

J.I.
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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

1170

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

Document Images

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Printed Document Page 4 of 20, 9/29/2024, 11:43 AM

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

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



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Smooth Running

Applicant Event Name: Cocoa Beach Half Marathon and 10k - OPEN - S5 - E

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)		x	NA
Copy of IRS Articles of Incorporation – (if applicable)	x		
Copy of IRS Determination letter – (if applicable)		x	NA
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.17 11:16:27
+04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:50 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 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

3213617748

Secondary contact email

info@thefloridamarathon.com

Organization website address

www.runcocoabeach.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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Cocoa Beach Half Marathon & 10k

Event website address (if different from organization website)

www.runcocoabeach.com

Event location

A1A from PSFB to SR-520, beach and south Lori Wilson Park

9. (untitled)

8. What is the first date of your event?

11/10/2024

10. (untitled)

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

1

11. (untitled)

10. 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.)

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : #Jeannierun , #runcocoabeach

Instagram : #jeannierun, #runcocoabeach

YouTube : n/a

14. (untitled)

12. What hashtags do you use?

#jeannierun . #runcocoabeach

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Apparel/promotion items (event t-shirts, giveaways, etc.)
Billboards
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
Website/blog
Other - Please be specific.....: TDC is already included in these items

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

[Smooth_Running_Articles_of_Incorporation.pdf](#)

20. (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](#)

21. (untitled)

16. Upload your completed Checklist.

[CB_Half_TDC_check_list_2024.pdf](#)

22. (untitled)

17.

ATTESTATION

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

A handwritten signature in black ink, appearing to read "M. Varnes", with a long horizontal flourish extending to the right.

Signature of: Mitchell Varnes

23. Thank You!

New Send Email

Oct 08, 2024 10:46:30 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Jul. 9. 2008 4:17 PM

LD8000066265

Page 1/3

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.

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H080001694083ABC3

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : GRAY ROBINSON, P.A.
Account Number : 075154001651
Phone : (321) 727-6100
Fax Number : (321) 984-4122

RECEIVED

08 JUL -9 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SMOOTH RUNNING, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL -9 AM 8:32

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Corporate Filing Menu

T. HAMPTON

Help

JUL 10 2008

**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.

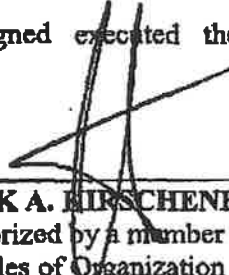
ARTICLE III - REGISTERED AGENT AND OFFICE

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 8th day of July, 2008.



JACK A. KIRSCHENBAUM, a person
authorized by a member to sign these
Articles of Organization

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jul. 9. 2008 4:27PM
(H08000169408 3))

No. 2470 P. 3/3

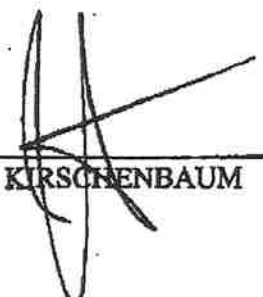
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS
STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

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



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Florida Limited Liability Company
SMOOTH RUNNING, LLC

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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

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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

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



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Space Coast United Soccer

Applicant Event Name: Space Coast Clash - INV - S7

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)	x		
Copy of IRS Articles of Incorporation – (if applicable)		x	NA
Copy of IRS Determination letter – (if applicable)	x		
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.17 11:16:46 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:55 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 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

PO Box 410301

State

Florida

City

Melbourne

Zip

32941

Primary contact name

Space Coast United Soccer Club

Primary contact phone number

3214030750

Primary contact email

kelly.rogers@spacecoastsoccer.org

Secondary contact name

Allie Goff

Secondary contact phone number

3219177785

Secondary contact email

President@spacecoastsoccer.org

Organization website address

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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Space Coast Clash

Event website address (if different from organization website)

<https://spacecoastsoccer.org>

Event location

Viera Regional Park

9. (untitled)

8. What is the first date of your event?

04/05/2025

10. (untitled)

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

2

11. (untitled)

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

Direct mail

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

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : spacecoastunitedsoccerclub

Instagram : @spacecoastsoccer

YouTube : @SpaceCoastSoccer

14. (untitled)

12. What hashtags do you use?

NA

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Apparel/promotion items (event t-shirts, giveaways, etc.)

Direct mail

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

[IRS_Exempt_Organization_Letter.pdf](#)

18. (untitled)

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

[2023_Tax_Return_990_\(Space_Coast_United_Soc_-_Client_Copy\)_UL.pdf](#)

19. (untitled)

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

20. (untitled)

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

[DIVISION_OF_CORPORATIONS.pdf](#)

21. (untitled)

17. Upload your completed Checklist.

[Tourism_Development_Office_Space_Coast_Clash.pdf](#)

22. (untitled)

18. **ATTESTATION**

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

A handwritten signature in black ink that reads "Kelly Rogers". The signature is written in a cursive, flowing style.

Signature of: Kelly Rogers

23. Thank You!

New Send Email

Oct 08, 2024 14:21:07 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

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

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

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

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Space Coast United Soccer Club, Inc</u>	D Employer identification number <u>59-2377476</u>
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) <u>PO Box 410301</u>	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <u>Melbourne, FL 32941</u>	
	F Name and address of principal officer:	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
J Website: <u>www.spacecoastsoccer.org</u>		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <u>1984</u> M State of legal domicile: <u>FL</u>

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Promote youth physcial activity through the sport of soccer</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>13</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>13</u>
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<u>5</u>	<u>60</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>120</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>7b</u>	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>Prior Year</u> <u>1,447,232</u>	<u>Current Year</u> <u>1,730,922</u>
	9 Program service revenue (Part VIII, line 2g)	<u>395,715</u>	<u>441,379</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>138</u>	<u>147</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>126,980</u>	<u>0</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,970,065</u>	<u>2,172,448</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>916,123</u>	<u>1,066,353</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>783,879</u>	<u>1,025,340</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,700,002</u>	<u>2,091,693</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>270,063</u>	<u>80,755</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>Beginning of Current Year</u> <u>1,176,775</u>	<u>End of Year</u> <u>1,253,949</u>
	21 Total liabilities (Part X, line 26)	<u>85,259</u>	<u>81,792</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>1,091,516</u>	<u>1,172,157</u>

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	<u>Brad Oxley</u>	Date	
	Signature of officer		
Paid Preparer Use Only	<u>Brad Oxley, Treasurer</u>	Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<u>Jacquelyn Boehm</u>		<u>04-25-2024</u>
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed
	<u>Boehm & Associates, Inc.</u>		PTIN <u>P01367298</u>
Firm's address		Phone no.	
<u>1934 Dairy Road</u>		<u>321-956-1800</u>	
<u>W Melbourne FL 32904</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

Part III **Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

Promote youth physical activity through the sport of soccer2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,985,318 including grants of \$) (Revenue \$ 2,172,448)
To provide educational, cultural, recreational, and/or social benefits to youth. The organization serves over 1450 youths annually through soccer training and competition.

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,985,318

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
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	X
c 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	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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b 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

Part IV 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.		X
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.		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.		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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.		X
25b 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.		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.		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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.		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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.		X
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.		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
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.		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.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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.		
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.		X
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.		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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	60
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
	If "Yes," complete Form 6069.		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent	13	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
Brad Oxley (321) 288-0449, PO Box 410301, Melbourne, FL 32941

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Todd Olson Director	5.00	X						0	0	0
(2) Kellie McGuire Director	5.00	X						0	0	0
(3) Kevin Koegel Director	5.00	X						0	0	0
(4) Stephen Young Director	5.00	X						0	0	0
(5) David Trout Director	5.00	X						0	0	0
(6) Matt Shannon Director	5.00	X						0	0	0
(7) Kara Ehrhardt Director	5.00	X						0	0	0
(8) Adam Ferguson Director	5.00	X						0	0	0
(9) Brad Oxley Treasurer	20.00			X				0	0	0
(10) Allie Goff President	20.00			X				0	0	0
(11) Mike Perry Vice President	20.00			X				0	0	0
(12) Dana Chesser Secretary	20.00			X				0	0	0
(13) Scott Armstrong Exec Dir Coaching	60.00				X			0	0	0
(14)										

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

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

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

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b	1,730,922		
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions) . .	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		1,730,922		
	Program Service Revenue			Business Code		
2a		Concessions Commission	722210	551	551	
b		Field Hosting Commission	900099	2,459	2,459	
c		Teams Income	711210	420,464	420,464	
d		Rebates	711210	17,905	17,905	
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f		441,379		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		147	147	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	6a	(i) Real	(ii) Personal	
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other	
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c			
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			
	b	Less: direct expenses	8b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19	9a			
	b	Less: direct expenses	9b			
	c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code			
	11a					
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		2,172,448	441,526	0	0

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,818	208,818		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	783,642	738,642	45,000	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits				
10 Payroll taxes	73,893	73,893		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,300		1,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17. .				
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.) . .				
12 Advertising and promotion	2,657	2,657		
13 Office expenses	2,741		2,741	
14 Information technology				
15 Royalties				
16 Occupancy	77,324	77,324		
17 Travel	7,795	7,795		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,148	8,148		
23 Insurance	38,088		38,088	
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.)				
a Soccer Program Expenses	279,240	279,240		
b Continuing Education	7,008	7,008		
c Business License and Permits	19,132	19,132		
d Teams Accounts	406,563	406,563		
e All other expenses	175,344	156,098	19,246	
25 Total functional expenses. Add lines 1 through 24e. .	2,091,693	1,985,318	106,375	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	366,228	1	493,370
	2 Savings and temporary cash investments	788,834	2	738,981
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 120,377		
	b Less: accumulated depreciation	10b 98,779	21,845	10c 21,598
	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 Intangible assets		14	
	15 Other assets. See Part IV, line 11	(132)	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,176,775	16	1,253,949	
Liabilities	17 Accounts payable and accrued expenses	1,897	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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 of Schedule D	83,362	25	81,792
	26 Total liabilities. Add lines 17 through 25	85,259	26	81,792
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,091,516	27	1,172,157
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	
	32 Total net assets or fund balances	1,091,516	32	1,172,157
	33 Total liabilities and net assets/fund balances	1,176,775	33	1,253,949

Part XI Reconciliation of Net AssetsCheck 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	2,172,448
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,091,693
3	Revenue less expenses. Subtract line 2 from line 1	3	80,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,091,516
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	(114)
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	1,172,157

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

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

EEA

Form 990 (2023)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Space Coast United Soccer Club, Inc

Employer identification number

59-2377476

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	992,542	896,953	1,142,890	1,447,232	1,730,924	6,210,541
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	366,211	247,368	357,311	4,520	20,915	996,325
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	1,358,753	1,144,321	1,500,201	1,451,752	1,751,839	7,206,866
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						7,206,866

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	1,358,753	1,144,321	1,500,201	1,451,752	1,751,839	7,206,866
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	277	981	277	138	147	1,820
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	277	981	277	138	147	1,820
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,359,030	1,145,302	1,500,478	1,451,890	1,751,986	7,208,686
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.97 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.97 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	0.00 %

- 19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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.		
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.		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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.)		

