Name and Title	(B) Average hours per week				osition that ap			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(25) MICHAEL BRANDON MCCORMACK	0.5	1						0	96,468	21,719
DIRECTOR	49.5									
(26) KYLE J. BEAMER	0.5			1				0	84,348	22,736
ASSISTANT SECRETARY	49.5			•				U U	04,346	22,730
(27) ROBERT K DETMERING	0.5	/		1				0	70,688	26,65°
VICE CHAIR	49.5	V		Y				0	70,088	20,03
(28) KEVIN LEDFORD	0.5	1		,					C4 205	20.444
TREASURER	49.5	V		✓				0	61,285	20,440
(29) DORAIN BROWN	0.5	·		_					4.000	,
SECRETARY	10.5	V		√				0	1,900	
(30) DR. KIM SCHATZEL	0.5									
PRES/CHAIR FROM 2/1/23	49.5	V		√				0	0	
(31) DENNIS P. HEISHMAN	0.5	,								
DIRECTOR	0.0	V						0	0	(
(32) GAYLE SAUNDERS	0.5									
DIRECTOR	0.0	V						0	0	
(33) JAMES M. ROGERS	0.5									
DIRECTOR	0.5	V						0	0	2
(34) LAURENCE BENZ	0.5									
DIRECTOR	0.5	V						0	0	
(35) ROBERT KOHN	0.5									
DIRECTOR	0.0	1						0	0	
(36) RONALD L. WRIGHT	0.5							_		
DIRECTOR	0.0	1						0	0	
(37) RYAN BRIDGEMAN	0.5									
DIRECTOR	0.0	~						0	0	
(38) SAM RECHTER	0.5									
DIRECTOR	0.0	1						0	0	
(39) SHERRILL ZIMMERMAN	0.5	,								
DIRECTOR	0.5	1						0	0	
(40) STEVE JONES	0.5	,							-1	
DIRECTOR	0.0	V						0	0	
(41) TAYLAR HART-NOLDEN	0.5	,								
DIRECTOR	0.0	V						0	0	

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

Open to Public Inspection

Employer identification number Name of the organization 31-1106941 UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33^{1/3}% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization listed in your governing other support (see (described on lines 1-10 support (see instructions) instructions) above (see instructions)) Yes No (SEE STATEMENT) (B) (C) (D)

(E) Total Schedule A (Form 990) 2022

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

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

Section A Public Support

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,938,861	39,240,784	35,399,937	36,767,130	38,545,944	191,892,656
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	41,938,861	39,240,784	35,399,937	36,767,130	38,545,944	191,892,656
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)						0
6	Public support. Subtract line 5 from line 4	EXECUTE:					191,892,656
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	41,938,861	39,240,784	35,399,937	36,767,130	38,545,944	191,892,656
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,095,908	42,326,450	44,629,525	50,047,757	49,028,634	226,128,274
9	Net income from unrelated business activities, whether or not the business is regularly carried on	196,695	83,512	32,704	76,186	391,889	780,986
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10		A TOS AT IN D			TO JOYAN M	418,801,916
12	Gross receipts from related activities, etc					12	210,875,819
13	First 5 years. If the Form 990 is for the	organization's	first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppor					,	
14	Public support percentage for 2022 (line			I1, column (f))	* * * *	14	45.82 %
15	Public support percentage from 2021 Sch	nedule A, Part I	I, line 14 .			15	46.82 %
16a	331/3% support test—2022. If the organi				id line 14 is 33	31/3% or more,	
	box and stop here . The organization qua					:- 001:-0/ ou ma	[/]
b	33^{1} /a% support test—2021. If the organithis box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization metal Part VI how the organization meets the organization	neets the facts- facts-and-circu	-and-circumsta umstances tes 	ances test, cho t. The organiz	eck this box a ation qualifies	nd stop here . as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cire	cts-and-circur cumstances te 	nstances test, est. The organi	check this bo zation qualifies	x and stop heres as a publicly	re. Explain supported
18	Private foundation. If the organization instructions						

Schedu	le A (Form 990) 2022						Page 3
Part	Support Schedule for Organiza	itions Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the	e box on line	e 10 of Part I	or if the orga	nization faile	a to quality ur	ider Part II.
0 - 4	If the organization fails to qualify	under the te	sts listed bei	ow, please co	ompiete Part	11.)	
	on A. Public Support	(=) 0010	(h) 2010	(a) 2020	(d) 2021	(e) 2022	(f) Total
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2018	(b) 2019	(c) 2020	(0) 2021	(e) 2022	(i) Total
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	-					
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						ļ
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						
	Add lines 7a and 7b						· · · · · · · · · · · · · · · · · · ·
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support					1	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
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						
40							
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,					P	
	and 12.)						
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he				* * * * *		6 (90 30 30 L
Secti 15	on C. Computation of Public Support Public support percentage for 2022 (line to			13 column /f\\	8 8 X X 3	15	%
16	Public support percentage from 2021 Sci						%
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (line 10c, colur	nn (f), divided			17	%
18	Investment income percentage from 202	Schedule A,	Part III, line 17	·		18	%
19a	331/3% support tests—2022. If the organ	ization did not	check the bo	x on line 14, a	and line 15 is r	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organize	alion did not c	meck a box on	line 14 or line	iba, and line I	o is more man	00 7370, and

line 18 is not more than 331/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

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Page 4 Schedule A (Form 990) 2022

Supporting Organizations Part IV

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

Section A	A, All	Supporting	Organizations
-----------	--------	------------	---------------

ecti	on A. All Supporting Organizations			T NI -
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			No
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	~	-
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	-	1,0
3а	lines 3b and 3c below.	3a		v
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		Visit
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	itle	v
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		4
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		7
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	Media.	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c	Nic.	V
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		V
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	Ma.	V
9a	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		-
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		V
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		-
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		~

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

determine whether the organization had excess business holdings.)

Schedu	e A (Form 990) 2022		F	Page 5
Part	V Supporting Organizations (continued)			
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		Yes	
b c	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11a 11b	3,74	7
Secti	on B. Type I Supporting Organizations	110		Ť.
0000	on b. Type reapporting enganizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		V
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		<u> </u>
0001	on b. All Type III dupporting digatileations		Yes	No
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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Conti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see In The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.		struc	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		Bals

Schedule A (Form 990) 2022 Page 6

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A-Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3. 4 4 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection 6 of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B-Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 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 Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Section C-Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 6 emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7

(see instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Pari	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	d)	
Sect	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	nizations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
9	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6			8	
10	Line 8 amount divided by line 9 amount			10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022			339	
а	From 2017		10.17		STANDARD THE
b	From 2018			143	TO AND IS THE DA
С	From 2019			-	
d	From 2020				
e	From 2021			90	
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				The Average
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount			1	
С	Remainder. Subtract lines 4a and 4b from line 4.				stiffed saw field
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:		STATE OF STREET	JEG	
а	Excess from 2018				
b	Excess from 2019		3.570	73	
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

Dort	۸	И

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.)

Return Reference - Identifier	Explanation
	THE UNIVERSITY OF LOUISVILLE ATHLETICS ASSOCIATION SUPPORTS THE UNIVERSITY OF LOUISVILLE, A STATE UNIVERSITY EXEMPT UNDER IRC SEC 115.

Part I

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.)

Part I Line 12g. Information about the supported organization(s). (continued)

(i)	(ii)	(iii)	(i)	v)	(v)	(vi)
Name of supported organization	EIN	Type of organization (described on lines 1-10 above (see instructions))	Is the organization listed in your governing document?			
			Yes	No		
UNIVERSITY OF LOUISVILLE	61-1014882	6. FEDERAL, STATE, OR LOCAL GOVERNMENTAL UNIT. SECTION 170(B)(1)(A)(V).	✓			

Schedule B (Form 990)

Schedule of Contributors

200

Employer identification number

Department of the Treasury Internal Revenue Service

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

20**22**

OMB No. 1545-0047

31-1106941 UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION Organization type (check one): Section: Filers of: Form 990 or 990-EZ √ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION Employer identification number

31-1106941 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. ~ Person **Payroll** 1,700,000 Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person ~ 2 **Payroll** Noncash 5,000,700 (Complete Part II for noncash contributions.) (d) (b) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization
UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number 31-1106941

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	***************************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
*******		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
******		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
***************************************		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Employer identification number Name of organization UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION 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 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part | (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11c, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 31-1106941 UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) . 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$____ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X

Schedu	le D (Form 990) 2022					Page 2
	Organizations Maintaining	Collections of	Art. Historical T	reasures, or O	ther Similar Ass	
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	ner records, chec	k any of the follow	wing that make sig	nificant use of its
а	☐ Public exhibition		d 🗆 Loan	or exchange prog	ram	
b	Scholarly research		e 🗌 Other			
C	Preservation for future generations		_			
4	Provide a description of the organizat		and explain how t	ney further the org	ganization's exemp	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					□ Yes □ No
Part	Complete if the organization 990, Part X, line 21.	answered "Yes"				
1a	Is the organization an agent, trustee, included on Form 990, Part X?				r other assets not	: ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following to	able:		
						nount
C	Beginning balance			10		
d	Additions during the year			10		
е	Distributions during the year			16		
f	Ending balance			<u> 1</u> 1		
2a	Did the organization include an amoun					
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanation	n has been provid	ed on Part XIII .	
Par		enemored "Ves"	on Form 000 F	Part IV lina 10		
	Complete if the organization			(c) Two years back	(d) Three years back	(e) Four years back
	B. C. Andrews	(a) Current year	(b) Prior year	5,459,918	11,148,321	12,229,757
1a	Beginning of year balance	3,399,568	3,468,200	339,000	15,091	21,334
b	Contributions	20,878	U	339,000	13,091	21,004
С	losses	163,638	25,325	740,747	420,662	2,802,971
		20,878	60,000	1,492,944	476,275	
			00.000	1,432,344	410,210	
d	Grants or scholarships	20,010				
e	Other expenditures for facilities and			1 528 552	5 544 637	
e	Other expenditures for facilities and programs	0	0	1,528,552		2,575,413
e f	Other expenditures for facilities and programs	0 26,013	0 33,957	49,969	103,244	2,575,413 269,055
e f g	Other expenditures for facilities and programs	0 26,013 3,537,193	0 33,957 3,399,568	49,969 3,468,200	103,244 5,459,918	2,575,413 269,055
e f g 2	Other expenditures for facilities and programs	0 26,013 3,537,193 he current year en	0 33,957 3,399,568 d balance (line 1g	49,969 3,468,200	103,244 5,459,918	2,575,413 269,055
e f g 2 a	Other expenditures for facilities and programs	0 26,013 3,537,193 he current year en nt 39,109	0 33,957 3,399,568 d balance (line 1g	49,969 3,468,200	103,244 5,459,918	2,575,413 269,055
e f g 2 a b	Other expenditures for facilities and programs	0 26,013 3,537,193 he current year en nt 39,109	0 33,957 3,399,568 d balance (line 1g	49,969 3,468,200	103,244 5,459,918	2,575,413 269,055
e f g 2 a	Other expenditures for facilities and programs	0 26,013 3,537,193 he current year en nt 39.10 9	0 33,957 3,399,568 d balance (line 1g %	49,969 3,468,200	103,244 5,459,918	2,575,413 269,055
e f g a b c	Other expenditures for facilities and programs	0 26,013 3,537,193 he current year en t 39,10 9 0 % 2c should equal 10	0 33,957 3,399,568 d balance (line 1g %	49,969 3,468,200 , column (a)) held	103,244 5,459,918 as:	2,575,413 269,055 11,148,321
e f g a b c	Other expenditures for facilities and programs	0 26,013 3,537,193 he current year en 1 39,10 9 0 % 2c should equal 10 e possession of th	0 33,957 3,399,568 d balance (line 1g %	49,969 3,468,200 , column (a)) held	103,244 5,459,918 as:	2,575,413 269,055 11,148,321
e f g a b c	Other expenditures for facilities and programs	0 26,013 3,537,193 he current year en 1 39,10 9 0 % 2c should equal 10 e possession of th	0 33,957 3,399,568 d balance (line 1g %	49,969 3,468,200 , column (a)) held	103,244 5,459,918 as:	2,575,413 269,055 11,148,321 Yes No 3a(i) \checkmark
f g 2 a b c	Other expenditures for facilities and programs	0 26,013 3,537,193 he current year en 1 39,10 9 0 % 2c should equal 10 e possession of th	0 33,957 3,399,568 d balance (line 1g %	49,969 3,468,200 , column (a)) held at are held and ac 	103,244 5,459,918 as:	2,575,413 269,055 11,148,321 Yes No 3a(i) \checkmark
e f g a b c	Other expenditures for facilities and programs	0 26,013 3,537,193 he current year en nt 39,10 9 0 % 2c should equal 10 e possession of th	0 33,957 3,399,568 d balance (line 1g% 00%. e organization that	49,969 3,468,200 , column (a)) held at are held and ac	103,244 5,459,918 as:	2,575,413 269,055 11,148,321 Yes No 3a(i) \checkmark 3a(ii) \checkmark
f g 2 a b c 3a	Other expenditures for facilities and programs	0 26,013 3,537,193 he current year en nt 39,10 9 0 % 2c should equal 10 e possession of the current year en nt 39,10 9 0 w	33,957 3,399,568 d balance (line 1g% 00%. e organization that the construction of the	49,969 3,468,200 , column (a)) held at are held and act	103,244 5,459,918 as: dministered for the	2,575,413 269,055 11,148,321 Yes No 3a(i) \checkmark 3a(ii) \checkmark 3b
f g 2 a b c 3a	Other expenditures for facilities and programs	26,013 3,537,193 he current year en 1 39,10 9 2 c should equal 10 2 possession of the 3 c of the organization 2 organization 3	0 33,957 3,399,568 d balance (line 1g% 00%. de organization that is required on So on's endowment for	49,969 3,468,200 , column (a)) held at are held and accommodate in the column (a) chedule R?	103,244 5,459,918 as: Iministered for the	2,575,413 269,055 11,148,321 Yes No 3a(i) \checkmark 3a(ii) \checkmark 3b
f g 2 a b c 3a	Other expenditures for facilities and programs	0 26,013 3,537,193 he current year en nt 39,10 9 0 % 2c should equal 10 e possession of the current year en nt 39,10 9 0 w	33,957 3,399,568 d balance (line 1g% 00%. de organization that as required on Som's endowment for on Form 990, Finer basis (b) Cost of the	49,969 3,468,200 , column (a)) held at are held and act chedule R? unds. Part IV, line 11a. or other basis (c)	103,244 5,459,918 as: dministered for the	2,575,413 269,055 11,148,321 Yes No 3a(i) \checkmark 3a(ii) \checkmark 3b
f g 2 a b c 3a b 4 Pari	Other expenditures for facilities and programs	26,013 3,537,193 he current year en nt 39,10 9 0 % 2c should equal 10 e possession of th ganizations listed of the organization ment. answered "Yes" (a) Cost or ott (investment)	33,957 3,399,568 d balance (line 1g% 00%. de organization that as required on Som's endowment for on Form 990, Finer basis (b) Cost of the	49,969 3,468,200 , column (a)) held at are held and accompanion of the column (a) chedule R? chedule R? chedule R? chedule R? chedule R? chedule R?	103,244 5,459,918 as: Iministered for the	2,575,413 269,055 11,148,321 Yes No 3a(i) 3a(ii) 3b Part X, line 10. (d) Book value
f g 2 a b c 3a	Other expenditures for facilities and programs	26,013 3,537,193 he current year en nt 39,10 % 2c should equal 10 e possession of th ganizations listed of the organization ment. answered "Yes" (investment)	33,957 3,399,568 d balance (line 1g% 00%. le organization that as required on Soon's endowment form 990, Finer basis (b) Cost cent) (o	49,969 3,468,200 , column (a)) held at are held and accommodate are held and accommodate are held and accommodate. Chedule R?	103,244 5,459,918 as: Iministered for the	2,575,413 269,055 11,148,321 Yes No 3a(i) \checkmark 3a(ii) \checkmark 3b