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in 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 the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

**SCHEDULE 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

2023

**Open to Public
Inspection**

Employer identification number

Space Coast United Soccer Club, Inc

59-2377476

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c, acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 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				
b Buildings				
c Leasehold improvements				
d Equipment	120,377		98,779	21,598
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).)				21,598

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B)).	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll	81,792
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)).	81,792

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 XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a:			1
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	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 XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
-----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Complete if the organization answered "Yes" on Form 990, Part VII, 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:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIII.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII.)	4b
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

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.

Client

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Space Coast United Soccer Club, Inc

Employer identification number

59-2377476

01. Form 990 governing body review (Part VI, line 11)

The form is provided electronically to all board members for review prior to filing.

02. Governing documents, etc, available to public (Part VI, line 19)

The public may obtain a copy of the Form 990 or other governing documents

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.****2023**Attachment
Sequence No. **179**

Name(s) shown on return

Space Coast United Soccer Club,

Business or activity to which this form relates

FORM 990 - 1

Identifying number

59-2377476

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

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

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	6,568
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	#567					1,580
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	8,148
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service**File a separate application for each return.**
Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Part I - Identification

Type or print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	Space Coast United Soccer Club, Inc	59-2377476
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	PO Box 410301	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Melbourne FL 32941	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

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

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

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

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

The books are in the care of **Brad Oxley, PO Box 410301 Melbourne FL 32941**

Telephone No. **321-288-0449** Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11-15**, 20 **24**, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 **23** or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

Space Coast United Soccer Club, Inc

59-2377476

Form 4562 - Line 19b

Statement #567

Basis	RP	CV	Method	Deduction
1,420	5	HY	200 DB	284
1,420	5	HY	200 DB	284
1,412	5	HY	200 DB	282
1,149	5	HY	200 DB	230
2,500	5	HY	200 DB	500

Total

1,580

Client Copy

990

Overflow Statement

2023

Page 1

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

Name(s) as shown on return

FEIN

Space Coast United Soccer Club, Inc

59-2377476

Membership Dues

Description	Amount
Competitive Programs	\$ 1,020,575
Recreational Programs	402,065
Fees - Other Programs	8,397
Space Coast Tournament	83,795
SC Clash Tournament	73,662
Summer Camp	43,752
Spring Camp	3,791
Winter Camp	10,125
Refunds	(253)
College ID Camp	13,416
Goal Keeping Camp	5,795
Comp Program Camp	32,918
Other Income	23,425
Team Fees	8,060
FYSA Scholarship Grant	1,399
Total:	\$ 1,730,922

Part IX, Line 24e, Other Expenses Program Services

Description	Amount
Deminimus Equipment	\$ 21,399
Repairs and Maintenance	5,702
Leased Equipment	800
Telephone	6,090
Uniforms and Tshirts	53,387
Fuel for Golf Carts	210
Tryout Expense	1,440
Facilities and Field Rentals	576
Payroll Processing Fees	7,081
Camp Expense	46,568
Team Expense	12,845
Total:	\$ 156,098

Pt IX, Line 24e Other Expenses Mgmt and General

Description	Amount
Directors Discretionary Budget	\$ 2,604
Merchant Services	2,698
Miscellaneous	13,560
Postage and Delivery	384
Total:	\$ 19,246

2023

PAGE 1

Depreciation Detail Listing

Program Services

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

Name(s) as shown on return

Social security number/EIN

Space Coast United Soccer Club, Inc

59-2377476

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Trailer 2	07-24-2021	799		100.00			799	7	200 DB HY	17.49	799		799	
2	Aed	08-18-2021	650		100.00			650	7	200 DB HY	17.49	650		650	
3	Aed-2	08-18-2021	650		100.00			650	7	200 DB HY	17.49	650		650	
4	4x16 Forza Goal	09-15-2021	1,067		100.00			1,067	7	200 DB HY	17.49	1,067		1,067	
5	4x16 Forza Goal-2	09-15-2021	1,067		100.00			1,067	7	200 DB HY	17.49	1,067		1,067	
6	Goals	08-24-2012	4,000		100.00			4,000	7		0	4,000		4,000	
7	Golf Cart	10-19-2014	2,000		100.00			2,000	7		0	2,000		2,000	
8	Pop Up Goals	02-26-2015	4,500		100.00			4,500	7		0	4,500		4,500	
9	Pop Up Goals	06-04-2015	3,786		100.00			3,786	7		0	3,786		3,786	
10	Shed	09-10-2015	15,050		100.00			15,050	7		0	15,049		15,049	
11	Field Security Netting	09-22-2015	6,750		100.00			6,750	7		0	6,750		6,750	
12	8x24 Soccer Goal	08-22-2017	2,650		100.00			2,650	7	200 DB HY	8.93	2,295	237	2,532	
13	6.5x18.5 Soccer Goal	08-22-2017	2,400		100.00			2,400	7	200 DB HY	8.93	2,079	214	2,293	
14	Computer {New in 2017	08-30-2017	2,000		100.00			2,000	7	200 DB HY	8.93	2,000		2,000	
15	7.5' Aluminum Bench	10-02-2018	709		100.00			709	7	200 DB MQ	8.73	531	62	593	
16	8'x24' Soccer Goal 2	10-23-2018	2,825		100.00			2,825	7	200 DB MQ	8.73	2,116	247	2,363	
17	15' Aluminum Bench	11-12-2018	908		100.00			908	7	200 DB MQ	8.73	680	79	759	
18	15' Aluminum Bench 2	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
19	15' Aluminum Bench 3	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
20	15' Aluminum Bench 4	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
21	15' Aluminum Bench 5	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
22	7.5" Aluminum Bench 3	01-16-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
23	7.5" Aluminum Bench 2	01-16-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
24	7.5" Aluminum Bench 4	01-16-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
25	7' x 21' Soccer Goal	03-13-2019	2,800		100.00			2,800	7	200 DB HY	8.93	2,800		2,800	
26	8'x24' Soccer Goal 3	03-13-2019	2,950		100.00			2,950	7	200 DB HY	8.93	2,950		2,950	
27	7.5' Aluminum Bench 5	03-25-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
28	15' Aluminum Bench 7	03-25-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
29	15' Aluminum Bench 8	03-25-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
30	15' Aluminum Bench 6	03-25-2019	908		100.00			908	7	200 DB HY	8.93	908		908	

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner. Name(s) as shown on return

Depreciation Detail Listing

Program Services

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

Names(s) as shown on return

Space Coast United Soccer Club, Inc										59-2377476						Social security number/EIN	
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current		
31	7.5' Aluminum Bench 7	03-25-2019	709		100.00			709	7	200 DB HY	8.93	709		709			
32	7.5' Aluminum Bench 6	03-25-2019	709		100.00			709	7	200 DB HY	8.93	709		709			
33	Drinks Cooler	05-06-2019	975		100.00			975	7	200 DB HY	8.93	975		975			
34	7.5' Aluminum Bench 8	09-12-2019	709		100.00			709	7	200 DB HY	8.93	709		709			
35	Trailer	09-18-2019	731		100.00			731	7	200 DB HY	8.93	731		731			
36	6.5 x 18.5 Shooting G	10-04-2019	500		100.00			500	7	200 DB HY	8.93	500		500			
37	6.5 x 18.5 Shooting G	10-04-2019	500		100.00			500	7	200 DB HY	8.93	500		500			
38	8x24 Shooting Goal 2	10-04-2019	600		100.00			600	7	200 DB HY	8.93	600		600			
39	8x24 Shooting Goal	10-04-2019	600		100.00			600	7	200 DB HY	8.93	600		600			
40	Lightning Detector	03-09-2020	3,396		100.00			3,396	7	200 DB MQ	10.93	3,396		3,396			
41	7x12 Soccer Goal 2	04-28-2020	2,800		100.00			2,800	7	200 DB MQ	11.97	2,800		2,800			
42	Video Camera	08-25-2020	600		100.00			600	7	200 DB MQ	13.02	600		600			
43	Ipad	09-05-2020	1,099		100.00			1,099	7	200 DB MQ	13.02	1,099		1,099			
44	6.5 x 18.5 Soccer Goa	10-26-2020	2,800		100.00			2,800	7	200 DB MQ	14.06	2,800		2,800			
45	6.5 x 18.5 Soccer Goa	10-26-2020	2,800		100.00			2,800	7	200 DB MQ	14.06	2,800		2,800			
46	7x12 Soccer Goal 3	11-05-2020	2,800		100.00			2,800	7	200 DB MQ	14.06	2,800		2,800			
47	2 Soccer Goal Dollies	05-31-2022	1,318		100.00			1,318	7	200 DB HY	24.49	188	323	511			
48	2013 Yamaha Golf Cart	09-23-2022	3,000		100.00			3,000	7	200 DB HY	24.49	429	735	1,164			
49	7 x 21 Soccer Goas	04-30-2022	626		100.00			626	7	200 DB HY	24.49	89	153	242			
50	4 - 7 x 21 Soccer Goa	06-01-2022	6,975		100.00			6,975	7	200 DB HY	24.49	997	1,708	2,705			
51	4 - 8 x 24 Soccer Goa	06-30-2022	7,525		100.00			7,525	7	200 DB HY	24.49	1,075	1,843	2,918			
52	6.5 x 18.5 Soccer Goa	11-30-2022	3,150		100.00			3,150	7	200 DB HY	24.49	450	771	1,221			
53	iPad Pro 10.5 in 256	01-01-2022	800		100.00			800	7	200 DB HY	24.49	114	196	310			
54	Zoll AED Plus - 3	01-31-2023	1,420		100.00			1,420	5	200 DB HY	20		284	284			
55	Zoll AED Plus - 4	01-31-2023	1,420		100.00			1,420	5	200 DB HY	20		284	284			
56	Laptop - MacBook Air	01-31-2023	1,412		100.00			1,412	5	200 DB HY	20		282	282			
57	iPad Pro 12.9 in Wi-F	07-19-2023	1,149		100.00			1,149	5	200 DB HY	20		230	230			
58	Utility Cart	08-15-2023	2,500		100.00			2,500	5	200 DB HY	20		500	500			
Totals			120,376					120,376				90,631	8,148	98,779			

Land Amount
Net Depreciable Cost

120,376

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

8,148

ST ADJ:

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: December 11, 2000

Space Coast United Soccer Club, Inc.
P.O. Box 410301
Melbourne, FL 32941

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:
59-2377476

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.

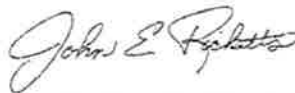
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public 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](#) /

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

Gibbs, Beverly T
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Name Changed: 01/12/2017

Address Changed: 06/06/2014

Officer/Director Detail

Name & Address

Title President

Gott, Anne
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

Gibbs, Beverly
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Secretary

Chesser, Dana
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Annual Reports

Report Year	Filed Date
2022	01/18/2022
2023	01/03/2023
2024	01/03/2024

Document Images

[01/03/2024 - ANNUAL REPORT](#)
[01/03/2023 - ANNUAL REPORT](#)
[01/18/2022 - ANNUAL REPORT](#)
[01/11/2021 - ANNUAL REPORT](#)
[01/02/2020 - ANNUAL REPORT](#)
[01/14/2019 - ANNUAL REPORT](#)
[01/10/2018 - ANNUAL REPORT](#)
[01/12/2017 - ANNUAL REPORT](#)
[01/06/2016 - ANNUAL REPORT](#)
[04/03/2015 - ANNUAL REPORT](#)

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<u>06/08/2014 – AMENDED ANNUAL REPORT</u>	View image in PDF format
<u>01/15/2014 – ANNUAL REPORT</u>	View image in PDF format
<u>01/24/2013 – ANNUAL REPORT</u>	View image in PDF format
<u>01/13/2012 – ANNUAL REPORT</u>	View image in PDF format
<u>03/15/2011 – ANNUAL REPORT</u>	View image in PDF format
<u>01/07/2010 – ANNUAL REPORT</u>	View image in PDF format
<u>01/15/2009 – ANNUAL REPORT</u>	View image in PDF format
<u>01/19/2008 – ANNUAL REPORT</u>	View image in PDF format
<u>01/21/2007 – ANNUAL REPORT</u>	View image in PDF format
<u>01/09/2006 – ANNUAL REPORT</u>	View image in PDF format
<u>04/14/2005 – ANNUAL REPORT</u>	View image in PDF format
<u>01/16/2004 – ANNUAL REPORT</u>	View image in PDF format
<u>01/16/2003 – ANNUAL REPORT</u>	View image in PDF format
<u>02/07/2002 – ANNUAL REPORT</u>	View image in PDF format
<u>03/13/2001 – ANNUAL REPORT</u>	View image in PDF format
<u>03/15/2000 – ANNUAL REPORT</u>	View image in PDF format
<u>03/04/1999 – ANNUAL REPORT</u>	View image in PDF format
<u>06/11/1998 – REINSTATEMENT</u>	View image in PDF format

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**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Cameron J. Newton Enterprise

Applicant Event Name: C1N Florida 7v7 - INV - S18

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)		x	NA
Copy of IRS Articles of Incorporation – (if applicable)	x		
Copy of IRS Determination letter – (if applicable)		x	NA
Copy of SunBiz.org (if applicable)		x	NA
Copy of this MSP checklist	x		

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

Cranis, Peter

Digitally signed by Cranis, Peter
Date: 2024.10.17 11:17:17
-04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:75 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.

KO

Signature of: Kendall Ogle

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

Cameron J Newton Enterprise

Organization address

949 West Marietta Street NW Suite 104

State

GA

City

Atlanta

Zip

30318

Primary contact name

Kendall Ogle

Primary contact phone number

443-388-1836

Primary contact email

kogle@cam1newton.com

Secondary contact name

RJ Mathis

Secondary contact phone number

404-310-4700

Secondary contact email

rjmathis@cam1newton.com

Organization website address

www.C1Nsports.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

27-4602289

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION

Name of event

C1N Florida 7v7

Event website address (if different from organization website)

www.C1Nsports.com

Event location

960 Cogswell Street, Rockledge, FL 32955

9. (untitled)

8. What is the first date of your event?

02/08/2025

10. (untitled)

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

2

11. (untitled)

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

Social hashtags

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

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Instagram : @c1nbcam

YouTube : @c1nfootball

14. (untitled)

12. What hashtags do you use?

NA

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Billboards

Radio

Social media post

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

[7v7.pdf](#)

20. (untitled)

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

21. (untitled)

16. Upload your completed Checklist.

[7v7.pdf](#)

22. (untitled)

17.

ATTESTATION

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

KD

Signature of: Kendall Ogle

23. / hank You!

New Send Email

Oct 11, 2024 12:18:07 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF INCORPORATION

I, **Brian P. Kemp**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

CAMERON J. NEWTON ENTERPRISES, INC.

a Domestic Profit Corporation

has been duly incorporated under the laws of the State of Georgia on **01/20/2011** by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on January 20, 2011



Brian P. Kemp
Secretary of State

Articles Of Incorporation For Georgia Profit Corporation

The name of the corporation is:

CAMERON J. NEWTON ENTERPRISES, INC.

Principal mailing address of the corporation is:

3800 Camp Creek Parkway, Building 1200, Suite 150
Atlanta, GA 30331

The Registered Agent is:

George O Lawson , Jr.

3800 Camp Creek Parkway , Bldg 1200, Suite 150
Atlanta, GA 30331

County:

The name and address of incorporator(s) are:

Cameron J. Newton
4515 Scarborough Road
College Park, GA 30349

The corporation is authorized to issue:

100,000 Shares

The optional provisions are:

ARTICLES OF INCORPORATION

FOR

CAMERON J. NEWTON ENTERPRISES, INC.

I.

The name of the Corporation is:

"CAMERON J. NEWTON ENTERPRISES, INC."

II.

The corporation shall have perpetual duration.

III.

The corporation is organized pursuant to the provisions of the Georgia Business Corporation Code.

IV.

The corporation is a corporation for profit and is organized for the purpose of operating a professional endorsement business. The corporation may sell, purchase, and dispose of services, information, products, and materials relating to an athlete endorsements and promotions; and to otherwise deal in the general operation of an athlete endorsements and promotions of every kind and description. The corporation shall likewise have the authority to engage in any work, service or pursuit in any manner auxiliary to, or in aid of, its general objective as stated above. Said corporation shall enjoy all other rights, powers and privileges granted to corporations pursuant to O.C.G.A. § 14-2-302, or any other state

in which it may become authorized to do business.

V.

The corporation has authority to issue not more than 100,000 shares of common stock of \$1.00 par value. The sole shareholder of said stock is CAMERON J. NEWTON.

VI.

The corporation shall not commence business until it shall receive not less than \$500.00 in payment for issuance of shares of stock.

VII.

The initial registered office of the corporation is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, Georgia. The initial registered agent for the corporation is George O. Lawson, Jr., whose address is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, Fulton County, Georgia 30331.

VIII.

The initial Board of Directors shall consist of three (3) members who are:

Cameron J. Newton
4515 Scarborough Road
College Park, GA 30349

Cecil Newton
4515 Scarborough Road
College Park, GA 30349

Jacqueline Newton
4515 Scarborough Road
College Park, GA 30349

IX.

The name and address of the Incorporator is:

Cameron J. Newton
4515 Scarborough Road
College Park, GA 30349

X.

The mailing address of the initial principal office of the corporation is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, GA 30331.

XI.

The initial officers are Cameron J. Newton, President; Jacqueline Newton, Secretary. The Officers of the corporation shall be governed by by laws of the corporation which by laws may be amended as provided by the by laws. This corporation is a legal entity and is not a subsidiary of any other corporation.

XII.

This corporation shall be authorized to issue its common stock pursuant to such prior plans as it may from time to time adopt in accordance with the provisions of Section 1244 of the Internal Revenue Code

of 1954, as amended, and the Board of Directors of the corporation shall be authorized to adopt the initial plan for the issuance of such common stock at its first organizational meeting.

IN WITNESS WHEREOF, THE UNDERSIGNED EXECUTES THE
ARTICLES OF INCORPORATION.

This 20TH day of January, 2011

/S/ George O. Lawson, Jr.

GEORGE O. LAWSON, JR.

ATTORNEY FOR THE INCORPORATOR

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on the date set forth below.

Signature(s):

Attorney-in-Fact, George O. Lawson, Jr.

Date:

January 20, 2011



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Brevard Production, Inc.

Applicant Event Name: Cocoa Beach Spring Training - INV - S20

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)		x	NA
Copy of IRS Articles of Incorporation – (if applicable)	x		
Copy of IRS Determination letter – (if applicable)		x	NA
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter

Digitally signed by Cranis, Peter
Date: 2024.10.17 11:17:38 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:37 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.



Signature of: Giles Malone

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 Production Inc.

Organization address

2230 Sykes Creek Drive

State

FL

City

Merritt Island

Zip

32953

Primary contact name

Giles Malone

Primary contact phone number

3213026565

Primary contact email

gilesmalone@gmail.com

Secondary contact name

Tom Palermo

Secondary contact phone number

321-615-8111

Secondary contact email

palermo.tom@gmail.com

Organization website address

www.CocoaBeachSpringTraining.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

204569017

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Cocoa Beach Spring Training

Event website address (if different from organization website)

www.CocoaBeachSpringTraining.com

Event location

Mitchell Ellington Park, Chain of lakes Park and others

9. (untitled)

8. What is the first date of your event?

02/14/2025

10. (untitled)

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

21+

11. (untitled)

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

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

Other - Please be specific.....: email blasts

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : NA

Instagram : NA

YouTube : NA

14. (untitled)

12. What hashtags do you use?

NA

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Email blast (e-newsletter, promotional, etc.)

Website/blog

17. (untitled)

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

Upload a copy of your organization's 990 form.

19. (untitled)

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

[Lamar_Invoice.pdf](#)

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

[Lamar_Invoice.pdf](#)

21. (untitled)

16. Upload your completed Checklist.

[Lamar_Invoice.pdf](#)

22. (untitled)

17.

ATTESTATION

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



Signature of: Giles Malone

23. Thank You!

New Send Email

Oct 06, 2024 12:12:27 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

**Electronic Articles of Incorporation
For**

P05000165265
FILED
December 20, 2005
Sec. Of State
shawkes

BREVARD PRODUCTION, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

BREVARD PRODUCTION, INC.

Article II

The principal place of business address:

750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

The mailing address of the corporation is:

750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

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

THOMAS J PALERMO
750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

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

P05000165265
FILED
December 20, 2005
Sec. Of State
shawkes

Registered Agent Signature: THOMAS J. PALERMO

Article VI

The name and address of the incorporator is:

THOMAS J. PALERMO
750 AVOCADO DR.
MERRITT ISLAND
32953

Incorporator Signature: THOMAS J. PALERMO

Article VII

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

Title: P
THOMAS J PALERMO
750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

Article VIII

The effective date for this corporation shall be:

12/20/2005

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165265

Entity Name: BREVARD PRODUCTION, INC.

Current Principal Place of Business:

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

Current Mailing Address:

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

FEI Number: 20-4569017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALERMO, THOMAS J
750 AVOCADO DR.
MERRITT ISLAND, FL 32953 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PALERMO, THOMAS J
Address 750 AVOCADO DR.
City-State-Zip: MERRITT ISLAND FL 32953

Title D
Name MALONE, GILES
Address 2230 SYKES CREEK DR.
City-State-Zip: MERRITT ISLAND FL 32953

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS J PALERMO

PRESIDENT

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Smooth Running

Applicant Event Name: Cocoa Beach Triathlon & Duathlon - O - S11

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)		x	NA
Copy of IRS Articles of Incorporation – (if applicable)	x		
Copy of IRS Determination letter – (if applicable)		x	NA
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist			

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.17 11:17:52 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:60 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 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

3213617748

Secondary contact email

info@thefloridamarathon.com

Organization website address

<https://www.cocoabeachtriathlon.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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Cocoa Beach Triathlon & Duathlon

Event website address (if different from organization website)

<https://www.cocoabeachtriathlon.com>

Event location

Cocoa Beach golf course, Banana River, A1A & residential areas

9. (untitled)

8. What is the first date of your event?

04/13/2025

10. (untitled)

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

1

11. (untitled)

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

Digital advertising (banner ads, etc.)

Direct mail

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

Other - Please be specific.....: Expos

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : #cbtri

Instagram : #cbtri

YouTube : n/a

14. (untitled)

12. What hashtags do you use?

#cbtri

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Apparel/promotion items (event t-shirts, giveaways, etc.)
Direct mail
Event banners/signage
Event brochures/program (Playbill, etc.)
Social media post
Website/blog
Other - Please be specific.....: TDC is already included in these items

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

[Smooth_Running_Articles_of_Incorporation.pdf](#)

20. (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](#)

21. (untitled)

16. Upload your completed Checklist.

[CB_Triathlon_TDC_checklist_2025.pdf](#)

22. (untitled)

17.