14,154,976

c Leasehold improvements

Schedule D (Form 990) 2022

8,182,121

8,588,253

5,972,855

46,251,312 250,294,306

	Complete if the organization answered "Yes" on Fo	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
•	I derivatives		
	neld equity interests		
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.	000 D-+ IV II-	a 11 - Cas Farms 200 Bart V line 13
	Complete if the organization answered "Yes" on Fo		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
		-	Social Sile of your market value
(1)			
(2)		-	
(3)			
(4)		-	
(5)			
(6)			
(7)			
(8)			
(9)	- 500 Wall		
	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	urm 000 Doubly II	on 11d San Form 000 Dart V line 15
	Complete if the organization answered "Yes" on Fo	mi 990, Part IV, III	(b) Book value
***	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
			I
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			
(6) (7) (8) (9) Fotal. <i>(Colu</i>	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
(6) (7) (8) (9)	Other Liabilities.		as 11a av 11f Cap Form 000 Port V
(6) (7) (8) (9) Fotal. <i>(Colu</i>	Other Liabilities. Complete if the organization answered "Yes" on Fo		ne 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Fotal. (Colu	Other Liabilities. Complete if the organization answered "Yes" on Foline 25.		
(6) (7) (8) (9) Total. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability		ne 11e or 11f. See Form 990, Part X,
(6) (7) (8) (9) Fotal. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability		(b) Book value
(6) (7) (8) (9) Total. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability accome taxes O UNIVERSITY OF LOUISVILLE		(b) Book value 81,153,33
(6) (7) (8) (9) Total. (Colu Part X (1) Federal in (2) DUE TO (3) LEASES	Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability accome taxes O UNIVERSITY OF LOUISVILLE S PAYABLE		(b) Book value 81,153,33 42,858,83
(6) (7) (8) (9) Fotal. (Columnation of the columnation of the columnat	Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability accome taxes O UNIVERSITY OF LOUISVILLE		(b) Book value 81,153,33
(6) (7) (8) (9) Total. (Colu Part X (1) Federal in (2) DUE TO (3) LEASES (4) DUE TO	Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability accome taxes O UNIVERSITY OF LOUISVILLE S PAYABLE		(b) Book value 81,153,33 42,858,83
(6) (7) (8) (9) Total. (Colu Part X (1) Federal in (2) DUE TO (3) LEASES (4) DUE TO (5)	Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability accome taxes O UNIVERSITY OF LOUISVILLE S PAYABLE		(b) Book value 81,153,33 42,858,83
(6) (7) (8) (9) Fotal. (Colu Part X (1) Federal in (2) DUE TO (3) LEASES (4) DUE TO (5)	Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability accome taxes O UNIVERSITY OF LOUISVILLE S PAYABLE		(b) Book value 81,153,33 42,858,83
(6) (7) (8) (9) Fotal. (Columber X) (1) Federal in (2) DUE TO (3) LEASES (4) DUE TO (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability accome taxes O UNIVERSITY OF LOUISVILLE S PAYABLE		(b) Book value 81,153,33 42,858,83
(6) (7) (8) (9) Fotal. (Columber 1) (1) Federal in (2) DUE TO (3) LEASES (4) DUE TO (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability Income taxes O UNIVERSITY OF LOUISVILLE S PAYABLE O UNIVERSITY OF LOUISVILLE FOUNDATION	orm 990, Part IV, lir	(b) Book value 81,153,33 42,858,83 1,000,00
Part X (1) Federal in (2) DUE TO (3) LEASES (4) DUE TO (5) (6) (7) (8) (9) Total. (Column 1) (Col	Other Liabilities. Complete if the organization answered "Yes" on Foline 25. (a) Description of liability accome taxes O UNIVERSITY OF LOUISVILLE S PAYABLE	orm 990, Part IV, lir	(b) Book value 81,153,33 42,858,83 1,000,00 125,012,17

Par	Reconciliation of Revenue per Audited Financial Statem	ents \	With Revenue per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,			4	105 000 446
1	Total revenue, gains, and other support per audited financial statements			1	135,939,446
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	0-1	004 175	-30	
a	Net unrealized gains (losses) on investments	2a	821,175		
Ь	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d		20	024 175
е	Add lines 2a through 2d		B 8 P 10 10 10 000	2e	821,175
3	Subtract line 2e from line 1	i .	* 0 8 0 0 ± 000	3	135,118,271
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	1,846,985		
b	Other (Describe in Part XIII.)			4c	1,846,985
c	Add lines 4a and 4b			5	136,965,256
5		onte	With Evnences no		
Par	Complete if the organization answered "Yes" on Form 990,			,, ,,,	, turri.
				1	139,180,957
1	Total expenses and losses per audited financial statements	S. 15.			100,100,007
2		2a			i
a	Donated services and use of facilities	2b			
Ь	Prior year adjustments				
c	Other losses	2c 2d	(4.040.005)		
d	Other (Describe in Part XIII.)		(1,846,985)	2e	(1,846,985)
e	Add lines 2a through 2d	* *		3	141,027,942
3	Subtract line 2e from line 1	i i		3	141,027,342
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	0		1
b	Other (Describe in Part XIII.)		0	4-	
C			* * * * * * * *	4c	0
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)		5	141,027,942
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part STATEMENT	to pro	vide any additional in	form	ation

*****		*******	***************************************	annerti	

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation			
SCHEDULE D, PART XI, LINE	(a) Description	(b) Amount		
4(B) - OTHER REVENUE	RECLASS REVENUE NETTED WITH OTHER NONOPERATING EXPENSES ON FINANCIAL STATEMENTS	1,891,300		
	RECLASS LOSS ON ASSET DISPOSAL TO PART VIII	- 44,315		
SCHEDULE D, PART XII, LINE	(a) Description	(b) Amount		
2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM	RECLASS REVENUE NETTED WITH OTHER NONOPERATING EXPENSES ON FINANCIAL STATEMENTS	- 1,891,300		
990	RECLASS LOSS ON ASSET DISPOSAL TO PART VIII	44,315		

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
	THE UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION'S MAIN ENDOWMENT INVESTMENTS ARE INTENDED FOR ATHLETIC SCHOLARSHIPS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number 31-1106941

	Form 990, Part IV, line	14b.				
1	For grantmakers. Does the other assistance, the grante award the grants or assistant	es' eligibility	for the gran	cords to substantiate the atts or assistance, and the	selection criteria used to	□ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)		(f) Total expenditures for and investments in the region
(1)	SOUTH AMERICA	0	0	PROGRAM SERVICES	RECRUITING	5,099
(2)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	STUDENT ATHLETE RECRUITING	57,222
(3)	SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDENT ATHLETE RECRUITING	11,276
(4)	MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDENT ATHLETE RECRUITING	4,721
(5)	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDENT ATHLETE RECRUITING	3,030
(6)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	STUDENT ATHLETE RECRUITING	5,641
(7)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TEAM TRAVEL	6,578
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a		0	0			93,567
k		0	0			0
	Totals (add lines 3a and 3b)	0	0			93,567

Page 2

Schedule F (Form 990) 2022

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)																		Schedule F (Form 990) 2022
(h) Description of noncash assistance																	d as a tax ▼	▲
(g) Amount of noncash assistance																	country, recognized () equivalency letter	
(f) Manner of cash disbursement																	urities by the foreign ed a section 501(c)(3	
(e) Amount of cash grant																	recognized as che counsel has provid	
(d) Purpose of grant																	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ties
(c) Region																	ent organizations linby the IRS, or for	Enter total number of other organizations or entities
(b) IRS code section and EIN (if applicable)																	umber of recipie	umber of other o
(a) Name of organization	Œ	(2)	(6)	3	(2)	(9)	6	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	2 Enter total ni exempt 501(c	3 Enter total nu

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2022

Part III Grants an

(a) Type of grant or assistance	s of grant or assistance (b) Region (c) Number of recipients	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
6							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 Page 4

art	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	₽ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2022

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); andPart III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
3 - METHOD ÜSED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL SOUTH AMERICA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Part I General Information on Grants and Assistance

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number OMB No. 1545-0047 2022 31-1106941 Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

1 Does the organization maintain records to substantiate the an the selection criteria used to award the grants or assistance?	aintain records to subside to award the grants	stantiate the amou	unt of the grants or	assistance, the g	rantees' eligibility f	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and noe?	e, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ganization's procedur	es for monitoring	the use of grant fur	nds in the United	States,		
Part II Grants and Other Part IV. line 21. for	Grants and Other Assistance to Domestic (Part IV, line 21, for any recipient that received	mestic Organiz received more th	Organizations and Domestic Governments, Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	lestic Governm can be duplica	ents. Complete i	f the organization answapace is needed.	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, more than \$5,000. Part II can be dublicated if additional space is needed.
1 (a) Name and address of organization or government	on (b) EIN		(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF LOUISVILLE 2215 S. BROOK ST., LOUISVILLE, KY 40208	LE 61-1014882	115	3,731,006				(SEE STATEMENT)
(2)							
(3)	***						
(4)							
(5)	#						
(9)							
(a)							
(8)							
(6)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	ction 501(c)(3) and gover organizations listed	vernment organiza d in the line 1 table	tions listed in the li	ine 1 table			1 0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	lice, see the Instruction	ns for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) 2022

Part III

Schedule I (Form 990) 2022 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 16,185,661 (c) Amount of cash grant (b) Number of recipients 778 (a) Type of grant or assistance 1 SCHOLARSHIPS (SEE STATEMENT) Part IV N ო 4 ß 9

Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and
	any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	STUDENTS ARE SELECTED AND CONTINUE TO RECEIVE ASSISTANCE BASED ON THEIR ABILITY TO CONTRIBUTE TO THE ATHLETIC PROGRAM OF THE UNIVERSITY OF LOUISVILLE. ALL FINANCIAL AID BOTH ATHLETIC AND NON-ATHLETIC IS UNDER THE CONTROL OF THE UNIVERSITY OFFICE OF FINANCIAL AID. THE OFFICE OF ATHLETIC COMPLIANCE EMPLOYS A FULL-TIME COMPLIANCE COORDINATOR WHO WORKS AS A LIAISON WITH THE UNIVERSITY FINANCIAL AID OFFICE TO MONITOR ALL ATHLETIC AND NON-ATHLETIC FINANCIAL AID PROVIDED TO OUR STUDENT-ATHLETES. THIS INCLUDES MONITORING ALL INDIVIDUAL AND TEAM NCAA LIMITS, RENEWALS, NON-RENEWAL AND CANCELLATION OF ATHLETIC SCHOLARSHIPS, THE AWARDING OF SUMMER FINANCIAL AID, AND OVERSEES THE DISBURSEMENT OF THE STUDENT-ASSISTANCE FUND FOR ELIGIBLE STUDENT-ATHLETES.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	UNIVERSITY OF LOUISVILLE: STUDENT RETENTION AND GENERAL OPERATIONS SUPPORT

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number

31-1106941

Pari	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		1	520
	First-class or charter travel Housing allowance or residence for personal use		100	13.12
	✓ Travel for companions ☐ Payments for business use of personal residence	181		li G
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		784	19118
				137
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			4
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	V	
			V St	
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			-
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	~	
			Tell	Emos:
3	Indicate which, if any, of the following the organization used to establish the compensation of the			1
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a		19E	H Y
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		M	THE REAL PROPERTY.
	✓ Compensation committee ✓ Written employment contract	187	Bar	
	✓ Independent compensation consultant ✓ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee	1.53	Total .	1339
		C. C.	DE	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		38.85	1
	organization or a related organization:	30	200	
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		~
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		100	200
		100		1850
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	15.8	7.5	110 3
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		18.3	No.
	compensation contingent on the revenues of:	-011		12.0
а	The organization?	5a		-
b	Any related organization?	5b	Comm	~
	If "Yes" on line 5a or 5b, describe in Part III.	- 33	1000	177
_	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		RIBI	
6	compensation contingent on the net earnings of:	9	100	100
		6a	Series.	V
a	The organization?	6b		V
Ь	If "Yes" on line 6a or 6b, describe in Part III.	OD.	100	3 20
	II TES ON THE OA OF OD, DESCRIBE III FAIT III.		100	1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	-		
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	Ė		
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		~
		D. Ti	-	(Ell
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	۱۵		

Page 2

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

Schedule J (Form 990) 2022

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

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

(B) Breakdown of W-2 and		(B) Breakdown of W-2 and/		or 1099-MISC and/or 1099-NEC compensation	(C) Botizomont and			(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(()-(D)	in column (B) reported as deferred on prior Form 990
CHRISTOPHER L. MACK	8	353,420		4,752,271	0	1,774	5,107,465	0
FORMER HCE AS MEN'S BB COACH TO 1/31/22	€	0	0	0	0	0	0	0
FREDRIC SCOTT SATTERFIELD	ε	3,008,066	199,000	34,542	29,646	20,682	3,291,936	0
2 HEAD FOOTBALL COACH	€	0	0	0	0	0	0	0
KENNETH PAYNE	8	2,726,644	0	23,361	200,000	17,059	2,967,064	0
3 MEN'S BB COACH FROM 3/18/22	≘	0		0	0	0	0	0
JEFF WALZ	ε	1,647,879	250,000	54,799	24,240	21,238	1,998,156	0
4 WOMEN'S BASKETBALL COACH	€	0	0	0	0	0	0	0
DANIEL S. MCDONNELL	€	1,267,894	331,000	19,527	130,103	19,973	1,768,497	180,357
5 MEN'S BASEBALL COACH	€	0	0	0	0	0	0	0
JOSHUA HEIRD	ε	825,436	33 33 10 10 10 10 10 10 10 10 10 10 10 10 10	18,974	141,829	17,876	1,004,115	
6 ATHLETIC DIRECTOR	≘	0	0	0	0	0	0	0
LORI GONZALEZ, PH.D.	8	0		0	0	0	0	0
7 PRES/CHAIR TO 1/31/23	€	831,958	0	2,286	30,500	18,056	882,800	0
DR. THOMAS GERARD BRADLEY	Ξ	0	0	0	0	0	0	
8 DIRECTOR	€	582,757		774	29,000	23,303	635,834	0
DANIEL A. DURBIN	8	0	0	0	0	0	0	
9 ASST. TREASURER	€	432,731	0	1,188	30,500	21,759	486,178	0
DR. NEELI BENDAPUDI	ε	0	0	0		0	0	
10 FORMER PRES/CHAIR	≘	311,614		6,387	16,023	4,875	338,899	
AMY S. LINGO	ε	0	0	0	0	0	0	
11 DIRECTOR	€	271,350		414	27,545	17,007	316,316	
PROF. LARS S. SMITH	8	0		0	0	0	0	
12 DIRECTOR	Ξ	255,974	0	774	26,436	21,551	304,735	
MARVIN MITCHELL	8	231,656	0	2,614	22,692	14,622	271,584	0
13 DEPUTY ATHLETIC DIRECTOR	€	0		0	0	0	0	
AMY M CALABRESE	8	175,204		6,522	17,740	20,528	219,994	
14 DEPUTY ATHLETIC DIRECTOR	Ξ	0	0	0	0	0	0	
DOUGLAS CRADDOCK	8	0	0		0	0	0	0
15 DIRECTOR	€	170,659		162	18,077	23,016	211,914	
(SEE STATEMENT)	€							
16	€							
							Sci	Schedule J (Form 990) 2022

	(p)
	(2)
yees and Highest Compensated Employees (continued)	(q)
Officers, Directors, Trustees, Key Employ	(a)
Part II	

(a)			(q)		(0)	(p)	(e)	ω
Name		Breakdown of W	Breakdown of W-2 and/or 1099-MISC compensation	C compensation	Retirement and	Nontaxable	Total of columns	Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
(16) LEE A. GILL. J.D.	ε	0	0	0	0	0	0	0
	(1)	183,113	0	1,442	10,938	8,403	203,896	0
SHANNON I. RICKETT	ε	0	0	0	0	0	0	0
	E	158,788	0	180	16,086	14,942	189,996	0
	ε	0	0	0	0	0	0	0
DIRECTOR	Œ	147,008	0	2,286	15,285	18,708	183,287	0
(19) CLAUDIA ANGELI, PH.D.	€	0	0	0	0	0	0	0
	€	146,921	0	414	14,902	14,970	177,207	0
(20) EUGENE G. MUELLER	€	0	0	0	0	0	0	0
FÓRMER VICE CHAIR	€	133,667	0	774	12,809	15,293	162,543	0
	Ξ	0	0	0	0	0	0	0
DIRECTOR	(E)	127.817	0	414	13,258	20,132	161.621	0

Р	1	Ш	II

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	BOTH MEN'S AND WOMEN'S BASKETBALL TEAMS, VOLLEYBALL TEAMS, AND OUR FOOTBALL TEAM ALL TRAVEL TO AWAY COMPETITIONS ON CHARTER PLANES. CHARTER SERVICE IS SUBMITTED FOR COMPETITIVE BIDS FOR BOTH TEAMS TO OBTAIN THE PRICE/SERVICE. THIS PROCESS IS PER INDUSTRY STANDARD FOR THE MAJORITY OF DIVISION I SCHOOLS. PER THE ORGANIZATION'S POLICIES, FIRST CLASS AIRFARE CANNOT BE EXPENSED BACK TO THE ORGANIZATION.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	THE ORGANIZATION OBTAINS APPROVAL FROM THE PRESIDENT'S OFFICE FOR ALL TRAVEL OF ATHLETIC STAFF FAMILY MEMBERS TO SPECIAL EVENTS SUCH AS POST-SEASON COMPETITIONS, HOLIDAY TOURNAMENTS, AND OTHER EVENTS WHERE SPOUSES ARE EXPECTED TO ATTEND FOR BONA FIDE BUSINESS PURPOSES. EXPENSES ARE COVERED FROM UNRESTRICTED MONIES AND NOT PART OF THE ATHLETIC ASSOCIATION'S OPERATING BUDGET, ALL SPOUSAL OR FAMILY MEMBER TRAVEL IS TAXED AS APPLICABLE ACCORDING TO IRS RULES AND REGULATIONS.
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	THE ORGANIZATION IS AUTHORIZED TO PROVIDE COUNTRY CLUB MEMBERSHIPS FOR THE ATHLETIC DIRECTOR AND SOME OF ITS COACHING STAFF AS PART OF THEIR RESPECTIVE EMPLOYMENT CONTRACTS. THESE BENEFITS ARE TAXED ACCORDINGLY WHERE PROVIDED.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number 31-1106941

Part	Types of Property			4.				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate-Residential							
16	Real estate - Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MATERIALS & SUPPLIES)	· ·	2	178,000	COST			
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	3, Part V, Donee Acknowled	igement	29	0		
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I, lines	1 through		1.0	
	28, that it must hold for at least 3						× 215	101
	used for exempt purposes for the		ing period?			30a		_
	If "Yes," describe the arrangemen	t in Part II.				4		
31	Does the organization have a					E P	- 1	
	contributions?					31	~	
32a	Does the organization hire or use	•	_					
						32a		_
	If "Yes," describe in Part II.						HE	
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	is checked,			

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of
	items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
	OTHER - MATERIALS & SUPPLIES MULTIPLE CONTRIBUTIONS OF MATERIALS AND SUPPLIES USED IN CONSTRUCTION PROJECT

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of Treasury Internal Revenue Service

Name of the Organization
UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer Identification Number 31-1106941

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	UNIVERSITY OF LOUISVILLE AND TO SCHEDULE AND MANAGE INTERCOLLEGIATE ATHLETIC CONTESTS, ALL IN THE HARMONY WITH AND IN SUBJECTION TO THE GENERAL EDUCATION POLICY OF THE UNIVERSITY OF LOUISVILLE.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	CARE PROGRAM, AND THE ORGANIZATION EXPANDED ITS ELEVATE NIL PROGRAM WITH THE CREATION OF THE CARDS NIL EXCHANGE TO HELP STUDENT ATHLETES AND BUSINESSES/INDIVIDUALS CONNECT EASIER THAN EVER BEFORE.
	THE ORGANIZATION COMPLETED ITS FIRST YEAR OF A TRANSFORMATIONAL PARTNERSHIP WITH UOFL HEALTH. THE PARTNERSHIP HAS YIELDED NUMEROUS GAINS FOR ITS STUDENTS, BUT NONE MORE NOTABLE THAN THE UNPRECEDENTED GROWTH OF ULAA'S MENTAL HEALTH AND PERFORMANCE DEPARTMENT, WHICH NOW INCLUDES 10 PROFESSIONALS - THE MOST IN THE ATLANTIC COAST CONFERENCE (ACC).
	ULAA ALSO UPGRADED OR ADDED A NUMBER OF FACILITIES IN SUPPORT OF ITS MISSION. IN PARTNERSHIP WITH THE UNIVERSITY OF LOUISVILLE, ULAA OPENED DENNY CRUM HALL. THE STATE-OF-THE-ART, \$23.5 MILLION RESIDENCE HALL IS HOME TO MEN'S BASKETBALL, WOMEN'S BASKETBALL AND LACROSSE STUDENT-ATHLETES, AS WELL AS THE UNIVERSITY'S GENERAL STUDENT POPULATION. THE ORGANIZATION ALSO UPGRADED WI-FI ACCESS FOR ITS FOOTBALL STADIUM AND UNVEILED A NEW TURF. A \$1 MILLION PROJECT WAS ALSO COMPLETED TO UPDATE THE ENTRANCE AND CONCOURSE OF THE BASEBALL PROGRAM'S JIM PATTERSON STADIUM.
	IN TERMS OF ACHIEVEMENTS IN COMPETITIVE SPORTS, ULAA FINISHED THE YEAR'S CAMPAIGN WITH 13 DIFFERENT SPORT PROGRAMS RANKED IN THE TOP 25 AT ONE POINT DURING THEIR SEASONS, WITH SEVEN PROGRAMS RANKING IN THE TOP 10 AT SOME OF ITS RESPECTIVE SEASONS. THE CARDINALS RECORDED 50 ALL-AMERICANS DURING THE 2022-23 ATHLETIC SEASONS, MOST NOTABLY, 35 COMING FROM THE WOMEN'S SWIMMING AND DIVING PROGRAM. VOLLEYBALL ALSO REGISTERED FOUR ALL-AMERICANS IN ITS RUN TO THE NATIONAL TITLE GAME. LOUISVILLE FINISHED 32ND IN THE NATION IN THE LEARFIELD DIRECTORS' CUP STANDINGS, THE 13TH CONSECUTIVE SEASON THAT THE CARDINALS HAVE FINISHED AMONG THE TOP 40 TEAMS IN THE COUNTRY. THE CARDINALS' WOMEN'S SPORTS PROGRAMS RANKED 12TH IN THE NATION IN THE CAPITAL ONE CUP STANDINGS.
FORM 990, PART VI, LINE 7B -	THE ORGANIZATION'S BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE.
DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE EXECUTIVE COMMITTEE INCLUDES THE FOLLOWING MEMBERS: (1) CHAIR OF THE BOARD OR THE CHAIR'S DESIGNEE; (2) FACULTY ATHLETICS REPRESENTATIVE TO THE NCAA (FAR); (3) ONE VICE PRESIDENT; (4) ONE ADMINISTRATOR; (5) ONE FACULTY MEMBER; (6) ONE TRUSTEE; (7) ONE AT-LARGE MEMBER; AND (8) THE RESPONSIBLE OFFICER (VP FOR ATHLETICS) AS NON-VOTING, EX OFFICIO.
	THE EXECUTIVE COMMITTEE ACTS FOR THE BOARD IN THE INTERIM BETWEEN REGULAR MEETINGS IN ACTIONS SUCH AS HIRING OF COACHES AND TO ELECT, APPOINT, OR REMOVE OTHER MEMBERS OF THE BOARD.
	ANY MAJORITY VOTE FOR AN ACTION MUST INCLUDE THE PRESIDENT VOTING IN THE AFFIRMATIVE.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	UNIVERSITY OF LOUISVILLE FINANCE PERSONNEL AND AN OUTSIDE FIRM PREPARED THE RETURN AND A COPY OF THE RETURN WAS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	IF AN ITEM IS PRESENTED TO THE BOARD OF DIRECTORS (OR ANY OTHER POLICY BOARD) FOR ACTION, E.G., PURCHASE OF PROPERTY, MERGING WITH ANOTHER ENTITY, BUYING SERVICES, ETC., THE BOARD MEMBER WILL DISCLOSE HIS OR HER POSSIBLE CONFLICT OF INTEREST AND MUST RECUSE HIMSELF OR HERSELF FROM VOTING. THE BOARD MEMBER ALSO AVOIDS PARTICIPATING IN ANY DECISION OR ADVOCATING FOR ANY DECISION OF THE BOARD. IN SOME CIRCUMSTANCES, E.G., WHEN THE CONFLICT OF THE BOARD MEMBER PLACES THE BOARD MEMBER IN COMPETITION WITH THE UNIVERSITY, THE BOARD MEMBER WILL LEAVE THE BOARD MEETING DURING DISCUSSION OR UPDATE ON THE ACTION.
	BEFORE ANY MEETING OF THE VARIOUS BOARDS, AN AGENDA IS CIRCULATED TO EACH MEMBER OR DIRECTOR WITH DESCRIPTIONS OF THE ACTION ITEMS. THIS ALLOWS SUFFICIENT TIME FOR ANY BOARD MEMBER OR DIRECTOR TO ALERT THE BOARD ABOUT A POTENTIAL CONFLICT OF INTEREST. PAST PRACTICE INCLUDES WRITTEN DISCLOSURE BY THE BOARD MEMBER OUTLINING: (1) THAT A CONFLICT OF INTEREST MAY EXIST; (2) THE NATURE AND EXTENT OF THE CONFLICT; AND (3) THE DESCRIPTION AND POTENTIAL BENEFIT, DIRECT OR INDIRECT, TO THE MEMBER OF THE BOARD. THIS INFORMATION WILL BE SUPPLIED TO LEGAL COUNSEL AND THE ENTIRE BOARD MEMBER'S FILE.

Return Reference - Identifier	Explanation							
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S AT THE TOP MANAGEMENT OFFICIAL, INVOLVED ALL OF THE FOLLOWING ELEMENT	HLETIC DIRECTOR, S:						
MANAGEMENT OFFICIAL	- DATA GATHERING AND ANALYSIS OF COMPENSATION AT COMPARABLY SIZED OF AN INDEPENDENT THIRD-PARTY CONSULTING FIRM ALONG WITH BENCHMARKIN QUALIFIED OFFICIALS IN SIMILARLY SITUATED POSITIONS;	ORGANIZATIONS BY IG AGAINST OTHER						
	- REVIEW AND APPROVAL OF THE THIRD-PARTY FIRM'S ANALYSIS BY THE ORGAI INDEPENDENT PERSONNEL COMMITTEE;	NIZATION'S						
	- REVIEW AND APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS PURSFEEDBACK FROM THE PERSONNEL AND THE THIRD-PARTY CONSULTING FIRM; A	SUANT TO ND						
	- CONTEMPORANEOUS DOCUMENTATION OF THE COMPENSATION DETERMINAT THE THIRD-PARTY CONSULTING FIRM AND BY BOTH THE PERSONNEL COMMITTE OF DIRECTORS IN EACH BODY'S RESPECTIVE MINUTES.	ION PROCESS BY EE AND THE BOARD						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH	THE PROCESS FOR DETERMINING COMPENSATION OF THE DEPUTY ATHLETIC D INVOLVED ALL OF THE FOLLOWING ELEMENTS:	IRECTOR						
COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	- DATA GATHERING BY THE BOARD'S INDEPENDENT PERSONNEL COMMITTEE AND ANALYSIS OF COMPENSATION AT COMPARABLY SIZED ORGANIZATIONS ALONG WITH BENCHMARKING AGAINST OTHER QUALIFIED OFFICIALS IN SIMILARLY SITUATED POSITIONS;							
	- REVIEW AND APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS; AND							
	- CONTEMPORANEOUS DOCUMENTATION OF THE COMPENSATION DETERMINAT THE ORGANIZATION'S ADMINISTRATION AND BY THE PERSONNEL COMMITTEE A DIRECTORS IN EACH BODY'S RESPECTIVE MINUTES.	ION PROCESS BY ND THE BOARD OF						
FORM 990, PART VI, LINE 18 - TAX RETURN DISCLOSURE								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	COPIES OF THE ORGANIZATION'S FINANCIAL STATEMENTS, ARTICLES OF INCOR CONFLICT OF INTEREST POLICY ARE AVAILABLE AT WWW.LOUISVILLE.EDU OR U	PORATION, AND IPON REQUEST.						
FORM 990, PART XI, LINE 8 - PRIOR PERIOD ADJUSTMENTS	NET PRIOR PERIOD ADJUSTMENTS PERTAIN TO (1) \$5.3 MILLION REDUCTION IN I UNDERSTATED BALANCE DUE TO THE UNIVERSITY FOR DEBT SERVICE, AND (2) REDUCTION IN NET INVESTED IN CAPITAL ASSETS DUE TO IMPLEMENTATION OF NO. 87, LEASES.	\$600 THOUSAND						
FORM 990, PART XI, LINE 9 -	(a) Description	(b) Amount						
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	ADJUST FOR GASB STATEMENT NO. 94 (P3 ARRANGEMENTS) CHANGE IN ACCOUNTING	- 1,332,403						
	ADJUST FOR GASB STATEMENT NO. 96 (SUBSCRIPTION-BASED ARRANGMENTS) CHANGE IN ACCOUNTING	- 109,950						