ATTESTATION

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

A handwritten signature in black ink, appearing to read "M. Varnes", with a long, sweeping horizontal stroke extending to the right.

Signature of: Mitchell Varnes

23. Thank You!

New Send Email

Oct 08, 2024 15:47:19 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

**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.

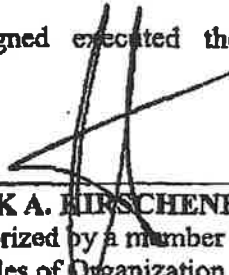
ARTICLE III - REGISTERED AGENT AND OFFICE

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 8th day of July, 2008.



JACK A. KIRSCHENBAUM, a person
authorized by a member to sign these
Articles of Organization

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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

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

Florida Department of State, Division of Corporations

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

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



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Brevard Softball Magazine

Applicant Event Name: Softball Magazine's Adult Softball Spring Training - OPEN - S2 -E

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)		x	NA
Copy of IRS Articles of Incorporation – (if applicable)	x		
Copy of IRS Determination letter – (if applicable)		x	NA
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter

Digitally signed by Cranis, Peter
Date: 2024.10.17 11:18:14 -04'00'

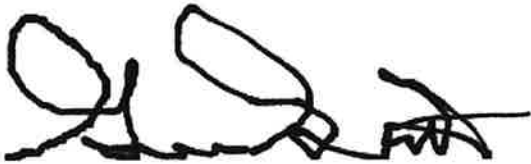
Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:39 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 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

Organization address

398 Barton Blvd.

State

FL

City

Rockledge

Zip

32955

Primary contact name

Gene Smith

Primary contact phone number

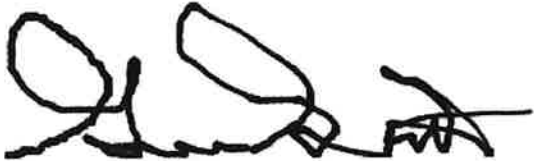
321-432-4444

FY 2024-2025 Marketing Support Program application

Response ID:39 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 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

Organization address

398 Barton Blvd.

State

FL

City

Rockledge

Zip

32955

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

321-453-3711

Secondary contact email

luann.madison@softballmag.com

Organization website address

www.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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Softball Magazine's Adult Softball Spring Training

Event website address (if different from organization website)

<https://www.softballspringtraining.com/>

Event location

Cocoa Beach Sports Complex - 1450 Minuteman Causeway, Cocoa Beach, FL 32938

9. (untitled)

8. What is the first date of your event?

03/20/2025

10. (untitled)

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

3

11. (untitled)

10. 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) 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.

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : <https://www.facebook.com/SoftballMagazine/about/>

Instagram : NA

YouTube : <https://www.youtube.com/user/SoftballMagazineInc>

14. (untitled)

12. What hashtags do you use?

NA

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Social media post

Website/blog

Other - Please be specific.....: We have included TDC Logos along the Florida Sports Foundation Logos on all of websites year round for over twenty years. We also include the TDC logo on all of our email correspondences with the registered camper attending the events.

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

[brevardsoftballmagazine_state_articles.pdf](#)

20. (untitled)

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

21. (untitled)

16. Upload your completed Checklist.

[MSP_applicant_checklist_9-27-2024_SST25_Signed.pdf](#)

22. (untitled)

17.

ATTESTATION

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

A handwritten signature in black ink, appearing to read 'Gene Smith', with a long horizontal stroke extending to the right.

Signature of: Gene Smith

23. Thank You!

New Send Email

Oct 06, 2024 15:16:34 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of BREVARD SOFTBALL MAGAZINE, INC., a Florida corporation, filed on November 7, 1996, as shown by the records of this office.

The document number of this corporation is P96000091866.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Eighth day of November, 1996



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

ARTICLES OF INCORPORATION
OF
BREVARD SOFTBALL MAGAZINE, INC.

FILED
96 NOV -7 AM 10:22
TALLAHASSEE
FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

BREVARD SOFTBALL MAGAZINE, INC.

The address of the principal office of this corporation shall be P.O. Box 320877, Cocoa Beach, Florida 32932-0877, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

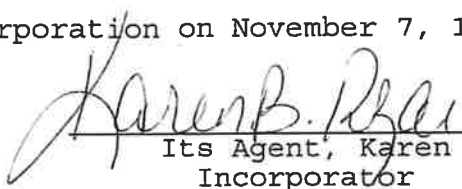
Gene Smith Dir.	400 Nora Avenue, Merritt Island, Florida 32952
David M. Brubaker Dir.	7570 Patti Drive, Merritt Island, Florida 32952

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporate Agents, Inc.
1201 Hays Street
Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on November 7, 1996.



Its Agent, Karen B. Rozar
Incorporator

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By: 

Its Agent, Karen B. Rozar
Authorized Service Representative
Corporation Service Company

LH/THW

FILED
96 NOV -7 PM 10:28
TALLAHASSEE, FLORIDA

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091866

Entity Name: BREVARD SOFTBALL MAGAZINE, INC.

Current Principal Place of Business:

400 NORA AVENUE
MERRITT ISLAND, FL 32952

Current Mailing Address:

400 NORA AVENUE
MERRITT ISLAND, FL 32952 US

FEI Number: 59-3413766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, EUGENE W.
400 NORA AVENUE
MERRITT ISLAND, FL 32952 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: EUGENE SMITH

01/28/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPVST

Name SMITH, EUGENE W.

Address 400 NORA AVENUE

City-State-Zip: MERRITT ISLAND FL 32952

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EUGENE W SMITH

PRESIDENT

01/28/2024

Electronic Signature of Signing Officer/Director Detail

Date



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Central Brevard Soccer, Inc.

Applicant Event Name: Hurricane Classic Soccer Tournament - INV - S14

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)	x		
Copy of IRS Articles of Incorporation – (if applicable)		x	NA
Copy of IRS Determination letter – (if applicable)	x		Tax exempt certificate provided
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.17 11:18:31 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:64 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.



Signature of: ELIZABETH PORTER, BOARD MEMBER

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, INC

Organization address

P.O. BOX 540241

State

FL

City

MERRITT ISLAND

Zip

32954

Primary contact name

ELIZABETH PORTER, BOARD MEMBER

Primary contact phone number

321-863-1161

Primary contact email

INFO@CENTRALBREVARDSOCCER.COM

Secondary contact name

JENNA SCAGLIONE, PRESIDENT

Secondary contact phone number

321-271-6583

Secondary contact email

PRESIDENT@CENTRALBREVARDSOCCER.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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

HURRICANE CLASSIC SOCCER TOURNAMENT

Event website address (if different from organization website)

WWW.BREVARDSOCCER.NET

Event location

MITCHELL ELLINGTON PARK, MERRITT ISLAND, FL

9. (untitled)

8. What is the first date of your event?

08/16/2025

10. (untitled)

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

2

11. (untitled)

10. 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.....: 3RD PARTY SITES INCLUDING FYSA.COM

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : FACEBOOK.COM/CENTRALBREVARDSOCCER.COM

Instagram : INSTAGRAM.COM/CENTRALBREVARDSOCCER

14. (untitled)

12. What hashtags do you use?

#HURRICANECLASSIC

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Event banners/signage

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

[cbs_soccer.pdf](#)

18. (untitled)

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

[592193805_202204_990EZ_2023060221358856.pdf](#)

19. (untitled)

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

20. (untitled)

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

[cbs_sunbiz.pdf](#)

21. (untitled)

17. **Upload your completed Checklist.**

[img_4301.pdf](#)

22. (untitled)

18.

ATTESTATION

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

A handwritten signature in black ink, consisting of a stylized 'E' followed by a long horizontal line.

Signature of: ELIZABETH PORTER, BOARD MEMBER

23. Thank You!

New Send Email

Oct 09, 2024 11:28:30 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Form **990EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021**Open to
Public
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/Form990EZ for instructions and the latest information.Department of the
Treasury
Internal Revenue Service**A For the 2021 calendar year, or tax year beginning 05-01-2021, and ending 04-30-2022****B** Check if applicable:

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

C Name of organization
CENTRAL BREVARD SOCCERNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 540241City or town, state or province, country, and ZIP or foreign postal code
MERRITT ISLAND, FL 32954**D** Employer identification number

59-2193805

E Telephone number

(321) 917-3273

F Group Exemption
Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☒ if the organization is **not**
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**I** Website: ▶ CENTRALBREVARD SOCCER.ORG**J** Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 146,602**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	121,289
	2	Program service revenue including government fees and contracts	2	25,313
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	146,602	

Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	60,888
	14	Occupancy, rent, utilities, and maintenance	14	5,851
	15	Printing, publications, postage, and shipping	15	791
	16	Other expenses (describe in Schedule O)	16	74,982
17	Total expenses. Add lines 10 through 16 ▶	17	142,512	

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,090
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	70,360
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1275

Part II **Balance Sheets** (see the instructions for Part II)

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

☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	65,682	22 67,401
23 Land and buildings		23
24 Other assets (describe in Schedule O)	4,678	24 7,049
25 Total assets	70,360	25 74,450
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,360	27 74,450

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

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

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

What is the organization's primary exempt purpose?
CENTRAL BREVARD SOCCER HAS GROWN INTO ONE OF THE AREA'S LARGEST YOUTH SPORTS PROGRAMS IN BREVARD COUNTY. THERE ARE OVER 1400 YOUTH ATHLETES THAT PARTICIPATE DURING OUR FALL AND SPRING SEASONS. CENTRAL BREVARD SOCCER IS VERY PROUD THAT THE LEAGUE IS NEARLY EVENLY DIVIDED BETWEEN BOYS AND GIRLS. WE EXIST FOR THE SOLE PURPOSE OF PROVIDING A POSITIVE,HEALTHY OUTLET FOR OUR COMMUNITY YOUTH.