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection Employer identification number

31-1106941

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

Related Organizations and Unrelated Partnerships

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

0	(a) Name, address, and EIN (if applicable) of disregarded entity	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(6)							
(4)							
(2)							
(9)							
Part	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ions. Complete if the ing the tax year.	ne organization a	nswered "Yes" or	n Form 990, Parl	t IV, line 34, becau	use it had
	(a) Name address and EIN of related organization	(b) Primary activity	(c)	(c) (d) (e) (e) Exampt Code section Dublic charity status	(e) Dublic charity status	(f) Direct controlling	(g) Section 512(b)(13)

One of more related tax-exempt organizations during the tax year.	IIIII IIIE Ian year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled y?
						Yes	õ
(1) UNIVERSITY OF LOUISVILLE (61-1014882) UNIVERSITY OF LOUISVILLE, LOUISVILLE, KY 40292	EDUCATION	KY			N/A		2
(2) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. (61-1029626) RESEARCH UNIVERSITY OF LOUISVILLE, LOUISVILLE, KY 40292	RESEARCH	KY	501(C)(3)	2	5 UNIVERSITY OF LOUISVILLE		,
(3) UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL PRACTICE ASSOC. (61-1250153) MEDICAL CARE 550 SOUTH JACKSON STREET, LOUISVILLE, KY 40202	MEDICAL CARE	KY	501(C)(3)	7	7 UNIVERSITY OF LOUISVILLE		>
(4) UNIVERSITY PHYSICIANS GROUP, INC. (61-1346817) 323 EAST CHESTNUT STREET, LOUISVILLE, KY 40202-1823	MEDICAL CARE	KY	501(C)(3)	ဧ	3 UNIVERSITY OF LOUISVILLE		,
(5) UNIVERSITY MEDICAL CENTER, INC. (61-1293786) 250 E LIBERTY ST, LOUISVILLE, KY 40202	MEDICAL CARE	КҮ	501(C)(3)	E	3 UNIVERSITY OF LOUISVILLE		>
(9)							
(<u>u</u>)							Î

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

relai	related organization	(in the second	domicile (state or	Direct controlling entity	income	income (related, unrelated, excluded from	share of total income	snare or end-or- year assets	allocations?	_ F 2	20 managing		Percentage ownership
			country)		tax L sections {	tax under sections 512—514)			Yes	No N	Yes	2	
(1)													
(2)													
(3)													
(4)													
(2)													
(9)													
(3)													
Мате	Name, address, and EIN of related organization	(b) (corp.) Sorated organization Primary activity (state or foreign country) (corp.) Sorp. or frusty ((b) Primary activity	Legal domicile (state or foreign country)	nicile n country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	entity Sh	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	(i) stion 512(b) controlled entity?
												Yes	2
(E)													
(2)													
(3)													
(4)													
(2)													
(9)													
(2)													

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36,

å	2007	>			7		7	7	2	7	1		7	7						7	7	lds.	olved								1000
Yes			7	7		7									7	7	2	7	7			resho	unt inv								١
		1a	9	5	9	1 e	#	-	=	F	F		¥	=	Ε	두	9	10	19	÷	1s	on th	gamol								ا
	I-IV?	* * * .	*	*	*	* * *		,								100 mm	35 35 37 37	8 8 8 8 8		* * * * * *	* * * * * **	hips and transaction	(d) Method of determining amount involved								
	ions listed in Parts I						* * * * * * * * * * * * * * * * * * *											00 00 00 00 00 00 00 00 00 00 00 00 00		***		g covered relations	(c) Amount involved								
	ore related organizat																94 94 94 94 94	36 36 36 36 36 36 36	3 3 3 3	* * * *	* * * * * *	lete this line, includin	(b) Transaction type (a-s)								-
Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.		Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)	Loans or loan guarantees by related organization(s)	Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lase of facilities equipment or other assets to related organization(s)		Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		Reimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses	Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(a) Name of related organization								
Note:	r T	es R	<u>0</u>	<u>ர</u>	o	e L	<u>_</u>			. ú	 1 <u>-</u>	-	¥	<u> </u>	E	S		ď		0	o s	2		•	(2)	(3)	2 5	£	(2)	(9)	1

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37, Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (b) (c) (d) (e)	(a)	(c)	9	(e)	£	(B)	3	(6)	9	(8)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Fredominant income (related, unrelated, excluded	section section 501(c)(3)	snare or total income	snare or end-of-year assets	allocations?	amount in box 20 of Schedule K-1		ownership
		`	from tax under sections 512—514)	organiza				(Form 1065)		
				res			Les No		Les No	•
(1)										
(2)										
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								Sche	dule R (For	Schedule R (Form 990) 2022

(Rev. March 2024) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Befo	re yo	ou begin. For guidance related to the purpose of Form W-9, see Purp							
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregard entity's name on line 2.)	arded entity, enter the o	owner's ne	rme on lir	ne 1, and er	iter the busin	ess/disre	garded
	UN	IVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION, INC.	•						
		Business name/disregarded entity name, if different from above.							
on page 3.	За	Check the appropriate box for federal tax classification of the entity/individual only one of the following seven boxes. Individual/sole proprietor C corporation S corporation	whose name is entered	_	. Check	certa	nptions (code in entities, no nstructions o	ot individu	uals;
e.		LLC. Enter the tax classification (C = C corporation, S = S corporation, P =				Exempt	payee code ((if any)	3
Print or type. c <i>Instruction</i> s		Note: Check the "LLC" box above and, in the entry space, enter the approclassification of the LLC, unless it is a disregarded entity. A disregarded entox for the tax classification of its owner.	tity should instead ched	ck the app	c propriate	Complia	tion from Fore		
rin Ins		Other (see instructions) 501(C)(3) TAX EXEMPT	CORPORATION			code (if	any)		
Print or type. See Specific Instructions	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" an and you are providing this form to a partnership, trust, or estate in which yo this box if you have any foreign partners, owners, or beneficiarles, See instruct	ou have an ownership i	interest, c			lies to accour tside the Uni		
See	5	Address (number, street, and apt. or suite no.). See instructions.		Request	er's name	e and addre	ess (optional)		
	221	5 S. BROOK STREET							
	6	City, state, and ZIP code							
	_	UISVILLE, KY 40208							
	7	List account number(s) here (optional)							
Par	tΙ	Taxpayer Identification Number (TIN)							
backureside entitie TIN, la Note:	p wint also, it atter.	TIN in the appropriate box. The TIN provided must match the name thholding. For individuals, this is generally your social security number lien, sole proprietor, or disregarded entity, see the instructions for Paris your employer identification number (EIN). If you do not have a number account is in more than one name, see the instructions for line 1. So Give the Requester for guidelines on whose number to enter.	er (SSN). However, fort I, later. For other ander, see <i>How to ge</i>	ora ta [or	ecurity number identific	ation number	9 4	1
Par	t III	Certification							
		alties of perjury, I certify that:							
2. I an Ser	n not	nber shown on this form is my correct taxpayer identification number subject to backup withholding because (a) I am exempt from backup (IRS) that I am subject to backup withholding as a result of a failure to er subject to backup withholding; and	withholding, or (b)	I have n	ot been	notified by	y the Intern	al Reven d me tha	iue at I am
		J.S. citizen or other U.S. person (defined below); and							
		CA code(s) entered on this form (if any) indicating that I am exempt f		-					
ecau ecquis other t	se yo ition han	on instructions. You must cross out item 2 above if you have been noting the have failed to report all interest and dividends on your tax return. For or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification, but	real estate transactions to an individual reti	ons, item irement a	2 does r rrangem	not apply. ent (IRA),	For mortgag and, genera	ge intere: ally, payn	nents
Sign Here		Signature of U.S. person		ate	4/11/2	2025			
		ral Instructions	New line 3b has be equired to complete	this line	to indic	ate that it	has direct	or indire	ect
Sectio noted.		ferences are to the Internal Revenue Code unless otherwise t	oreign partners, own to another flow-throu	ners, or l ugh entit	peneficia y in whic	aries wher ch it has a	ı it provides in ownershi	; the For p interes	m vv-9 st. This

partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065). **Purpose of Form**

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

change is intended to provide a flow-through entity with information

requirements. For example, a partnership that has any indirect foreign

regarding the status of its indirect foreign partners, owners, or

beneficiaries, so that it can satisfy any applicable reporting

Future developments. For the latest information about developments

Line 3a has been modified to clarify how a disregarded entity completes

related to Form W-9 and its instructions, such as legislation enacted

after they were published, go to www.irs.gov/FormW9.

this line. An LLC that is a disregarded entity should check the

What's New

Marketing Support Program	Moon Golf Inv	/itational					
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% Increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Golf course Green Fees	\$18,000.00	\$18,000.00	\$0.00	Entry Fees from teams	\$43,200.00	\$43,200.00	
Live scoring for Moon Golf Inv.	\$400.00	\$400.00	\$0.00				
Signage	\$10,000.00	\$10,000.00	\$0.00				
Rules Officials & athletic Trainer	\$2,500.00	\$2,500.00	\$0.00				
breakfast & lunch each day for playe	\$23,000.00	\$21,000.00	-\$2,000.00				
Cart attendants	\$500.00	\$500.00	\$0.00				
Dinner one night & snacks/water for event	\$6,000.00	\$5,872.92	-\$127.08				
Hotel nights for officials, trainer & spons		\$2,400.00	\$0.00				
Other Expenses	\$62,900.00	\$60,672.92	-\$2,227.08				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00	Income Sponsors			
			\$0.00				
			\$0.00	Cash in Bank to start			
			\$0.00	Income Other			
			\$0.00	TDC grant funding	\$6,630.00	\$15,000.00	
			\$0.00	Total Income	\$49,830.00	\$58,200.00	
			\$0.00				
			\$0.00	Total Expenses Paid	\$63,200.00	\$60,972.92	
			\$0.00				
			\$0.00	Profit/Loss	-\$13,370.00	-\$2,772.92	
Marketing - please specify Brevard/Out-of-County	\$0.00	\$0.00	\$0.00				
programs	\$300.00	\$300.00	\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Expense	\$300.00	\$300.00	\$0.00				
Total Expenses 2025-2026	\$63,200.00	\$60,972.92	-\$2,227.08				

Updated: 6/23/2**92346**



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

	icant checklist	1		
Appı	icant organization name.			
Appl	icant event name: Moon Golf Invitational			
Applie	icant name completing this form: <u>Whit</u> cant- Use this checklist to confirm that you have confirm that you have confirm that you have confirm to each item. Items (2–9) must be uploaded	ompleted all	elements of a	the application prior to submitting.
		Applicant initial	TDO staff initial	TDO staff comments
1.	Application –	WY	P	
2-	Copy of IRS Articles of Incorporation – (submit if for-profit)	WY	PP	NIA
3.	Copy of IRS Determination Letter – (submit if 501(c)(3)	WY	TP	
4.	Copy of SunBiz.com - (if applicable, see application for details)	N/A	P	NA
5.	Copy of 990 form (if applicable, see application)	WY	TP	
6.	Copy of completed W-9 form (March 2024)	WY	TP	
7.	Income/Expense worksheet (required for all applicants)	WY	TP	
8.	Copy of this checklist – (completed, initialed, and signed by applicant)	WY	TP	
I, co.	nsent that all above documents have been	n submitte	d complete	ly by uploading within the
appl	ication packet.			
_	idiay your 06/18/25 licant signature & date			
whh	ilicana signature di dute			

Marketing Support Program – FY 2025-26

Table of Contents- click on an item below to be redirected to the first page in the packet for that item.

Sports Events

USA Beach Running Championships

ESA Surf

Softball Mag Seniors

Softball Mag Spring Training

Space Coast Triathlon

Foil Surfing Race

American Jr Golf Association Championship

Florida Futures Lacrosse

Brevard Soccer Club

Bless the Babies

Boxlite Boxing

7 v 7

Columbia Classic Golf

USA Beach Running Championships

Return to Table of Contents

For TDO use: PROJECT #- S 12



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

Applicant Organization Name: Smooth Running, LLC

Applicant Event Name: USA Beach Running Championships

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

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

	YES	NO
--	-----	----

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

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:35 Data

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



Signature of: Mitchell Varnes

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Smooth Running

Organization address

660 Cinnamon Court

State

Florida

City

Satellite Beach

Zip

32937

Primary contact name

Mitch Varnes

Primary contact phone number

3217597200

Primary contact email

mitchvarnes@gmail.com

Secondary contact name

Hannah McClatchey

Secondary contact phone number

3217597200

Secondary contact email

info@thefloridamarathon.com

Organization website address

www.runonthebeach.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

26-3025672

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

USA Beach Running Championships

Event website address (if different from organization website)

www.runonthebeach.com

Event location

Shepard Park, beach from SR-520 to PSFB

9. (untitled)
8. What is the first date of your event? 05/10/2026
10. (untitled)
9. In total, how many days will your event be held?
11. (untitled)
10. Do you have a second event?
12. (untitled)
1. EVENT INFORMATION - #2
Name of event
Event website address (if different from organization website)
Event location
13. (untitled)
What is the first date of your event?
14. (untitled)
In total, how many days will your event be held?
15. (untitled)
Do you have a third event?
16. (untitled)
5. EVENT INFORMATION - #3

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)

Direct mail

Social hashtags

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

Other - Please be specific: Traditional Marketing Cards and at other events

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : #beachrun Instagram : n/a YouTube : n/a

22. (untitled)

13. What hashtags do you currently use?

#runfla

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

Smooth Running Articles_of_Incorporation.pdf

26. (untitled)

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

smooth_running_sun_biz.pdf

27. (untitled)

16. Upload your completed W-9 form.

Smooth_Running_w9_updated_late_April_2025.pdf

28. (untitled)

17. Upload your completed Event Income/Expense report.

USA_Beach_Running_Championships_2026_projected_expenses_and_revenues.pdf

29. (untitled)

18. Upload your completed Checklist.

Tourism_Grant_Checklist_updated_2025-2026_cycle.pdf

30. (untitled)

19.

ATTESTATION

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



Signature of: Mitchell Varnes

31. Thank You!

New Send Email

May 31, 2025 10:20:21 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

·(((H08000169408 3)))



H080001694083ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

GRAY ROBINSON, P.A.

Account Number : 075154001651

Phone Fax Number : (321)727-8100 : (321)984-4122

ORIDA/FOREIGN LIMITED LIABILITY CO.

SMOOTH RUNNING, LLC

Certificate of Status	0		
Certified Copy	1		
Page Count	02		
Estimated Charge	\$155.00		

Electronic Filing Menu

Corporate Filing

Help

JUL 1 0 2008

https://efile.sunbiz.org/scripts/efilcovr.exe

EXAMINER

7/9/2008 1351787

ARTICLES OF ORGANIZATION

OF

SMOOTH RUNNING, LLC

The undersigned desiring to form a limited liability company pursuant to Chapter 608, Florida Statutes, hereby states as follows.

ARTICLE I - NAME

The name of this limited liability company (the "Company") is SMOOTH RUNNING, LLC.

ARTICLE II - PRINCIPAL OFFICE ·

The street address of the principal office of the Company is 503 Peragrine Drive, 32903 and mailing address of the Company is PO Box 33100, Indialantic, FL Indialantic, FL 32903.

ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent for service of process in the state for this Company is JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901.

ARTICLE IV - MANAGER

The initial manager of the Company is G. MITCHELL VARNES, (MGR.)

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization this 5 day of July, 2008.

> JACK A. HIRSCHENBAUM, a person authorized by a mumber to sign these FALL

Articles of Organization

(((R08000169408 3)))

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Section 608.415, Florida Statutes, the following is submitted in compliance with said Act:

FIRST, that SMOOTH RUNNING, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in the City of Indialantic, County of Brevard, State of Florida, has named JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901, as its agent to accept service of process within this State.

ACKNOWLEDGMENT .

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with the obligations of a registered agent under Chapter 608, Florida Statutes, and I hereby accept to act in this capacity and agree to comply with the provisions of said Chapter relative to keeping open said office.

JACK A. KIRSCHENBAUM

FILED

08 JUL -9 AN 8: 32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066265

Entity Name: SMOOTH RUNNING, LLC

Current Principal Place of Business:

660 CINNAMON CT.

SATELLITE BEACH, FL 32937

Current Mailing Address:

P O BOX 33100

INDIALANTIC, FL 32903

FEI Number: 26-3025672 Name and Address of Current Registered Agent: Certificate of Status Desired: No

FILED Feb 09, 2024

Secretary of State

4699778325CC

VARNES, GARRY MJR 660 CINNAMON CT.

SATELLITE BEACH, FL 32937 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

MGR

Name

VARNES, G. MITCHELL

Address

660 CINNAMON CT.

City-State-Zip: SATELLITE BEACH FL 32937

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

SIGNATURE: VARNES, G. MITCHELL

PRINCIPAL

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

9/29/24, 11:43 AM Detail by Entity Name

DIVISION OF CORPORATIONS



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

Detail by Entity Name

Florida Limited Liability Company SMOOTH RUNNING, LLC

Filing Information

 Document Number
 L08000066265

 FEI/EIN Number
 26-3025672

 Date Filed
 07/09/2008

State FL
Status ACTIVE

Principal Address

660 Cinnamon Ct.

Satellite Beach, FL 32937

Changed: 07/10/2017

Mailing Address

P O BOX 33100

INDIALANTIC, FL 32903

Registered Agent Name & Address

VARNES, GARRY MJR 660 Cinnamon Ct.

Satellite Beach, FL 32937

Name Changed: 02/17/2011

Address Changed: 07/10/2017 <u>Authorized Person(s) Detail</u>

Name & Address

Title MGR

VARNES, G. MITCHELL 660 Cinnamon Ct. Satellite Beach, FL 32937

Annual Reports

Report Year Filed Date 2022 04/06/2022

2023	02/17/2023	
2024	02/09/2024	
Document Images		
02/09/2024 - ANNUAL	REPORT	View image in PDF format
02/17/2023 - ANNUAL	REPORT	View image in PDF format
04/06/2022 - ANNUAL I	REPORT	View image in PDF format
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04/30/2014 ANNUAL I	REPORT	View image in PDF format
01/24/2013 ANNUAL I	REPORT	View image in PDF format
01/11/2012 ANNUAL F	REPORT	View image in PDF format
02/17/2011 ANNUAL F	REPORT	View image in PDF format
04/21/2010 ANNUAL F	REPORT	View image in PDF format
04/30/2009 ANNUAL F	REPORT	View image in PDF format
07/09/2008 - Florida Lin	nited Liability	View image in PDF format

THE PROPERTY OF STREET

Form (Rev. March 2024) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Internal Revenue Service Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below. Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) 2 Business name/disregarded entity name, if different from above.

Smooth Running LLC

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check 4 Exemptions (codes apply only to page certain entities, not individuals; only one of the following seven boxes. see Instructions on page 3): ☐ C corporation ☐ S corporation ☐ Partnership Trust/estate Individual/sole proprietor 5 Exempt payee code (If any) LLC, Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Specific Instructions Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate Print or type. Exemption from Foreign Account Tax Compliance Act (FATCA) reporting box for the tax classification of its owner, code (if any) Other (see instructions) 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, (Applies to accounts maintained and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check outside the United States.) this box if you have any foreign partners, owners, or beneficiaries. See instructions Requester's name and address (optional) Address (number, street, and apt. or suite no.). See instructions. City, state, and ZIP code List account number(s) here (optiona Taxpayer Identification Number (TIN) Part I Social security number Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For Individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a or TIN. later. Employer identification number Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter. Certification Part II Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later. Sign Signature of Here U.S. person New line 3b has been added to this form. A flow-through entity is General Instructions required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 Section references are to the Internal Revenue Code unless otherwise to another flow-through entity in which it has an ownership interest. This noted. change is intended to provide a flow-through entity with information Future developments. For the latest information about developments regarding the status of its indirect foreign partners, owners, or related to Form W-9 and its instructions, such as legislation enacted beneficiaries, so that it can satisfy any applicable reporting after they were published, go to www.irs.gov/FormW9. requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the What's New Partnership Instructions for Schedules K-2 and K-3 (Form 1065). Line 3a has been modified to clarify how a disregarded entity completes Purpose of Form this line. An LLC that is a disregarded entity should check the

An individual or entity (Form W-9 requester) who is required to file an

information return with the IRS is giving you this form because they

appropriate box for the tax classification of its owner. Otherwise, it

should check the "LLC" box and enter its appropriate tax classification.

Marketing Support Program	USA Beach R	unning Champ	pionships					
FY 2025-2026	O O T D G G G G G G G G G G G G G G G G G G	January Commission						
Event Income/Expense Report								
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR	
City Permitting and CBPD	\$3,000.00	\$2,700.00	\$300.00	Entry Fees	\$32,000.00	\$28,000.00	\$4,000.00	
Timing	\$3,500.00	\$3,200.00	\$300.00				\$0.00	
Athlete Shirts and Finisher Medals	\$7,000.00	\$5,000.00	\$2,000.00				\$0.00	
USATF Sanctioning Fees	\$600.00	\$500.00	\$100.00				\$0.00	
Portalets	\$800.00	\$800.00	\$0.00				\$0.00	
Medical Support	\$600.00	\$600.00	\$0.00				\$0.00	
							\$0.00	
							\$0.00	
Expenses Subtotal	\$15,500.00	\$12,800.00	\$2,700.00				\$0.00	
Other Expenses							\$0.00	
Ice Trailer	\$500.00	\$500.00	\$0.00				\$0.00	
Beverages/Snacks/Athletes/Vol	\$800.00	\$800.00	\$0.00				\$0.00	
Awards	\$1,600.00	\$1,600.00	\$0.00	Income Subtotal	\$32,000.00	\$28,000.00	\$4,000.00	
Light Tower Rentals	\$700.00	\$700.00	\$0.00					
Staffing	\$2,000.00	\$2,000.00	\$0.00	Cash in Bank to start	\$10,000.00	\$10,000.00	\$0.00	
DJ/Announcer	\$800.00	\$800.00	\$0.00	Other Income				
ATV Rental	\$800.00	\$800.00	\$0.00	TDC grant funding	\$6,135.00	\$12,350.00	-\$6,215.00	
				Other Income Subtotal	\$6,135.00	\$12,350.00	-\$6,215.00	
Other Expenses Subtotal								
	\$7,200.00	\$7,200.00	\$0.00	Total Income	\$38,135.00	\$40,350.00	-\$2,215.00	
Marketing - please specify Brevard/Out-of-County								
Billboards in Brevard County	\$1,500.00	\$1,500.00	\$0.00	Total Expenses Paid	\$29,700.00	\$27,000.00	\$2,700.00	
National Race Calendars	\$2,000.00	\$2,000.00	\$0.00					
Rack Cards & Mailing	\$1,500.00	\$1,500.00	\$0.00	Profit/Loss	\$8,435.00	\$13,350.00	-\$4,915.00	
Social Media	\$2,000.00	\$2,000.00	\$0.00					
			\$0.00					
			\$0.00					
			\$0.00					
			\$0.00					
Marketing Subtotal	\$7,000.00	\$7,000.00	\$0.00					
	400	407.000.00	£0.700.00					
Total Expenses 2025-2026	\$29,700.00	\$27,000.00	\$2,700.00					

Updated: 6/18/2**12364**



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

App	olicant checklist			
Арр	licant organization name: Smoo	th Re	enning	, LLC
Аррі	licant organization name: \underline{Smso}	each 1	Runnin	ny Champion ships
A	licant name completing this form:	Mitz	h D	arnes
Appli	cant- thame completing this form: cant- Use this checklist to confirm that you have to I next to each item. Items (2–9) must be uploaded	.umpieteu un	elements of oplication.	the application prior to submitting.
		Applicant initial	TDO staff initial	TDO staff comments
1.	Application –	MV.	TP	,
2.	Copy of IRS Articles of Incorporation – (submit if for-profit)	M	TP	
3.	Copy of IRS Determination Letter – (submit if 501(c)(3)	na	TP	MA
4.	Copy of SunBiz.com - (if applicable, see application for details)	pv	TP	
5.	Copy of 990 form (if applicable, see application)	N/A	TP	NIA
6.	Copy of completed W-9 form (March 2024)	nv	TP	
7.	income/Expense worksheet (required for all applicants)	INV	TP	
8.	Copy of this checklist – (completed, initialed, and signed by applicant)	M	TP	
	nsent that all above documents have bee	n su <mark>bmitt</mark> e	d complete	ely by uploading within the
appi	lication packet.			
/	June 8,	202	5	
App	licant signature & date			
-			5 927 1	4

ESA Surfing Championship

Return to Table of Contents

For TDO use: PROJECT #- S 13



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

Applicant Organization Name: Eastern Surfing Association, Inc.

Applicant Event Name: ESA 2026 Southeast Regional Surfing Championship

		Yes	No	Comment	
1.	Completed application	×			
2.	Copy of IRS Articles of Incorporation – (if applicable)		×	N/A	
3.	Copy of IRS Determination letter – (if applicable)	×			
4.	Copy of SunBiz.org (if applicable)	×			
5.	Copy of 990 (if applicable)	×			
6.	Copy of completed W-9 (March 2024)	×			
7.	Income/Expense worksheet (required for all applicants)	×			
8.	Copy of the Applicant checklist	36			

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

YES	NO
-----	----

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

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:18 Data

2. (untitled)

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

Mh

Signature of: Michelle Sommers - ESA executive director

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

EASTERN SURFING ASSOCIATION, INC.

Organization address

PO Box 4736

State

MD

City

Ocean City

Zip

21843

Primary contact name

Michelle Sommers

Primary contact phone number

4102518583

Primary contact email

centralhq@surfesa.org

Secondary contact name

Pam Hill

Secondary contact phone number

3862952242

Secondary contact email

surfkittypam@msn.com

Organization website address

www.surfesa.org

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

05-0392315

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

ESA 2026 Southeast Regional Surfing Championship

Event website address (if different from organization website)

www.surfesa.org

Event location

Paradise Beach Park, Indian Harbour Beach, FL

9. (untitled)	
8. What is the first date of your event? 04/10/2026	
10. (untitled)	
9. In total, how many days will your event be held?	
11. (untitled)	
10. Do you have a second event?	
12. (untitled)	
1. EVENT INFORMATION - #2	
Name of event	
Event website address (if different from organization website)	
Event location	
13. (untitled)	
What is the first date of your event?	
14. (untitled)	
In total, how many days will your event be held?	
15. (untitled)	
Do you have a third event?	
16. (untitled)	
5. EVENT INFORMATION - #3	
Name of event	

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)

Social hashtags

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

Other - Please be specific: Live Webcast, Banners, Tshirts

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook: Eastern Surfing Association

Instagram : surfesa YouTube : SurfESA

22. (untitled)

13. What hashtags do you currently use?

#surfesa #ESAregionals

23. (untitled)

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

501(c)3 Status Letter.pdf

24. (untitled)

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

2023_ESA_form_990.pdf

25. (untitled)

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

26. (untitled)

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

6200454501CC.pdf

27. (untitled)

17. Upload your completed W-9 form.

ESA_W-9_Mar2025_(1).pdf

28. (untitled)

18. Upload your completed Event Income/Expense report.

Event_Income_Expense_Report_template_FY25-26.pdf

29. (untitled)

19. Upload your completed Checklist.

ESA_checklist.pdf

30. (untitled)

20.

ATTESTATION

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



Signature of: Michelle Sommers - ESA executive director

31. Thank You!

New Send Email

May 21, 2025 12:57:22 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

Internal Revenue Service

Department of the Treasury

P.O. Box 1680, GPO Brooklyn, N.Y. 11202

F 3 X

District Director

Date: MAY 29 1984

Eastern Surfing Association, Inc. 11 Adams Point Road Perrington, R.I. 02806 Person to Contact: E. Birntaum Contact Telephone Number: (212) 330-7129

Gentlemen:

Based on the information you recently submitted, we have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization described in section 509(a)(1) and 17G(b)(1)(A)(vi).

Your exempt status under section 501(c)(3) of the Code is still in effect.

This classification is based on the assumption that your operations will continue as you have stated. If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status.

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

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

cc:

Letter $1078(D0)(\epsilon-77)$



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

Detail by Entity Name

Foreign Not For Profit Corporation EASTERN SURFING ASSOCIATION, INC.