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

28
See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29		29a	
(Grants \$)	If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here ▶ <input type="checkbox"/>		
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	▶	32	127,436

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the instructions for Part IV)

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

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ JENNA SCAGLIONE Telephone no. ▶ (321) 917-3273		

Located at ▶ PO BOX 540241 MERRITT ISLAND, FL

ZIP + 4 ▶ 32954

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**
- If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

- c** At any time during the calendar year, did the organization maintain an office outside the U.S.? **42c**
- If "Yes," enter the name of the foreign country: ▶

- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ☐
- and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	1277

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

	Yes	No
46		No

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

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

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

	Yes	No
47		No

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

	Yes	No
48		No

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

	Yes	No
49a		No

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

	Yes	No
49b		

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

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

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

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

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

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

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

☒ Yes ☐ No

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

Sign Here	Signature of officer		Date		
	TOM LOVELL PRESIDENT		2022-08-30		
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER DAVIS	Preparer's signature	Date 2022-09-06	Check <input type="checkbox"/> if self-employed	PTIN P00035279
	Firm's name ▶ BREVARD ACCOUNTING GROUP CPA'S PA			Firm's EIN ▶ 59-1968410	
	Firm's address ▶ 150 FORTENBERRY RD STE A MERRITT ISLAND, FL 329523681			Phone no. (321) 452-5061	

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

Additional Data

Software ID:

Software Version:

EIN: 59-2193805

Name: CENTRAL BREVARD SOCCER

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>28 PROMOTE YOUTH SOCCER IN CENTRAL BREVARD COUNTY, FLORIDA (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>28a</p>	<p>127,436</p>

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

2021**Open to Public
Inspection****Name of the organization**
CENTRAL BREVARD SOCCER**Employer identification number**
59-2193805**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	124,057	120,214	124,959	100,298	121,289	590,817
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	18,148	11,599	28,761	4,811	25,313	88,632
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	142,205	131,813	153,720	105,109	146,602	679,449
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. . . .						
8 Public support. (Subtract line 7c from line 6.)						679,449

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . . .	142,205	131,813	153,720	105,109	146,602	679,449
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . .	142,205	131,813	153,720	105,109	146,602	679,449
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	100.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0 %

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 box 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.		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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		

Section 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		

Section 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 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?		
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 in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
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		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (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	

Section C - Distributable Amount

	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1
2 Enter 85% of line 1	2
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4 Enter greater of line 2 or line 3	4
5 Income tax imposed in prior year	5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6

- 7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - 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 the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93492075007003
OMB No. 1545-0047		2021	
Open to Public Inspection			
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	
Name of the organization CENTRAL BREVARD SOCCER		Employer identification number 59-2193805	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES BANK CHARGES 56 FIELD LAYOUT 11,057 REGISTRATION 21,031 OFFICE SUPPLIES 879 AFFILIATION & ADMIN 2,408 COORDINATOR 6,000 UNIFORMS 11,857 LICENSES/ FEES 11 BOARD STIPEND 625 MARKETING 2,506 ACADEMY 2,276 FUNDRAISING COSTS 15,076 COACH LICENSES/CLASSES 1,200 TOTAL 74,982

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 20	PRIOR PERIOD ADJUSTMENT 0 ADJUST BEGINNING CHK BAL 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 0 2,500 6,245 6,245 LESS ACCUMULATED DEPRECIATION 6,245 6,245 EQUIPMEN T 4,040 3,911 DUE FROM COMP 638 638 TOTAL 4,678 7,049

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	CENTRAL BREVARD SOCCER HAS GROWN INTO ONE OF THE AREA'S LARGEST YOUTH SPORTS PROGRAMS IN BREVARD COUNTY. THERE ARE OVER 1400 YOUTH ATHLETES THAT PARTICIPATE DURING OUR FALL AND SPRING SEASONS. CENTRAL BREVARD SOCCER IS VERY PROUD THAT THE LEAGUE IS NEARLY EVENLY DIVIDED BETWEEN BOYS AND GIRLS. WE EXIST FOR THE SOLE PURPOSE OF PROVIDING A POSITIVE, HEALTHY OUTLET FOR OUR COMMUNITY YOUTH.



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

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.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
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.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763720

Entity Name: CENTRAL BREVARD SOCCER, INC.**Current Principal Place of Business:**4790 YUMA TRAIL
MERRITT ISLAND, FL 32953**Current Mailing Address:**P.O. BOX 540241
MERRITT ISLAND, FL 32954 US**FEI Number:** 59-2193805**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCAGLIONE, JENNA
4790 YUMA TRAIL
MERRITT ISLAND, FL 32953 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JENNA SCAGLIONE**04/10/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LEE, BRITTANY TREASURER
Address 3961 TRADEWINDS TRL
HOME
City-State-Zip: MERRITT ISLAND FL 32953

Title TRUSTEE
Name PORTER, ELIZABETH TRUSTEE
Address P.O. BOX 540241
City-State-Zip: MERRITT ISLAND FL 32954

Title DIRECTOR OF COACHING
Name CAREY, SCOOTY DIRECTOR OF
COACHING
Address P.O. BOX 540241
City-State-Zip: MERRITT ISLAND FL 32954

Title VP
Name WEAVER, SHEILA VP
Address P.O. BOX 540241
City-State-Zip: MERRITT ISLAND FL 32954

Title PRESIDENT
Name SCAGLIONE, JENNA PRESIDENT
Address 4790 YUMA TRAIL
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR OF COACHING
Name HUMBERT, JORDAN
Address P.O. BOX 540241
City-State-Zip: MERRITT ISLAND FL 32954

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: LEE, BRITTANY, TREASURER

TREASURER

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Central Brevard Soccer, Inc.

Applicant Event Name: Winter Classic Soccer Tournament - INV - S15

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)	x		
Copy of IRS Articles of Incorporation – (if applicable)		x	NA
Copy of IRS Determination letter – (if applicable)	x		Tax exempt certificate provided
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter

Digitally signed by Cranis, Peter
Date: 2024.10.17 11:19:00 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:63 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.



Signature of: ELIZABETH PORTER

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, INC

Organization address

P.O. BOX 540241

State

FL

City

MERRITT ISLAND

Zip

32954

Primary contact name

ELIZABETH PORTER, BOARD MEMBER

Primary contact phone number

321-863-1161

Primary contact email

INFO@CENTRALBREVARDSOCCER.COM

Secondary contact name

JENNA SCAGLIONE, PRESIDENT

Secondary contact phone number

321-271-6583

Secondary contact email

PRESIDENT@CENTRALBREVARDSOCCER.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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

WINTER CLASSIC SOCCER TOURNAMENT

Event website address (if different from organization website)

WWW.BREVARDSOCCER.NET

Event location

MITCHELL ELLINGTON PARK, MERRITT ISLAND, FL

9. (untitled)

8. What is the first date of your event?

01/25/2025

10. (untitled)

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

2

11. (untitled)

10. 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.....: 3RD PARTY WEBSITES (FYSA.COM)

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

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

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

14. (untitled)

12. What hashtags do you use?

#WinterClassic

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Event banners/signage

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

[cbs_soccer_\(1\).pdf](#)

18. (untitled)

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

[592193805_202204_990EZ_2023060221358856.pdf](#)

19. (untitled)

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

20. (untitled)

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

[cbs_sunbiz.pdf](#)

21. (untitled)

17. Upload your completed Checklist.

[img_4301_\(1\).pdf](#)

22. (untitled)

18.

ATTESTATION

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

A handwritten signature in black ink, appearing to be 'Elizabeth Porter', with a long horizontal line extending to the right.

Signature of: ELIZABETH PORTER, BOARD MEMBER

23. Thank You!

New Send Email

Oct 09, 2024 11:23:13 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Short Form

Return of Organization Exempt From Income Tax

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

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

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

2021

Open to
Public
Inspection

Form 990EZ

Department of the
Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 05-01-2021, and ending 04-30-2022

B Check if applicable:

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

C Name of organization
CENTRAL BREVARD SOCCERNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 540241City or town, state or province, country, and ZIP or foreign postal code
MERRITT ISLAND, FL 32954

D Employer identification number

59-2193805

E Telephone number

(321) 917-3273

F Group Exemption
Number ▶G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶H Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).

I Website: ▶ CENTRALBREVARD SOCCER.ORG

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 146,602

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	121,289
	2	Program service revenue including government fees and contracts	2	25,313
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	146,602

Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	60,888
	14	Occupancy, rent, utilities, and maintenance	14	5,851
	15	Printing, publications, postage, and shipping	15	791
	16	Other expenses (describe in Schedule O)	16	74,982
	17	Total expenses. Add lines 10 through 16 ▶	17	142,512

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,090
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	70,360
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1300

Part II **Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	65,682	22 67,401
23 Land and buildings		23
24 Other assets (describe in Schedule O)	4,678	24 7,049
25 Total assets	70,360	25 74,450
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,360	27 74,450

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

CENTRAL BREVARD SOCCER HAS GROWN INTO ONE OF THE AREA'S LARGEST YOUTH SPORTS PROGRAMS IN BREVARD COUNTY. THERE ARE OVER 1400 YOUTH ATHLETES THAT PARTICIPATE DURING OUR FALL AND SPRING SEASONS. CENTRAL BREVARD SOCCER IS VERY PROUD THAT THE LEAGUE IS NEARLY EVENLY DIVIDED BETWEEN BOYS AND GIRLS. WE EXIST FOR THE SOLE PURPOSE OF PROVIDING A POSITIVE,HEALTHY OUTLET FOR OUR COMMUNITY YOUTH.

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

28
See Additional Data Table

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

29

(Grants \$) If this amount includes foreign grants, check here . . . ► ☐

30

(Grants \$) If this amount includes foreign grants, check here . . . ► ☐

31 Other program services (describe in Schedule D)

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

32 Total program service expenses (add lines 28a through 31a)		32	127,436
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Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the instructions for Part IV)

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

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed. ▶		
The organization's books are in care of ▶ JENNA SCAGLIONE Telephone no. ▶ (321) 917-3273		
42a Located at ▶ PO BOX 540241 MERRITT ISLAND, FL ZIP + 4 ▶ 32954		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	1302

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

	Yes	No
46		No

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

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

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

	Yes	No
47		No

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

	Yes	No
48		No

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

	Yes	No
49a		No

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

	Yes	No
49b		

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

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

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

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

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

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

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

☒ Yes ☐ No

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

Sign Here	***** Signature of officer		2022-08-30 Date		
	TOM LOVELL, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER DAVIS	Preparer's signature	Date 2022-09-06	Check <input type="checkbox"/> if self-employed	PTIN P00035279
	Firm's name ▶ BREVARD ACCOUNTING GROUP CPA'S PA			Firm's EIN ▶ 59-1968410	
	Firm's address ▶ 150 FORTENBERRY RD STE A MERRITT ISLAND, FL 329523681			Phone no. (321) 452-5061	

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

☐ Yes ☐ No

Additional Data

Software ID:

Software Version:

EIN: 59-2193805

Name: CENTRAL BREVARD SOCCER

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>28 PROMOTE YOUTH SOCCER IN CENTRAL BREVARD COUNTY, FLORIDA (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>28a</p>	<p>127,436</p>

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.**2021****Open to Public Inspection****Name of the organization**
CENTRAL BREVARD SOCCER**Employer identification number**

59-2193805

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

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

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

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

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

Cat. No. 11285F

Schedule A (Form 990) 2021

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11	Total support. Add lines 7 through 10						

- 12** Gross receipts from related activities, etc. (see instructions) **12**
- 13** **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

- 14** Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) **14**
- 15** Public support percentage for 2020 Schedule A, Part II, line 14 **15**

- 16a** **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- b** **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- 17a** **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐
- b** **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐
- 18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	124,057	120,214	124,959	100,298	121,289	590,817
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	18,148	11,599	28,761	4,811	25,313	88,632
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	142,205	131,813	153,720	105,109	146,602	679,449
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						679,449

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	142,205	131,813	153,720	105,109	146,602	679,449
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	142,205	131,813	153,720	105,109	146,602	679,449
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	100.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0 %

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 box 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.		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
2		

Section 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)? <i>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).</i>		
1		

Section 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 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (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	

Section C - Distributable Amount

	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1
2 Enter 85% of line 1	2
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4 Enter greater of line 2 or line 3	4
5 Income tax imposed in prior year	5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - 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 the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2021

Open to Public Inspection

Name of the organization
CENTRAL BREVARD SOCCER

Employer identification number
59-2193805

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES BANK CHARGES 56 FIELD LAYOUT 11,057 REGISTRATION 21,031 OFFICE SUPPLIES 879 AFFILIATION & ADMIN 2,408 COORDINATOR 6,000 UNIFORMS 11,857 LICENSES/ FEES 11 BOARD STIPEND 625 MARKETING 2,506 ACADEMY 2,276 FUNDRAISING COSTS 15,076 COACH LICENSES/CLASSES 1,200 TOTAL 74,982

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 20	PRIOR PERIOD ADJUSTMENT 0 ADJUST BEGINNING CHK BAL 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 0 2,500 6,245 6,245 LESS ACCUMULATED DEPRECIATION 6,245 6,245 EQUIPMEN T 4,040 3,911 DUE FROM COMP 638 638 TOTAL 4,678 7,049

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	CENTRAL BREVARD SOCCER HAS GROWN INTO ONE OF THE AREA'S LARGEST YOUTH SPORTS PROGRAMS IN BREVARD COUNTY. THERE ARE OVER 1400 YOUTH ATHLETES THAT PARTICIPATE DURING OUR FALL AND SPRING SEASONS. CENTRAL BREVARD SOCCER IS VERY PROUD THAT THE LEAGUE IS NEARLY EVENLY DIVIDED BETWEEN BOYS AND GIRLS. WE EXIST FOR THE SOLE PURPOSE OF PROVIDING A POSITIVE, HEALTHY OUTLET FOR OUR COMMUNITY YOUTH.