Filing Information

Document Number

F13000002396

FEI/EIN Number

05-0392315

Date Filed

06/03/2013

State

NJ

Status

ACTIVE

Last Event

REINSTATEMENT

Event Date Filed

05/05/2016

Principal Address

37573 JANICE CIRCLE SELBYVILLE, DE 19975

Changed: 02/09/2022

Mailing Address

PO BOX 4376

OCEAN CITY, MD 21843

Changed: 02/09/2022

Registered Agent Name & Address

HILL, PAMELA

40 OCEAN BREEZE CIR ORMOND BEACH, FL 32176

Name Changed: 01/08/2022

Address Changed: 01/08/2022

Officer/Director Detail
Name & Address

Title D

PURKEY, HARRY 736 SURFSIDE AVE. VIRGINIA BEACH, VA 23451 Title D

TORELLI, KRISSY 1016 14TH STREET NORTH JACKSONVILLE BEACH, FL 32250

Title P

SOMMERS, MICHELLE 37573 JANICE CIRCLE SELBYVILLE, MD 19975

Title D

Remke, Julie 1415 East Mallory Street Pensacola, FL 32503

Title Director

Martinez, Paul 2505 Via Del Ray Rd Fernandina Beach, FL 32034

Title Director

DeLuca, Mario PO Box 320031 Cocoa Beach, FL 32931

Title D

Eastwood, Jason 6 Hillside Drive New Smyrna Beach, FL 32169

Title D

Lopes , Darlan 2555 NE 11th Street 802 Ft Lauderdale, FL 33304

Title Director

MCGRAW, RONNIE A, Jr. 4255 A1A SOUTH SUITE 3 ST. AUGUSTINE, FL 32080

Title Director

HILL, PAMELA 40 Ocean Breeze Cir Ormond Beach, FL 32176

Title Chairman

Whitt, Oliver Wes 1400 OLDE FARM RD MOREHEAD CITY, NC 28557

Title OTHER

PHILLIPS, KATHY 12316 W. TORQUAY RD OCEAN CITY, MD 21842

Title Other

Martin, Mike 220 Big Magnolia Court St. Augustine, FL 32080

Title Director

Sharpe, Michelle 15 N 19th St Fernandina Beach, FL 32034

Annual Reports

Report Year	Filed Date
2023	03/24/2023
2024	04/27/2024
2025	05/20/2025

Document Images

05/20/2025 ANNUAL REPORT	View image in PDF format				
04/27/2024 ANNUAL REPORT	View image in PDF format				
03/24/2023 ANNUAL REPORT	View image in PDF format				
01/08/2022 ANNUAL REPORT	View image in PDF format				
08/11/2021 - AMENDED ANNUAL REPORT	View image in PDF format				
04/27/2021 ANNUAL REPORT	View image in PDF format				
04/30/2020 ANNUAL REPORT	View image in PDF format				
03/29/2019 ANNUAL REPORT	View image in PDF format				
04/29/2018 ANNUAL REPORT	View image in PDF format				
04/30/2017 ANNUAL REPORT	View image in PDF format				
05/24/2016 REINSTATEMENT	View image in PDF format				
05/05/2016 REINSTATEMENT	View image in PDF format				
04/23/2014 AMENDED ANNUAL REPORT	View image in PDF format				

01/22/2014 -- ANNUAL REPORT 06/03/2013 -- Foreign Non-Profit View image in PDF format

View image in PDF format

State of Florida Department of State

I certify from the records of this office that EASTERN SURFING ASSOCIATION, INC. is a New Jersey corporation authorized to transact business in the State of Florida, qualified on June 3, 2013.

The document number of this corporation is F13000002396.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on May 20, 2025, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of May, 2025



Secretary of State

Tracking Number: 6200454501CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the 2	023 calend	calendar year, or tax year beginning , 2023, and ending					, 20		
В		f applicable: C Name of organization EASTERN SURFING ASSOCIATION INC				D Employer identification number				
П	Address ch					05-0392315				
ī		nme change Number and street (or P.O. box if mail is not delivered to street address) Roo			Room	n/suite	E Teleph	none number		
\exists	Initial return						(410)	251-8583		
$\overline{\Box}$	Final return		City or town, state or province, co	ountry, and ZIP or foreign postal co	ode				······································	
\Box	Amended r		OCEAN CITY, MD 218					G Gross receipts \$ 450,397. roup return for subordinates? ☐ Yes ☒ No		
H	Application	3	F Name and address of principal offi				H(a) Is this a gro			
_	прриодпол		MICHELLE SOMMERS, 37573		LLE, DE 1	9975				
_	Tax-exemp		▼ 501(c)(3)) (insert no.) 4947(a)(st, See instructions.	
_	Website:	N/A					H(c) Group ex	emption	number	
<u>-</u>			Corporation Trust Associate	tion Other	L Year of for	mation	: 1967	M State	of legal domicile: MD	
_		Summa								
			cribe the organization's missi	on or most significant activ	vities: TO F	PROMO	TE AMATE	JR SUF	RFING COMPETITIONS	
ø	' -	nony doo	oriso trio organization o miss.			110110				
anc	**		***************************	**********	**********					
Ë	2 0	heck this	box if the organization di	scontinued its operations of	or disposed	of m	ore than 25	% of it	s net assets.	
Ŏ			voting members of the gover					3	30	
ω Ω			independent voting member					4	30	
es			per of individuals employed in					5	2	
Activities & Governance	1		per of volunteers (estimate if r	•				6	30	
Act	1		ated business revenue from F					7a	0.	
_			ted business taxable income					7b	0.	
-	-	or armona					Prior Year		Current Year	
	8 C	ontributio	ons and grants (Part VIII, line	1h)			171,	609.	126,533.	
une			ervice revenue (Part VIII, line :					029.	313,900.	
Revenue		-	t income (Part VIII, column (A)			_			9,964.	
æ			nue (Part VIII, column (A), line					580.		
			ue-add lines 8 through 11 (m				423,	218.	450,397.	
_			similar amounts paid (Part I)							
			aid to or for members (Part IX				11,	10,000.		
ın			her compensation, employee b			100	50,444		63,399.	
Expenses			al fundraising fees (Part IX, co							
per			raising expenses (Part IX, colu		0.		1000	45359		
Ж			enses (Part IX, column (A), line				289,505.		288,821.	
			nses. Add lines 13-17 (must		ine 25)			949.	362,220.	
		•	ess expenses. Subtract line 1					269.	88,177.	
JC of							Beginning of Current Y		End of Year	
Assets or Balances	20 T	otal asset	ts (Part X, line 16)		» » « »		543,	500.	662,559.	
ASS	21 T		(5 1) (7 00)		* * * *					
Net As	22 N		or fund balances. Subtract li	ne 21 from line 20			543,	500.	662,559.	
		Signatu	re Block							
Ur	nder penaltie	s of periury	. I declare that I have examined this	return, including accompanying sc	hedules and s	tateme	ents, and to the	best of	my knowledge and belief, it is	
tru	ie, correct, a	and complet	e. Declaration of preparer (other than	officer) is based on all information	of which prep	parer ha	as any knowled	lge.		
		11				/15/2	2024			
Sign s Here		Signature of officer Date								
		MICHELLE SOMMERS, EXECUTIVE DIRECTOR								
	Т	ype or print	name and title							
<u> </u>	sid	Print/Type	e preparer's name	Preparer's signature		Date		Check		
	aid	Edward	d Gibbons CPA	Edward Gibbons CPA	Α	11/	15/2024	self-emp	ployed P00111936	
Preparer		Firm's nar	T. J. TH. 02 0047725							
U	se Only	Firm's add		Ave, Cape May, No	J 08204		Phone	no. (6	09)884-3530	
Ma	y the IRS	discuss	this return with the preparer s	shown above? See instruct	ions	36 3			. 🛛 Yes 🗌 No	
_			tion Act Notice, see the separa			REV 0	9/17/24 PRO		Form 990 (2023)	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_^	×
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		<u> </u>
d	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		×
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			×
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
a. 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated	00		
	employees? If "Yes," complete Schedule J	23		<u>×</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	ĪĊ		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	* *		
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 0 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	-48

Page 5

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		×
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	_	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	V in		EY4
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			=
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	_	×
d	If "Yes," indicate the number of Forms 8282 filed during the year	2-0	NI P	16 SA
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f 7g		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		×
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ESEU!	19.4	â
Ü	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.	1.38	934	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			F-1
а	Initiation fees and capital contributions included on Part VIII, line 12	7.1	(JE	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	100	18 80	
11	Section 501(c)(12) organizations. Enter:		i vei	
а	Gross income from members or shareholders		NE S	113
b	Gross income from other sources. (Do not net amounts due or paid to other sources		1	185
	against amounts due or received from them.)	12a	175	1000
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		13006
b 12	Section 501(c)(29) qualified nonprofit health insurance issuers.		1 91	Sh
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		it of	(TA)
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
_	the organization is licensed to issue qualified health plans		ins	
С	Enter the amount of reserves on hand	PE S	189	100
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	2100	135	PA
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
4-	If "Yes," complete Form 4720, Schedule O.		TO SH	100
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	IIME	
	If "Yes," complete Form 6069.			

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
ь 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			n.
а	The governing body?	8a	×	_
þ	Each committee with authority to act on behalf of the governing body?	8b	×	-
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	×	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12b		
40	Did the organization have a written whistleblower policy?	12c	×	
13	Did the organization have a written document retention and destruction policy?	14		×
14 15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	(d	\$11	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		4,0	100
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	l (sec	tion :	501(c)
19	Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	est p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re MICHELLE SOMMERS, 37573 JANICE CIRCLE, SELBYVILLE, DE 19975 (410)251-8583	cords		

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box, office	unles	Pos neck ss pe	rson lirect	e than o is both or/trus	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MICHELLE SOMMERS EXECUTIVE DIRECTOR	40.00	×		×				50,145.	0.	0
(2) HARRY PURKEY SECRETARY	3.00	×		×				0.	0.	0.
(3) EDWARD GIBBONS TREASURER	3.00	×		×				0.	0.	0:.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)	<u> </u>									
(13)										
(14)										

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Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Emp	ploy	yee	s, ar	ıd F	lighest Compe	nsated Emplo	yees (con	tinued)
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than is both or/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amo of other compensatio	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		from t organizati related orga	he on and
(15)												
(16)	***************************************											
(17)												
(18)									===			
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c	Subtotal			9		· 3			50,145.	0.		0.
d	Total (add lines 1b and 1c)	not limiter	to th	1000	liet	ed.	ahov	e) w	50,145.	0. e than \$100,000	of	0.
	reportable compensation from the organi		1 10 11	1030	, 1131	.cu	2000	C) VV	THO TODGIVED THO	C (11d)		
3	Did the organization list any former of											
4	employee on line 1a? If "Yes," complete of For any individual listed on line 1a, is the	sum of re	portal	ble i	con	пре	nsatio	on a	and other compe	nsation from the		×
	organization and related organizations individual									dule J for such	4	×
5	Did any person listed on line 1a receive of for services rendered to the organization										5	×
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Rep	nest compo ort compon	ensat satio	ed n for	inde r the	epe e ca	ndent Ienda	r ye	ontractors that rear ending with or	eceived more for within the organ	than \$100 nization's t	,000 of ax year.
	(A) Name and business add	ress							(B) Description of serv	vices	(C) Compensatio	n
					Ξ							
2	Total number of independent contractor	ors (includi	ng bi	ıt n	ot	limit	ted to	o th	nose listed abov	re) who	- Krack-II	Chi (2)
	received more than \$100,000 of compens							1427	weekset oo beelsteld		17.00	

Part	: VIII	Statement of Revenue Check if Schedule O contains a respon	ise or note to an	y line in this Pa	art VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a					W real files.
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	85,243.				En Sing Ten
Ω, Ř	С	Fundraising events 1c					
ifts ar A	d	Related organizations 1d					
n, E	e	Government grants (contributions) 1e					
ons Sil	f	All other contributions, gifts, grants, and similar amounts not included above	41 000				
her	_	and similar amounts not included above Noncash contributions included in	41,290.				-512-1
후전	g	lines 1a–1f 1g	œ i		12世界美国第		
Son	h	Total. Add lines 1a–1f		126,533.		C E MATERIA	
<u> </u>	-"-	Total: Add lines ra-II	Business Code	120,333.			
e	2a	CONTEST ENTRY FEES	900099	184,517.	184,517.	0.	0.
Σ	b	SPONSORSHIPS	900099	129,283		0.	0.
gram Sen Revenue	c	MISCELLANEOUS	900099	100.	100.	0.	0.
an eve	d						
Program Service Revenue	е						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f	(i) (ii) (iii) (iii)	313,900.			
	3	Investment income (including dividends					
		other similar amounts)		9,964.	9,964.	0.	0.
	4	Income from investment of tax-exempt bo	ond proceeds				
	5	Royalties	· · · · · ·				WILL STREET
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					STATE OF THE PARTY.
	b	Less: rental expenses 6b					
	d d	Rental income or (loss) 6c Net rental income or (loss)	A				
	7a	Gross amount from (i) Securities	(ii) Other				
	1 a	sales of assets	(ii) Galiel				
		other than inventory 7a				No. of the State o	12.20
o	b	Less: cost or other basis					
her Revenue		and sales expenses . 7b					
eve	С	Gain or (loss) 7c			A SUPPLIE		
Ϋ́	d	Net gain or (loss)					
	8a	Gross income from fundraising					
Ö		events (not including \$				Single Control of	VALUE - 52 (
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising eve	ents				
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a				A TABLE	
	b	Less: direct expenses 9b Net income or (loss) from gaming activities					
	102	Gross sales of inventory, less	35 . , <u>, , .</u>				IIIS DE LIGENCE SIL
	IVA	returns and allowances 10a					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventor	orv				
S	Ť	V	Business Code				Color Television
e son	11a						
scellaneo Revenue	b						
eve	С						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d	* * * * *		0.00	W. T. A. L.	
	12	Total revenue. See instructions	x x x x x	450,397.	323,864.	0.	13818

Part	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colun	nn (A).
	Check if Schedule O contains a response			(C)	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	10,000.	10,000. 57,021.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	57,021. 6,378.	6,378.	0.	0.
7 8	Other salaries and wages	,			
9 10 11 a b c	Other employee benefits				
d e f g	Lobbying				
12 13 14 15 16 17 18	Advertising and promotion				
19 20 21 22 23 24	Conferences, conventions, and meetings Interest	4,227. 8,720.	4,227. 8,720.	0.	0.
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a b c d					
e 25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	275,874. 362,220.	265,035. 351,381.	10,839. 10,839.	0.
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet . . 🗆 Check if Schedule O contains a response or note to any line in this Part X . (B) (A) Beginning of year End of year 286,883. 338,350. 1 1 2 244,920. 275,966. 2 3 3 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Assets 8 8 a Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . | 10a | 71,803. 3,546. 40,092. Less: accumulated depreciation 10b 31,711. 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments-program-related. See Part IV, line 11 13 14 14 8,151. 8,151. 15 15 543,500. 662,559. 16 16 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 27 27 662,559. 543,500 28 28 Net assets with donor restrictions . Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 30 31 Retained earnings, endowment, accumulated income, or other funds. 31 543,500. 662,559. 32 Total net assets or fund balances 32 543,500. 662,559. 33 Total liabilities and net assets/fund balances

REV 09/17/24 PRO Form **990** (2023)

Form 99	90 (2023)				Pa	ge 12		
Pari	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		9 3					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				97.		
2	Total expenses (must equal Part IX, column (A), line 25)	2				20.		
3	Revenue less expenses. Subtract line 2 from line 1	3				77.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		54	3,5	00.		
5	Net unrealized gains (losses) on investments	5		3	0,8	82.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10		66	2,5	59.		
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		0.02.02	×.				
				,	Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain (on					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were conreviewed on a separate basis, consolidated basis, or both.	 npiled	or 2	а	×			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2	b		×		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both.	ted on	а					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of					
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant? .	2	С		×		
	If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а		×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	lergo t ludits .	he 3	b				

REV 09/17/24 PRO

Form **990** (2023)

SCHEDULE A (Form 990)

(D)

(E) Total

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

EAST	CERN		S ASSOCIATION					05-0392315			
Par					organizations must				ons.		
The c	organi	zation is no	t a private founda	tion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)			
1	\square A	church, cor	nvention of <mark>ch</mark> urch	nes, or associati	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).			
2	□ A	school des	cribed in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990).	.)				
3					anization described in						
4	_		search organizatione, city, and state		onjunction with a hosp	ital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the		
5	☐ Ar	n organizat		the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in		
6 7	☐ Ar	n organizat	ite, or local goverrion that normally section 170(b)(1)	receives a subs	mental unit described tantial part of its supl e Part II.)	in sectio port from	n 170(b) a gover	(1)(A)(v). nmental unit or from	the general public		
8						Part II.)					
9											
11	☐ Ar	n organizati	on organized and	operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).			
12	☐ Ar	n organizati	on organized and	operated exclusi	vely for the benefit of,	to perfore	n the fun	ctions of, or to carry	out the purposes of		
	or	ne or more	publicly supported	l organizations d	escribed in section 50	09(a)(1) o	section	509(a)(2). See secti	on 509(a)(3). Check		
	th	e box on lin	ies 12a through 12	d that describes	the type of supporting	j organiza	ition and	complete lines 12e, 1	12f, and 12g.		
а		the suppo	orted organization	(s) the power to	, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t	rted organization(s), he directors or truste	typically by giving ees of the		
b		control or organizat	management of to ion(s). You must (the supporting o	ed or controlled in co rganization vested in V, Sections A and C.	the same	persons	that control or mana	age the supported		
С		Type III f its suppo	unctionally integ rted organization(rated. A support s) (see instructio	ting organization oper ns). You must comp l	ated in co l ete Part	onnection IV, Secti	n with, and functiona ions A, D, and E.	ally integrated with,		
d		that is no	t functionally integ	grated. The orga	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribu	ution requirement an	orted organization(s) d an attentiveness		
е					a written determination				e II, Type III		
f	Ent		per of supported of			-	-				
g	_			_	orted organization(s).				8 1		
9			ed organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of		
	(I) Nai	ne or supporte	ed organization	fin Fin	(described on lines 1–10 above (see instructions))	listed in you docur	r governing	support (see instructions)	other support (see instructions)		
						Yes	No				
(A)											
(B)											
(C)											

Cat. No. 11285F

Schedule A (Form 990) 2023

_	ile A (Form 990) 2023	D	il ad ia Cast	470/LV/4	MANGA and s	70/b\/4\/A\/	1\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Part	Support Schedule for Organiza	ations Descr	ibea in Sect	ions 1/U(b)(1	(A)(IV) and T	: /U(D)(T)(A)(V	olify updaz		
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or IT th	e organizatio	n railed to qu	ally under		
	Part III. If the organization fails to	quality unde	er the tests lis	stea below, p	lease comple	ete Part III.)			
	on A. Public Support			1 1 2 2 2 4	4.0.000	4 3 0000	(0 T-1-1		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	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					LINES OF THE			
	on B. Total Support	4) 0040	# \ 0000	4) 2004	(.B.0000	(-) 0000	(6) Tetal		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First 5 years. If the Form 990 is for the					12 ear as a section	on 501(c)(3)		
10	organization, check this box and stop he					5 50 50 50 50			
Secti	on C. Computation of Public Support					A			
14	Public support percentage for 2023 (line			11, column (fl)	72 17 19 19	14	%		
15	Public support percentage from 2022 Scl	hedule A, Part	II, line 14 .			15	%		
16a	33 ¹ / ₃ % support test—2023. If the organ box and stop here. The organization qua	ization did not	check the box	x on line 13, a	nd line 14 is 3	3 ¹ / ₃ % or more,	check this		
b	331/3% support test-2022. If the organi	ization did not	check a box of	on line 13 or 16	6a, and line 15	is 331/3% or m	nore, check		
17a	this box and stop here . The organization qualifies as a publicly supported organization								
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-ci	acts-and-circu cumstances t	mstances test est. The organ	, check this bo ization qualifie	ox and stop he	e re . Explain		
18	Private foundation. If the organization	did not check	a box on line	e 13, 16a, 16b	o, 17a, or 17b		,		
	instructions	<u> </u>	\$1 (\$2) (\$2) (\$ 24)	34 S4 S4 S4 S4			[

REV 09/17/24 PRO

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	92,330.	93,664.	94,832.	93,809.	85,243.	459,878.
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	22,435.	22,387.	37,700.	77,800.	41,290.	201,612.
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	114,765.	116,051.	132,532.	171,609.	126,533.	661,490.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	RETERMINE TO					
	line 6.)						661,490.
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	114,765.	116,051.	132,532.	171,609.	126,533.	661,490.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,191.	8,298.				20,489.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	12/1311	0,230.				
c	Add lines 10a and 10b	12,191	8,298.				20,489.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	20,252	,				,
10							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	238,014.	131,776.				369,790.
13	Total support. (Add lines 9, 10c, 11, and 12.)			122 522	171 600	126 522	7
14	First 5 years. If the Form 990 is for the	organization's	s first, second	, third, fourth,	or fifth tax ye		n 501(c)(3)
Cost!	organization, check this box and stop he						2 ON ONE ONE
	on C. Computation of Public Suppor			12 column (A)		15	62.89 %
15	Public support percentage for 2023 (line		996			16	
16 Socti	Public support percentage from 2022 Sci on D. Computation of Investment In					10	56.22 %
	NAME OF THE PROPERTY OF THE PR			v line 12 poli	mn (fl)	17	1.95 %
17	Investment income percentage for 2023 (18	2.39 %
18	Investment income percentage from 2023 331/3% support tests—2023. If the organ						
19a	17 is not more than 331/3%, check this box	and ston here	The organization	on qualifies as:	a publicly sunn	orted organizati	ion 🔀
b	331/3% support tests—2022. If the organization 18 is not more than 331/3%, check this	zation did not c	heck a box on	line 14 or line 1	19a, and line 16	is more than 3	33½%, and
20	Private foundation If the organization d						_

Page 4 Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations Are all of the organization's supported organizations listed by name in the organization's governing

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

3a		
		1 11/3
3b	OE-US	
3с	CONTRACT OF	10000
1		3/121
4a		
		-512
4b	MIN	
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		150
4c	100	
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794		
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10a	185	DE U
10b		
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Yes No

1

2

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	8-3	TEST.	(2)
а	11c below, the governing body of a supported organization?	11a	ST. STORY	77-570
b	A family member of a person described on line 11a above?	11b		
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 .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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			LVI.
	the supported organization(s).	1_		
Secti	on D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	200	163	140
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	E.	unit d	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's	- 30		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		l
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
1 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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ir	struc	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ь	Did the activities described on line 2a, above, constitute activities that, but for the organization's	18.5	7-33	
J	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	178		
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	Mis		0
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	11.824	SIL
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (exp.	lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sec	
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		a)
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-function (see instructions).	ally	integrated Type III suppo	orting organization

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page **7**

Sect	ion D—Distributions				Current Year
	Amounts paid to supported organizations to accomplish	avamet purposas		1	
2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	-	
2	organizations, in excess of income from activity	inpr parpoods or suppo		2	
2	Administrative expenses paid to accomplish exempt purp	nizations	3		
3		ilizations	4		
4	Amounts paid to acquire exempt-use assets	provide details in Part	W	5	
5	Qualified set-aside amounts (prior IRS approval required-	VI)	6		
 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 					
7	Distributions to attentive supported organizations to whice	h the organization is res	nonsive	7	
0	(provide details in Part VI). See instructions.	Trans organization is yes	pondivo	8	
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าธ	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.				
2	Excess distributions carryover, if any, to 2023		SHEAK TO MAKE	0.0	
3					
a					
b	From 2019			-	
	From 2020				
d	From 2021				A CONTRACTOR OF THE PARTY OF TH
_	From 2022				
f	Total of lines 3a through 3e Applied to underdistributions of prior years			-	
g	Applied to underdistributions of prior years Applied to 2023 distributable amount		CONTRACTOR STATE		
h					EAST TERM
ì	Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
_	Distributions for 2023 from				
4	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
Ū	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:			394	and while the
а	Excess from 2019			23	
b	Excess from 2020				Shelbiy is a fil
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023	es for a Rake		FUE	

REV 09/17/24 PRO

Schedule A (Form 990) 2023

I	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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.)
Pt III L	n 12: Other Income Part III, Line 12 Description: ENTRY FEES, INSURANCE,
SPONSORS	HIPS 2019: 238014. 2020: 124121. Description: PPP LOAN PROCEEDS 2020:
7655.	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 05-0392315 EASTERN SURFING ASSOCIATION INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) ... 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included on line 2a . Number of conservation easements included on line 2c acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. **b** Assets included in Form 990, Part X

Part	Organizations Maintai	ning Coll	lections of A	Art, Hist	orical 1	reasures	, or Ot	her Similar Ass	sets (cont	inued)
3	Using the organization's acquisit collection items (check all that ap		ssion, and oth						gnificant u	se of its
а	☐ Public exhibition			d	_ Loan	or exchang	e progr	am		
b	☐ Scholarly research			е	Other					
С	☐ Preservation for future genera	tions								. :- D4
4	Provide a description of the orga XIII.									e in Part
5	During the year, did the organize assets to be sold to raise funds r	ather than	to be mainta	donation ined as p	s of art, part of the	historical tr e organizati	easure on's co	s, or other simila	r Yes	☐ No
Part	Complete if the organize 990, Part X, line 21.	ation ans	wered "Yes'							orm
1a	Is the organization an agent, truincluded on Form 990, Part X? .					186 388			t □ Yes	☐ No
b	If "Yes," explain the arrangement	in Part XI	II and comple	ete the fo	llowing t	able.		Ar	nount	
С	Beginning balance						10			
d	Additions during the year	2 2 3	22 22 37 32 3			e e e e	10			
е	Distributions during the year						1e			
f	Ending balance	9:90 9	3 3 × V 3	· • • :	K K 6	6 6 6 6	1f			
2a	Did the organization include an a	mount on	Form 990, Pa	art X, line	21, for e	scrow or co	ustodia	account liability	? ∐ Yes	□ No
	If "Yes," explain the arrangement	in Part XI	II. Check here	e if the ex	planatio	n has been	provide	ed in Part XIII .	• • •	
Par	t V Endowment Funds Complete if the organization	stion one	warad "Vaa"	on For	m 000 I	Dart IV. line	10			
	Complete ii the organiza		Current year		or year	(c) Two year		(d) Three years back	(e) Four ye	ars back
10	Beginning of year balance		Ourient year	(5) 111	or your	(o) The year	D D D D I	(-)	1,7	
1a b	Contributions									
c	Net investment earnings, gains, a losses	and								
d	Grants or scholarships									
е	Other expenditures for facilities programs	and								
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentag	e of the cu	urrent year en	d balanc	e (line 1g	g, column (a	ı)) held	as:		
а	Board designated or quasi-endo			%						
b	Permanent endowment									
C	Term endowment	%								
	The percentages on lines 2a, 2b,	and 2c sh	nould equal 10	00%.					_	
3a	Are there endowment funds not	in the pos	ssession of th	e organi	zation th	at are neid	and ad	ministered for th		es No
	organization by:								3a(i)	C3 140
	.,								3a(ii)	
L	(ii) Related organizations? If "Yes" on line 3a(ii), are the rela								3b	
b 4	Describe in Part XIII the intended									
	t VI Land, Buildings, and E			in o ondo	, , , , , , , , , , , , , , , , , , ,					
T Cit	Complete if the organiz	ation ans	wered "Yes"	on For	m 990, I	Part IV, line	e 11a.	See Form 990,	Part X, lir	ne 10.
-	Description of property	(55)d	(a) Cost or ot (investme	her basis	(b) Cost	or other basis other)	(c)	Accumulated epreciation	(d) Book	
1a	Land									
Ь	Buildings	6 6 6								
С	Leasehold improvements									0.7
d	Equipment	000	7:	1,803.				31,711.	4 (,092.
е	Other	_ F _ F _ E	-	00.5	V 11 3 3	(2) t	ממ	-	11	000
Total.	. Add lines 1a through 1e. (Column	(d) must	equal Form 9	90, Part)	x, line 10	c, column (B)) .	60 M M 15 15	4 (0,092.