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

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.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
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.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763720

Entity Name: CENTRAL BREVARD SOCCER, INC.**Current Principal Place of Business:**4790 YUMA TRAIL
MERRITT ISLAND, FL 32953**Current Mailing Address:**P.O. BOX 540241
MERRITT ISLAND, FL 32954 US**FEI Number:** 59-2193805**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCAGLIONE, JENNA
4790 YUMA TRAIL
MERRITT ISLAND, FL 32953 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JENNA SCAGLIONE

04/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LEE, BRITTANY TREASURER
Address 3961 TRADEWINDS TRL
HOME
City-State-Zip: MERRITT ISLAND FL 32953

Title VP
Name WEAVER, SHEILA VP
Address P.O. BOX 540241
City-State-Zip: MERRITT ISLAND FL 32954

Title TRUSTEE
Name PORTER, ELIZABETH TRUSTEE
Address P.O. BOX 540241
City-State-Zip: MERRITT ISLAND FL 32954

Title PRESIDENT
Name SCAGLIONE, JENNA PRESIDENT
Address 4790 YUMA TRAIL
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR OF COACHING
Name CAREY, SCOOTY DIRECTOR OF
COACHING
Address P.O. BOX 540241
City-State-Zip: MERRITT ISLAND FL 32954

Title DIRECTOR OF COACHING
Name HUMBERT, JORDAN
Address P.O. BOX 540241
City-State-Zip: MERRITT ISLAND FL 32954

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: LEE, BRITTANY, TREASURER

TREASURER

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Space Coast United Soccer

Applicant Event Name: Space Coast Cup - INV - S23 - E

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)	x		
Copy of IRS Articles of Incorporation – (if applicable)			NA
Copy of IRS Determination letter – (if applicable)	x		
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter

Digitally signed by Cranis, Peter
Date: 2024.10.17 11:19:25
-04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:54 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 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

PO Box 410301

State

Florida

City

Melbourne

Zip

32941

Primary contact name

Space Coast United Soccer Club

Primary contact phone number

3214030750

Primary contact email

kelly.rogers@spacecoastsoccer.org

Secondary contact name

Allie Goff

Secondary contact phone number

3219177785

Secondary contact email

President@spacecoastsoccer.org

Organization website address

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 questionnaire for an event or year-round programming?**

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

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

Space Coast Cup

Event website address (if different from organization website)

<https://spacecoastsoccer.org/space-coast-cup/>

Event location

Viera Regional Park

9. (untitled)

8. What is the first date of your event?

11/09/2024

10. (untitled)

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

2

11. (untitled)

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

Direct mail

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

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : spacecoastunitedsoccerclub

Instagram : @spacecoastsoccer

YouTube : @SpaceCoastSoccer

14. (untitled)

12. What hashtags do you use?

NA

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Apparel/promotion items (event t-shirts, giveaways, etc.)

Direct mail

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

[IRS_Exempt_Organization_Letter.pdf](#)

18. (untitled)

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

[2023_Tax_Return_990_\(Space_Coast_United_Soc_-_Client_Copy\)_UL.pdf](#)

19. (untitled)

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

20. (untitled)

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

[DIVISION_OF_CORPORATIONS.pdf](#)

21. (untitled)

17. Upload your completed Checklist.

[Tourism_Development_Office_Space_Coast_Cup.pdf](#)

22. (untitled)

18.

ATTESTATION

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

A handwritten signature in black ink that reads "Kelly Rogers". The signature is written in a cursive, flowing style.

Signature of: Kelly Rogers

23. Thank You!

New Send Email

Oct 08, 2024 13:21:20 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

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

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

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

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Space Coast United Soccer Club, Inc	D Employer identification number 59-2377476
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
	PO Box 410301	
	City or town, state or province, country, and ZIP or foreign postal code Melbourne, FL 32941	
F Name and address of principal officer:		G Gross receipts \$ 2,172,448
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
J Website: www.spacecoastsoccer.org		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1984 M State of legal domicile: FL

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Promote youth physcial activity through the sport of soccer		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	60
	6 Total number of volunteers (estimate if necessary)	6	120
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,447,232	1,730,922
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	395,715	441,379
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138	147
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,970,065	2,172,448
Expenses	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)	916,123	1,066,353
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	783,879	1,025,340
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,700,002	2,091,693
19 Revenue less expenses. Subtract line 18 from line 12	270,063	80,755	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,176,775	1,253,949
	22 Net assets or fund balances. Subtract line 21 from line 20	85,259	81,792
		1,091,516	1,172,157

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Brad Oxley	Date		
	Signature of officer			
Paid Preparer Use Only	Brad Oxley, Treasurer	Date		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Jacquelyn Boehm		04-25-2024	P01367298
	Firm's name	Firm's EIN	Phone no.	
	Boehm & Associates, Inc.		321-956-1800	
	Firm's address			
	1934 Dairy Road			
	W Melbourne FL 32904			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: December 11, 2000

Space Coast United Soccer Club, Inc.
P.O. Box 410301
Melbourne, FL 32941

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:
59-2377476

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 /

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

Gibbs, Beverly T
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Name Changed: 01/12/2017

Address Changed: 06/06/2014

Officer/Director Detail

Name & Address

Title President

Gott, 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

Gibbs, Beverly
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Secretary

Chesser, Dana
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Annual Reports

Report Year	Filed Date
2022	01/18/2022
2023	01/03/2023
2024	01/03/2024

Document Images

01/03/2024 – ANNUAL REPORT	View image in PDF format
01/03/2023 – ANNUAL REPORT	View image in PDF format
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01/10/2018 – ANNUAL REPORT	View image in PDF format
01/12/2017 – ANNUAL REPORT	View image in PDF format
01/06/2016 – ANNUAL REPORT	View image in PDF format
04/03/2015 – ANNUAL REPORT	View image in PDF format

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**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Columbia University Women's Golf Team

Applicant Event Name: Columbia Classic - INV - S16

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)	x		
Copy of IRS Articles of Incorporation – (if applicable)	x		NA
Copy of IRS Determination letter – (if applicable)	x		
Copy of SunBiz.org (if applicable)		x	NA
Copy of this MSP checklist	x		

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

Cranis, Peter

Digitally signed by Cranis, Peter
Date: 2024.10.17 11:19:45
-04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:65 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.



Signature of: Amy E Weeks

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

Columbia University Women's Golf Team

Organization address

3030 Broadway, MC 1908

State

NY

City

New York City

Zip

10027

Primary contact name

Amy Weeks

Primary contact phone number

405-269-0897

Primary contact email

aew2169@columbia.edu

Secondary contact name

Emily Maury

Secondary contact phone number

216-970-0383

Secondary contact email

egm2141@columbia.edu

Organization website address

gocolumbialions.com/sports/womens-golf

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

501(C)(3)

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

13-5598093

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

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

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

Columbia Classic presented by MoonGolf

Event website address (if different from organization website)

gocolumbialions.com/sports/womens-golf

Event location

Duran Golf Club Melbourne, FL

9. (untitled)

8. What is the first date of your event?

02/07/2025

10. (untitled)

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

3

11. (untitled)

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

Social hashtags

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

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Instagram : culionswgolf

14. (untitled)

12. What hashtags do you use?

#onlyhere #moongolf #roarlionroar

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Event brochures/program (Playbill, etc.)

Social media post

Website/blog

17. (untitled)

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

18. (untitled)

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

[FL_DR-14.pdf](#)

19. (untitled)

20. (untitled)

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

21. (untitled)

17. Upload your completed Checklist.

[SpaceCoastApplicationChecklist2025.pdf](#)

22. (untitled)

18.

ATTESTATION

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

A handwritten signature in black ink, appearing to read 'AEW', is written over a light gray grid background.

Signature of: Amy E Weeks

23. Thank You!

New Send Email

Oct 09, 2024 15:14:31 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

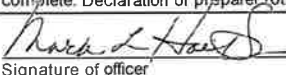
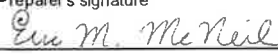
OMB No 1545-0047

2022

Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 615 WEST 131ST STREET, MC 8741 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10027-7922
D Employer identification number 13-5598093	E Telephone number (212) 854-4684
G Gross receipts \$ 793,978,242.	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," attach a list (see instructions)	
H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.COLUMBIA.EDU
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1754 M State of legal domicile: NY

Part I Summary	
1 Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT 1	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 23
	4 Number of independent voting members of the governing body (Part VI, line 1b) 21
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 40,081
	6 Total number of volunteers (estimate if necessary) 16,161
	7a Total unrelated business revenue from Part VIII, column (C), line 12 14,798,632.
7b Net unrelated business taxable income from Form 990-T, line 34 NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,954,178,309. 1,956,885,576.
	9 Program service revenue (Part VIII, line 2g) 3,871,261,461. 4,134,317,613.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,161,210,042. 423,880,468.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 122,881,134. 139,759,020.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,109,530,946. 6,654,842,677.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 816,202,353. 877,363,455.
	14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,588,011,473. 3,898,804,676.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 924,075. 1,341,873.
	16b Total fundraising expenses (Part IX, column (D), line 25) 132,099,855.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,563,179,912. 1,658,841,937.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,968,317,813. 6,436,351,941.
	19 Revenue less expenses. Subtract line 18 from line 12 1,141,213,133. 218,490,736.
	20 Total assets (Part X, line 16) 23190224660. 23551142933.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26) 4,788,218,298. 4,868,338,682.
	22 Net assets or fund balances. Subtract line 21 from line 20. 18402006362. 18682804251.

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	 Signature of officer Date 05/10/2024 VP, FIN & CONTROLLER
Paid Preparer Use Only	Print/Type preparer's name ERIC M MCNEIL
	Preparer's signature  Date 05/08/2024
	Check <input type="checkbox"/> if self-employed PTIN P00460263
Firm's name PWC US TAX LLP Firm's EIN 92-0460586	
Firm's address 300 MADISON AVENUE NEW YORK, NY 10017 Phone no. 646-471-3000	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,281,069,869. including grants of \$ 683,347,989.) (Revenue \$ 2,043,667,649.)

THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK IS A PRIVATE, NONSECTARIAN, NONPROFIT INSTITUTION OF HIGHER EDUCATION WHOSE ACTIVITIES ARE CONCENTRATED AT THREE LOCATIONS IN NEW YORK CITY AND EXTEND AROUND THE GLOBE. THE UNIVERSITY PROVIDES INSTRUCTION THROUGH SEVENTEEN UNDERGRADUATE, GRADUATE, AND PROFESSIONAL SCHOOLS. IT OPERATES A VARIETY OF RESEARCH INSTITUTES AND A LIBRARY SYSTEM TO SUPPORT ITS TEACHING, LEARNING, AND RESEARCH ACTIVITIES. THE UNIVERSITY ENROLLS APPROXIMATELY 36,649 FULL-TIME AND PART-TIME STUDENTS.

4b (Code:) (Expenses \$ 1,404,828,530. including grants of \$ 13,133,573.) (Revenue \$ 1,622,587,921.)

THE UNIVERSITY, THROUGH THE COLUMBIA UNIVERSITY IRVING MEDICAL CENTER AND ITS MEDICAL FACULTY PRACTICE PLAN, PROVIDES DIRECT PATIENT CARE AND OTHER CLINICAL AND EDUCATIONAL SERVICES TO HOSPITALS AND OTHER HEALTH CARE INSTITUTIONS THROUGH CONTRACTUAL AGREEMENTS FOR SERVICES.

4c (Code:) (Expenses \$ 883,164,682. including grants of \$ 172,332,270.) (Revenue \$ 230,005,050.)

THE UNIVERSITY PERFORMS RESEARCH, TRAINING, AND OTHER SERVICES UNDER GRANTS AND CONTRACTS WITH AGENCIES OF THE FEDERAL GOVERNMENT AND OTHER SPONSORING ORGANIZATIONS.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 1,282,661,641. including grants of \$ 8,549,623.) (Revenue \$ 238,056,993.)

4e Total program service expenses 5,851,724,722.

Form 990 (2022)

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		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	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
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	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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	X	
c 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		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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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	X	
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	X	
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	X	
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	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	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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	

Form 990 (2022)

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	X	
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>	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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

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

X

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	31929	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	NONE	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Form 990 (2022)

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 40081		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AK, CA, CO, MD, MA, MI, NH, OH, OK, OR, SC, WA,

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
JESSICA LEE YIM 615 WEST 131ST STREET, MC 8741 NEW YORK, NY 10027

212-853-4693

Form 990 (2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAWRENCE GERALD LENKE PROFESSOR OF SURGERY	60.00 NONE					X		5,488,624.	NONE	67,110.
(2) LEE C. BOLLINGER PRESIDENT (THROUGH 6/30/23)	59.90 0.10	X		X				4,449,336.	NONE	545,479.
(3) RONALD ARTHUR LEHMAN JR. PROFESSOR OF SURGERY	60.00 NONE					X		3,486,493.	NONE	75,149.
(4) DAVID N. SILVERS CLINICAL PROFESSOR	60.00 NONE					X		3,299,692.	NONE	64,947.
(5) EMILE BACHA PROFESSOR OF SURGERY	60.00 NONE					X		3,185,826.	NONE	107,226.
(6) CRAIG SMITH PROFESSOR OF SURGERY	60.00 NONE					X		3,138,478.	NONE	65,641.
(7) KIM LEW CEO OF IMC	60.00 NONE				X			2,924,686.	NONE	58,653.
(8) AMELIA ALVERSON EXEC VP - UNIV DVLP&ALUM RLTS	60.00 NONE				X			1,672,378.	NONE	43,036.
(9) ANIL RUSTGI INT EVP SCI (THROUGH 2/28/22)	60.00 NONE				X			1,677,949.	NONE	34,553.
(10) KATRINA ARMSTRONG EVP HEALTH SCIENCES	60.00 NONE				X			1,298,570.	NONE	32,791.
(11) LEE GOLDMAN EVP HEALTH SCIENCES (FORMER)	60.00 NONE						X	1,032,244.	NONE	61,525.
(12) GERALD M. ROSBERG SENIOR EXEC VICE PRESIDENT	59.90 0.10			X				1,022,603.	NONE	60,769.
(13) MARY BOYCE PROVOST (THROUGH 6/30/23)	59.90 0.10			X				960,178.	NONE	58,473.
(14) JANE E. BOOTH CHF LEGAL OFF (AS OF 1/1/23)	60.00 NONE			X				957,108.	NONE	56,783.

Form 990 (2022)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANNE R. SULLIVAN EXECUTIVE VP FOR FINANCE & IT	59.80 0.20			X				916,480.	NONE	62,074.
(16) AMY HUNGERFORD EXEC VP-A&S	59.90 0.10				X			894,126.	NONE	69,915.
(17) IRA KATZNELSON INT PROVOST (FORMER)	60.00 NONE						X	759,266.	NONE	65,401.
(18) PETER HOLLAND CEO/EVP IMC (FORMER)	60.00 NONE						X	763,422.	NONE	24,086.
(19) JOHN COATSWORTH PROVOST (FORMER)	60.00 NONE						X	673,834.	NONE	70,926.
(20) DAVID GREENBERG EXEC VP FACILITIES	60.00 NONE				X			630,977.	NONE	62,731.
(21) FELICE ROSAN GENERAL COUNSEL (AS OF 1/1/23)	60.00 NONE			X				512,152.	NONE	103,098.
(22) JEROME DAVIS SECRETARY	60.00 NONE			X				485,226.	NONE	62,288.
(23) ROLANDO T. ACOSTA TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(24) ANDREW BARTH TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(25) LISA CARNOY TRUSTEE (THROUGH 9/4/22)	4.00 NONE	X						NONE	NONE	NONE
1b Sub-total								40,229,648.	NONE	1,852,654.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								40,229,648.	NONE	1,852,654.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7,757**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DEAN DAKOLIAS TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(27) DUCHESNE DREW TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(28) ABIGAIL ELBAUM TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(29) MARK GALLOGLY TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(30) KEITH GOGGIN TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(31) JOSEPH A. GREENAWAY, JR TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(32) DAVID GREENWALD TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(33) KIKKA HANAZAWA TRUSTEE (AS OF 3/4/23)	4.00 NONE	X						NONE	NONE	NONE
(34) WANDA HOLLAND GREENE TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(35) JEH JOHNSON TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(36) JONATHAN LAVINE TRUSTEE	4.00 NONE	X						NONE	NONE	NONE

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) LU LI TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(38) VICTOR MENDELSON TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(39) ADAM PRITZKER TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(40) JONATHAN ROSAND TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(41) SHOSHANA SHENDELMAN TRUSTEE (AS OF 9/5/22)	4.00 NONE	X						NONE	NONE	NONE
(42) CLAIRE SHIPMAN TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(43) KATHY SURACE-SMITH TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(44) FERMI WANG TRUSTEE	4.00 NONE	X						NONE	NONE	NONE
(45) SHIRLEY WANG TRUSTEE	4.00 NONE	X						NONE	NONE	NONE

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)****2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	6,490,280.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	1,227,651,527.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	722,743,769.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 58,924,153.			
	h	Total. Add lines 1a-1f		1,956,885,576.			
Program Service Revenue				Business Code			
	2a	TUITION & FEES	611600	2,043,667,649.	2,043,667,649.		
	b	OTHER EDUCATION & RESEARCH	541700	230,005,050.	230,005,050.		
	c	PATIENT CARE REVENUE	621110	1,622,587,921.	1,622,587,921.		
	d	AUXILIARY ENTERPRISES	900099	236,523,386.	232,099,794.	4,423,592.	
	e	OTHER SOURCES	900099	1,533,607.	1,533,607.		
	f	All other program service revenue					
g	Total. Add lines 2a-2f		4,134,317,613.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		97,027,125.			97,027,125.
	4	Income from investment of tax-exempt bond proceeds .		NONE			
	5	Royalties		16,793,717.			16,793,717.
	6a	Gross rents	(i) Real				
			(ii) Personal				
				196,715,354.			
	b	Less: rental expenses	6b	166,195,924.			
	c	Rental income or (loss)	6c	30,519,430.	NONE		
	d	Net rental income or (loss)		30,519,430.			30,519,430.
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				3,298,623,770.			
	b	Less: cost or other basis and sales expenses . .	7b	2,971,770,427.			
	c	Gain or (loss)	7c	326,853,343.			
	d	Net gain or (loss)		326,853,343.			326,853,343.
	8a	Gross income from fundraising events (not including \$ 6,490,280. of contributions reported on line 1c). See Part IV, line 18	8a	1,543,936.			
			8b	1,169,214.			
b	Less: direct expenses						
c	Net income or (loss) from fundraising events		374,722.			374,722.	
9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE				
		9b	NONE				
b	Less: direct expenses						
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
		10b	NONE				
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	PARTNERSHIP INCOME	900099	92,071,151.		10,375,040.	81,696,111.
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		92,071,151.				
12	Total revenue. See instructions		6,654,842,677.	4,129,894,021.	14,798,632.	553,264,448.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	162,425,097.	162,425,097.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	681,977,173.	681,977,173.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	32,961,185.	32,961,185.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	17,185,712.	994,042.	16,191,670.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,005,915.	3,241,197.	764,718.	
7 Other salaries and wages	3,134,965,908.	2,907,319,959.	160,974,509.	66,671,440.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	218,943,830.	203,045,196.	11,242,347.	4,656,287.
9 Other employee benefits	356,431,095.	268,773,394.	65,803,166.	21,854,535.
10 Payroll taxes	167,272,216.	155,125,722.	8,589,109.	3,557,385.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	52,248,250.		52,248,250.	
c Accounting	2,246,565.		2,246,565.	
d Lobbying	510,000.		510,000.	
e Professional fundraising services. See Part IV, line 17.	1,341,873.			1,341,873.
f Investment management fees	3,180,524.		3,180,524.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	317,721,905.	277,332,309.	32,338,671.	8,050,925.
12 Advertising and promotion	9,225,629.	7,320,337.	373,954.	1,531,338.
13 Office expenses	286,644,355.	269,117,310.	12,673,818.	4,853,227.
14 Information technology.	44,562,887.	25,488,662.	16,893,063.	2,181,162.
15 Royalties.	NONE			
16 Occupancy	272,009,176.	255,556,268.	14,154,217.	2,298,691.
17 Travel	77,963,099.	68,797,666.	7,459,748.	1,705,685.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	79,785,678.	67,651,352.	4,806,015.	7,328,311.
20 Interest	67,183,136.	62,171,274.	4,286,284.	725,578.
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	331,177,772.	306,471,910.	21,129,142.	3,576,720.
23 Insurance	46,938,380.	41,220,823.	5,717,557.	
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.)				
a LIBRARY	31,093,679.	31,093,679.		
b BANK AND CREDIT CARD FEES	7,576,583.	6,364,261.	1,202,529.	9,793.
c DUES & SUBSCRIPTIONS	11,605,006.	9,193,552.	2,061,014.	350,440.
d UNRELATED BUS INCOME TAX EXP	1,156,238.		1,156,238.	
e All other expenses	16,013,075.	8,082,354.	6,524,256.	1,406,465.
25 Total functional expenses. Add lines 1 through 24e	6,436,351,941.	5,851,724,722.	452,527,364.	132,099,855.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	NONE	1	NONE
	2 Savings and temporary cash investments	1,559,576,853.	2	1,227,761,753.
	3 Pledges and grants receivable, net	709,641,119.	3	703,796,525.
	4 Accounts receivable, net	458,905,226.	4	527,572,164.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	9,340,194.	5	9,278,134.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	160,000.	6	160,000.
	7 Notes and loans receivable, net	88,418,435.	7	79,790,801.
	8 Inventories for sale or use	2,080,955.	8	2,144,360.
	9 Prepaid expenses and deferred charges	62,739,413.	9	70,097,752.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11208644779.		
	b Less: accumulated depreciation	10b 5167916516.		
	11 Investments - publicly traded securities. . . SEE SCHEDULE O	784,331,933.	11	1,398,072,357.
	12 Investments - other securities. See Part IV, line 11	12608152082.	12	12617614427.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	837,900,569.	15	874,126,397.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23190224660.	16	23551142933.	
Liabilities	17 Accounts payable and accrued expenses	422,608,863.	17	440,458,379.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	412,073,645.	19	391,329,117.
	20 Tax-exempt bond liabilities	1,537,091,146.	20	1,773,909,121.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	779,456,920.	24	629,937,394.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,636,987,724.	25	1,632,704,671.
	26 Total liabilities. Add lines 17 through 25.	4,788,218,298.	26	4,868,338,682.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,308,092,943.	27	8,387,507,385.
	28 Net assets with donor restrictions	10093913419.	28	10295296866.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	
	32 Total net assets or fund balances	18402006362.	32	18682804251.
33 Total liabilities and net assets/fund balances.	23190224660.	33	23551142933.	