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial	I derivatives		
-	neld equity interests		
	leid equity interests 1, 1, 2, 2, 1, 1, 2, 3, 3, 3, 3, 3, 3, 3		
(A)			
(B)		4	
(C)			
(D)			
(E)		9	
(F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments—Program Related	000 D + N/ I'-	44 - Cas Farm COO Dark V line 13
	Complete if the organization answered "Yes" on Fo		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
3) 4)			
(5)			
6)			
7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, line 13, col. (B))		
(9) otal. <i>(Colu</i>	Other Assets		
(9) otal. <i>(Colu</i>		orm 990, Part IV, line	
(9) otal. <i>(Colu</i>	Other Assets	orm 990, Part IV, line	e 11d. See Form 990, Part X, line 15
(9) Total. <i>(Colu</i> Part IX	Other Assets Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(9) Total. (Colu Part IX (1) (2)	Other Assets Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(9) Total. (Colu Part IX (1) (2) (3)	Other Assets Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(9) Total. (Colu Part IX (1) (2) (3)	Other Assets Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(9) otal. (Colu Part IX (1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(9) otal. (Colu Part IX (1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(9) Total. (Colu.) Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" on Fo		
(9) Total. (Colu.) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" on Form (a) Description Time (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Form 990, Part X, line 15, col. (B))		(b) Book value
(9) fotal. (Columbration (Col	Other Assets Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Form 25.		(b) Book value
(9) otal. (Colu Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Other Assets Complete if the organization answered "Yes" on Formal (a) Description Imm (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Formal line 25. (a) Description of liability		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colu Part X	Other Assets Complete if the organization answered "Yes" on Form (a) Description Imm (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Form 25.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columbat X)	Other Assets Complete if the organization answered "Yes" on Formal (a) Description Imm (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Formal line 25. (a) Description of liability		(b) Book value
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(1) (2) (3) (4) (7) (8) (9) (otal. (Colu Part X (1) Federal in (2) (3) (4) (5) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets Complete if the organization answered "Yes" on Formal (a) Description Imm (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Formal line 25. (a) Description of liability		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal in (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) Federal in (2) (3) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets Complete if the organization answered "Yes" on Formal (a) Description Imm (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Formal line 25. (a) Description of liability		(b) Book value
(1) (2) (3) (4) (7) (8) (9) (1) Federal ir (2) (3) (4)	Other Assets Complete if the organization answered "Yes" on Formal (a) Description Imm (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Formal line 25. (a) Description of liability		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (6) (7) (8) (9) (1) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets Complete if the organization answered "Yes" on Formal (a) Description Imm (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Formal line 25. (a) Description of liability	orm 990, Part IV, line	(b) Book value e 11e or 11f. See Form 990, Part X, (b) Book value

Schedule D (Form 990) 2023 Page **4**

Part	XI Reconciliation of Revenue per Audited Financial Statem		Return
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	27 a	1 7 7 7
а	Net unrealized gains (losses) on investments	2a	11276
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		5.4E
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	N 3-4
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return
Literate	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	2a	80.08
a	Prior year adjustments	2b	10.00
b		2c	1320
C	Other losses	2d	
d			2e
e	, .ee		3
3	Subtract line 2e from line 1	1 . 4	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.0	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1
b	Other (Describe in Part XIII.)	4b	140
_C	Add lines 4a and 4b		4c 5
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne (6.)	5
Part	XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV lines 1h and 2h	o: Part V line 4: Part X line
2. Dad	e the descriptions required for Fart II, lines 3, 3, and 9, Fart III, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional in	nformation.
∠, r ar	Al, lines 20 and 4b, and 1 art All, lines 20 and 4b. Also somplete this par	to provide any additional in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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REV 09/17/24 PRO Schedule D (Form 990) 2023

Schedule D (Fo	m 990) 2023	Page 5
Part XIII	Supplemental Information (continued)	

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
EASTERN SURFING ASSOCIATION INC	05-0392315
Pt VI, Line 11b: PREPARED BY TREASURER AND REVIEWED BY THE BOARD	
Pt VI, Line 6: YEARLY MEMBERSHIPS	
Pt VI, Line 15a: DETERMINED IN ACCORDANCE WITH SIMILAR OPERATIONS	
Pt VI, Line 15b: DETERMINED IN ACCORDANCE WITH SIMILAR OPERATIONS	
Pt IX, Line 24e:	***************************************
Description: LIVE HEATS FEES	
Total: \$21,653	
Program services: \$21,653	
Management and general: \$0	
Fundraising: \$0	
Description: COMPETITION EXPENSES	
Total: \$176,036	
Program services: \$176,036	
Management and general: \$0	
Fundraising: \$0	
Description: ADDITIONAL COMPETITION EXPENSES	
Total: \$8,455	
Program services: \$8,455	
Management and general: \$0	
Fundraising: \$0	
Description: OFFICE SUPPLIES & EXPENSES	
Total: \$10,839	
Program services: \$0	
Management and general: \$10,839	
Fundraising: \$0	

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

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

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

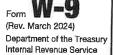
EIN or SSN Name of filer 05-0392315 EASTERN SURFING ASSOCIATION INC Name and title of officer or person subject to tax MICHELLE SOMMERS, EXECUTIVE DIRECTOR Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . Form 990 check here . . . X Total revenue, if any (Form 990-EZ, line 9) 2b Form 990-EZ check here . . . b 2a 3h Form 1120-POL check here b 3a **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here . . . **b Balance due** (Form 8868, line 3c) 5a Form 8868 check here 6b **b** Total tax (Form 990-T, Part III, line 4) 6a Form 990-T check here Form 4720 check here . . . 7a Form 5227 check here 9b Form 5330 check here . . . **b** Tax due (Form 5330, Part II, line 19) 10b 10a Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🗌 I am a person subject to tax with respect to (name and that I have examined a copy of the , (EIN) of entity) 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only as my signature to enter my PIN I authorize ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 0 0 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 11/15/2024 ERO's signature **ERO Must Retain This Form — See Instructions**

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

2023

Name EASTERN SURFING ASSOCIATION INC Employer Identification No. 05-0392315

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LIVE HEATS FEES	21,653.	21,653.	0.	0
COMPETITION EXPENSES	176,036.	176,036.	0.	0.
ADDITIONAL COMPETITION EXPENSES	8,455.	8,455.	0 4	0.
OFFICE SUPPLIES & EXPENSES	10,839.	0.	10,839.	0.
OFFICE SUPPLIES & EXPENSES ALL STAR EXPENSE	10,839.	0. 58,891.	10,839.	
				
Total to Form 990, Part IX,	275,874.	265,035.	10,839.	0.



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Delo	re you begin. To guidance related to the purpose of Form W-9, see	rurpose of Form, below.							
	1 Name of entity/individual. An entry is required. (For a sole proprietor or dis entity's name on line 2.)	regarded entity, enter the o	owner's nar	me on line	1, and e	nter the	e busines	ss/disre	garded
	Eastern Surfing Association								
	2 Business name/disregarded entity name, if different from above.								
Print or type. See Specific Instructions on page 3.	only one of the following seven boxes. Individual/sole proprietor					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) (Applies to accounts maintained outside the United States.) and address (optional)			
	37573 Janice Cir								
	6 City, state, and ZIP code Selbyville, DE 19975								
	7 List account number(s) here (optional)								
Par	t Taxpayer Identification Number (TIN)								
_	your TIN in the appropriate box. The TIN provided must match the nar	no given en line 1 to eu	oid S	Social sec	urity nur	mber			
backu reside	p withholding. For individuals, this is generally your social security nur nt alien, sole proprietor, or disregarded entity, see the instructions for s, it is your employer identification number (EIN). If you do not have a	nber (SSN). However, fo Part I, later. For other	ora []-[-		
TIN, la		,	OI	mployer	identifica	ation r	umber		_
	If the account is in more than one name, see the instructions for line 1 er To Give the Requester for guidelines on whose number to enter.	. See also What Name a	and 🗀	5 -	0 3	T	2 3	1 !	5
Par	III Certification				1 1	_1_		<u> </u>	
	penalties of perjury, I certify that:								
2. I an Sen no I	number shown on this form is my correct taxpayer identification number not subject to backup withholding because (a) I am exempt from backice (IRS) that I am subject to backup withholding as a result of a failur onger subject to backup withholding;	kup withholding, or (b) I	I have not	been no	tified by	the li	nternal I	Reveni ne that	ue t I am
	a U.S. citizen or other U.S. person (defined below); and								
	FATCA code(s) entered on this form (if any) indicating that I am exemp		-						
becaus acquis	cation instructions. You must cross out item 2 above if you have been rese you have failed to report all interest and dividends on your tax return. It ition or abandonment of secured property, cancellation of debt, contributed to sign the certification, it is interest and dividends. You are not required to sign the certification,	or real estate transactions to an individual reti	ns, item 2 rement arr	does not	t apply. I	For mo	ortgage ienerally	interes	ents
Sign Here	Signature of U.S. person / U.S. person	D	ate 5	5-5	25	-			
	neral Instructions	New line 3b has be required to complete	en added	l to this f	orm. A f	low-th	nrough (entity is	s
Section noted.	n references are to the Internal Revenue Code unless otherwise	foreign partners, own to another flow-throu	ners, or be	neficiarie	es when	it pro	vides th	he Forn	n W-9
related	e developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted ney were published, go to www.irs.gov/FormW9 .	change is intended to regarding the status of beneficiaries, so that	o provide a of its indire it can sati	a flow-th ect foreig isfy any a	rough e gn partn applicab	ntity v ers, o de rep	with info wners, corting	ormatio or	n
Wha	ıt's New	requirements. For exa partners may be requ	ired to co	mplete S	Schedule	es K-2	and K-	-3. See	the
	a has been modified to clarify how a disregarded entity completes e. An LLC that is a disregarded entity should check the	Partnership Instruction Purpose of Fo		neaules I	n-2 and	n-3 ()	rorm 10	J65).	
approp	priate box for the tax classification of its owner. Otherwise, it check the "LLC" box and enter its appropriate tax classification.	An individual or entity		-9 reque	ster) wh	o is re	quired	to file a	an

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

Marketing Support Program	ESA SE Regio	onal Surfing C	hampionships				
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Lodging	\$5,500.00	\$5,018.00	\$482.00	Entry fees	\$38,000.00	\$37,383.00	\$617.00
Computer Scoring	\$4,000.00	\$3,558.00	\$442.00	T-shirt sales	\$200.00	\$60.00	\$140.00
Awards	\$4,000.00	\$3,756.00	\$244.00				\$0.00
Scaffolding & Infrastructure	\$9,500.00	\$8,600.00	\$900.00				\$0.00
Officials' salary	\$9,500.00	\$9,275.00	\$225.00				\$0.00
Food	\$1,500.00	\$1,286.00	\$214.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
Expenses Subtotal	\$34,000.00	\$31,493.00	\$2,507.00				\$0.00
Other Expenses			374				\$0.00
Permits & Insurance	\$1,500.00	\$1,383.00	\$117.00				\$0.00
Travel Expenses	\$4,100.00	\$3,988.00	\$112.00				\$0.00
			\$0.00	Income Subtotal	\$38,200.00	\$37,443.00	\$757.00
			\$0.00				
			\$0.00	Cash in Bank to start			\$0.00
			\$0.00	Other Income			
			\$0.00	TDC grant funding	\$6,795.00	\$15,000.00	-\$8,205.00
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00	Other Income Subtotal	\$6,795.00	\$15,000.00	-\$8,205.00
Other Expenses Subtotal	\$5,600.00	\$5,371.00	\$229.00	Total Income	\$44,995.00	\$52,443.00	-\$7,448.00
Marketing - please specify	15 15 6						
Brevard/Out-of-County							
	\$4,500.00	\$3,736.00	\$764.00	Total Expenses Paid	\$48,550.00	\$43,301.00	\$5,249.00
	\$1,500.00	\$0.00	\$1,500.00				
	\$750.00	\$750.00	\$0.00	Profit/Loss	-\$3,555.00	\$9,142.00	-\$12,697.00
	\$2,200.00	\$1,951.00	\$249.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$8,950.00	\$6,437.00	\$2,513.00				
Total Expenses 2025-2026	\$48,550.00	\$43,301.00	\$5,249.00				

Updated: 6/25/2**410**



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

.bb	modific discounts								
Applicant organization name:Eastern Surfing Association (ESA)									
Appli	Applicant event name:ESA 2026 Southeast Regional Surfing Championship								
Applic	Applicant name completing this form: Michelle Sommers - ESA executive director Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.								
		Applicant initial	TDO staff initial	TDO staff comments					
1.	Application –	MBS	P						
2.	Copy of IRS Articles of Incorporation — (submit if for-profit)	N/A	TP	NIA					
3.	Copy of IRS Determination Letter — (submit if 501(c)(3)	MBS	TP						
4.	Copy of SunBiz.com - (if applicable, see application for details)	мвѕ	TP						
5.	Copy of 990 form (if applicable, see application)	MBS	TP						
6.	Copy of completed W-9 form (March 2024)	MBS	TP						
7.	Income/Expense worksheet (required for all applicants)	MBS	TP						
8.	Copy of this checklist – (completed, initialed, and signed by applicant)	MBS	P						
l, consent that all above documents have been submitted completely by uploading within the									
appli	June 16, 2025								
Appl	icant signature & date								

Softball Magazine Senior Softball Camp

Return to Table of Contents

For TDO use: PROJECT #- S 14



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

Applicant Organization Name: Brevard Softball Magazine, Inc. DBA Softball Magazine

Applicant Event Name: Softball Magazine Senior Softball Camp

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

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

YES	NO]	
All documen	nts have bee	n submitt	ted, reviewed and/or addressed in the comments.
lit	76		7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:36 Data

2. (untitled)

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



Signature of: Gene Smith

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Brevard Softball Magazine Inc. DBA Softball Magazine

Organization address

400 Nora Ave

State

FL

City

Merritt Island

Zip

32952

Primary contact name

Gene Smith

Primary contact phone number

321-432-4444

Primary contact email

gene.smith@softballmag.com

Secondary contact name

Luann Madison

Secondary contact phone number

321-432-0828

Secondary contact email

luann.madison@softballmag.com

Organization website address

http://softballmag.com/

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

59-3413766

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Softball Magazine's Senior Softball Camp

Event website address (if different from organization website)

https://www.seniorsoftballcamp.com/

Event location

Chain Of Lakes Complex - 2300 Truman Scarborough Way Titusville, FL 32796

9. (untitled)	
8. What is the first date of your event? 11/13/2025	
10. (untitled)	
9. In total, how many days will your event be held? 3	
11. (untitled)	= 1
10. Do you have a second event? No	
12. (untitled)	
1. EVENT INFORMATION - #2	
Name of event	
Event website address (if different from organization website)	
Event location	
13. (untitled)	
What is the first date of your event?	
14. (untitled)	
In total, how many days will your event be held?	
15. (untitled)	
Do you have a third event?	
16. (untitled)	
5. EVENT INFORMATION - #3	

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)

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

Other - Please be specific.....: Email blast sends that go directly to a email base that is twenty (20) years strong in building. List has real and active emails of current participants, past participants along with a list of potential attendees that we market to for six (6) months prior to hosting the event here in Brevard County. Note: We have three (3) websites that all promote each other. Our main site "Softballmag.com" promotes the camps, while the specific camp websites promote each other and the main site. We have included TDC Logos along the Florida Sports Foundation Logos on all of websites year round for over twenty years.

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook: https://www.facebook.com/SoftballMagazine/about/YouTube: https://www.youtube.com/user/SoftballMagazineInc

22. (untitled)

13. What hashtags do you currently use?

n/a

23. (untitled)

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

Board Meeting Date

8-12-25

Item Number:	J. 1. W	Frendly amendment change
X	must to may	
Motion By:	KD 0	
Second By:	Kg	
Nav Bv:		

Commissioner	DISTRICT	AYE	NAY
Commissioner	1		
Delaney			
Vice Chair Goodson	2		
Commissioner	3		
Adkinson			
Commissioner	5		
Altman			
Chairman Feltner	4		
		V	