Part XI Reconciliation of Net AssetsCheck 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	6,654,842,677.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,436,351,941.
3	Revenue less expenses. Subtract line 2 from line 1	3	218,490,736.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,402,006,362.
5	Net unrealized gains (losses) on investments	5	144,069,481.
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	-81,762,328.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,682,804,251.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☒

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

Form **990** (2022)

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

2022

Open to Public
Inspection

Name of the organization **THE TRUSTEES OF COLUMBIA UNIVERSITY**
IN THE CITY OF NEW YORK

Employer identification number
13-5598093

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

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

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

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

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

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	1,626,034,525.	1,795,585,528.	1,820,200,959.	1,954,178,309.	1,956,885,576.	9,152,884,897.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3	1,626,034,525.	1,795,585,528.	1,820,200,959.	1,954,178,309.	1,956,885,576.	9,152,884,897.
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).						NONE
6 Public support. Subtract line 5 from line 4						9,152,884,897.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,626,034,525.	1,795,585,528.	1,820,200,959.	1,954,178,309.	1,956,885,576.	9,152,884,897.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	295,302,324.	262,129,223.	206,771,230.	233,688,529.	310,536,196.	1,308,427,502.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				20,007,543.	14,798,632.	34,806,175.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	108,427,118.	143,690,985.	102,136,227.	59,849,310.	81,696,111.	495,799,751.
11 Total support. Add lines 7 through 10						10,991,918,325.
12 Gross receipts from related activities, etc. (see instructions)					12	18,113,625,670.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	83.27 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	82.97 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar 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.						
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.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization . . <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 box 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.		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section 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.		
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.		

Section 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).		

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in 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 the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-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			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
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.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 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.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	108,427,118.	143,690,985.	102,136,227.	59,849,310.	81,696,111.	495,799,751.
TOTALS	108,427,118.	143,690,985.	102,136,227.	59,849,310.	81,696,111.	495,799,751.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

THE TRUSTEES OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Employer identification number

13-5598093

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization **THE TRUSTEES OF COLUMBIA UNIVERSITY**
IN THE CITY OF NEW YORK

Employer identification number
13-5598093

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	N/A	\$ 52,940,845.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number	13-5598093
--------------------------------	------------

Part II

[illegible]

Name of organization THE TRUSTEES OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Employer identification number
13-5598093

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK	Employer identification number 13-5598093
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		15,514.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		20,555.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		510,000.
j Total. Add lines 1c through 1i			546,069.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions.	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B

LINE 1A - VOLUNTEERS: N/A

LINE 1B - PAID STAFF OR MANAGEMENT: THE UNIVERSITY HAS OFFICES OF GOVERNMENT AND COMMUNITY AFFAIRS AT BOTH ITS MORNINGSIDE AND MEDICAL CENTER CAMPUSES WHOSE FUNCTION IS TO KEEP THE UNIVERSITY COMMUNITY INFORMED ABOUT NATIONAL, STATE, AND LOCAL LEGISLATION AND POLICY THAT HAS AN IMPACT ON THE UNIVERSITY AND, WHEN APPROPRIATE, TO ADVOCATE FOR THE UNIVERSITY'S INTERESTS WITH RESPECT TO THIS POLICY. EMPLOYEES REGULARLY INVOLVED IN THESE ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO: EXECUTIVE VICE PRESIDENT FOR PUBLIC AFFAIRS; VICE PRESIDENT FOR GOVERNMENT & COMMUNITY AFFAIRS; ASSOCIATE VICE PRESIDENT FOR GOVERNMENT AFFAIRS; THE EXECUTIVE VICE PRESIDENT FOR HEALTH SCIENCES; VICE PRESIDENT AND ASSOCIATE DEAN FOR GOVERNMENT AND COMMUNITY AFFAIRS, COLUMBIA UNIVERSITY IRVING MEDICAL CENTER; ASSOCIATE VICE PRESIDENT FOR GOVERNMENT AND COMMUNITY AFFAIRS, COLUMBIA UNIVERSITY IRVING MEDICAL CENTER; DIRECTOR OF GOVERNMENT AFFAIRS, AND THE ASSISTANT DIRECTOR FOR GOVERNMENT AFFAIRS.

LINE 1C - MEDIA ADVERTISEMENTS: N/A

LINE 1D - MAILINGS TO MEMBERS, LEGISLATORS OR THE PUBLIC: N/A

LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS: N/A

LINE 1F - GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES: THE

Part IV Supplemental Information (continued)

UNIVERSITY BELONGS TO CERTAIN HIGHER EDUCATION TRADE ASSOCIATIONS. A SMALL PORTION OF THE MEMBERSHIP FEES PAID TO CERTAIN OF THESE ORGANIZATIONS GOES TO SUPPORT LOBBYING-RELATED ACTIVITIES. THESE FEES ARE REGULARLY REPORTED ON THE UNIVERSITY'S LOBBYING DISCLOSURE FILINGS.

LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: THE PRESIDENT, THE EXECUTIVE VICE PRESIDENT FOR PUBLIC AFFAIRS, THE VICE PRESIDENT FOR GOVERNMENT & COMMUNITY AFFAIRS, THE ASSOCIATE VICE PRESIDENT FOR GOVERNMENT AFFAIRS, THE DIRECTOR OF GOVERNMENT AFFAIRS, THE ASSISTANT DIRECTOR FOR GOVERNMENT AFFAIRS, AMONG OTHER COLUMBIA UNIVERSITY EMPLOYEES, CONTACTED FEDERAL, STATE, AND LOCAL LEGISLATORS AND THEIR STAFFS ON HIGHER EDUCATION ISSUES. THE EXECUTIVE VICE PRESIDENT FOR HEALTH SCIENCE; THE VICE PRESIDENT AND ASSOCIATE DEAN FOR GOVERNMENT AND COMMUNITY AFFAIRS, COLUMBIA UNIVERSITY IRVING MEDICAL CENTER; AND OTHER COLUMBIA UNIVERSITY IRVING MEDICAL CENTER EMPLOYEES CONTACTED FEDERAL, STATE AND LOCAL LEGISLATORS AND THEIR STAFFS ON HIGHER EDUCATION ISSUES, HEALTH SCIENCE ISSUES AND OTHER ISSUES AFFECTING ACADEMIC MEDICAL CENTERS. THE AMOUNTS SHOWN ON LINE 1G REFLECT PAID STAFF AND MANAGEMENT ACTIVITIES.

LINE 1H - RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES OR ANY OTHER MEANS: N/A

LINE 1I - OTHER ACTIVITIES: DURING THE REPORTING PERIOD, THE UNIVERSITY RETAINED OUTSIDE FIRMS FOR CONSULTING AND ADVOCACY AT THE FEDERAL, STATE AND LOCAL LEVELS OF GOVERNMENT. THE AMOUNTS SHOWN ON LINE 1I INCLUDE AMOUNTS PAID TO SUCH OUTSIDE FIRMS FOR ALL ACTIVITIES CONDUCTED BY SUCH

Part IV Supplemental Information (continued)

FIRMS, INCLUDING CERTAIN OF THE ACTIVITIES DESCRIBED ABOVE AND GENERAL
ADVISORY SERVICES TO THE UNIVERSITY IN CONNECTION WITH ITS LOBBYING AND
GOVERNMENTAL RELATIONS ACTIVITIES.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number

IN THE CITY OF NEW YORK

13-5598093

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	17	
2 Aggregate value of contributions to (during year)	3,810,489.	
3 Aggregate value of grants from (during year)	10,040,884.	
4 Aggregate value at end of year	31,250,230.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. \$ _____

(ii) Assets included in Form 990, Part X. \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. \$ _____

b Assets included in Form 990, Part X. \$ _____

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

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a ☒ Public exhibition
- b ☒ Scholarly research
- c ☒ Preservation for future generations
- d ☒ Loan or exchange program
- e ☐ Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☒ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,279,846,000.	14,349,970,000.	11,257,021,000.	10,950,738,000.	10,869,245,000.
b Contributions	470,230,000.	588,591,000.	366,226,000.	400,986,000.	307,537,000.
c Net investment earnings, gains, and losses	620,473,000.	-997,276,000.	3,364,720,000.	562,702,000.	418,416,000.
d Grants or scholarships	159,593,000.	143,170,000.	138,726,000.	141,393,000.	137,178,000.
e Other expenditures for facilities and programs	530,298,000.	469,279,000.	454,306,000.	472,489,000.	468,970,000.
f Administrative expenses	37,991,000.	48,990,000.	44,965,000.	43,523,000.	38,312,000.
g End of year balance	13,642,667,000.	13,279,846,000.	14,349,970,000.	11,257,021,000.	10,950,738,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 33.0100 %

b Permanent endowment 32.7500 %

c Term endowment 34.2400 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

- 4 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		536,855,073.		536,855,073.
b Buildings		8186428500.	4039884627.	4,146,543,873.
c Leasehold improvements				
d Equipment		742,364,676.	522,233,738.	220,130,938.
e Other	1,742,996,530.		605,798,151.	1,137,198,379.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,040,728,263.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) GLOBAL EQUITIES	2,762,469,642.	FMV
(B) ABSOLUTE RETURN STRATEGIES	3,933,259,603.	FMV
(C) PRIVATE EQUITY	3,549,788,992.	FMV
(D) REAL ESTATE ASSETS	1,887,985,913.	FMV
(E) FIXED INCOME	220,569,784.	FMV
(F) CASH & CASH EQUIVALENTS	263,540,493.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .	12617614427.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	133,650,152.
(3) COND'L ASSET RETIREMENT OBLIGA	134,789,834.
(4) ACCRUED EMPLOYEE BENEFIT LIAB.	490,377,650.
(5) FEDERAL STUDENT LOAN FUNDS	28,930,382.
(6) ACTUARIAL LIAB- SPLIT INT AGRM	59,042,915.
(7) OTHER LONG TERM LIABILITIES	785,913,738.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,632,704,671.

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per 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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
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	

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

DETAIL OF UNIVERSITY COLLECTIONS/TEXT OF AUDIT FOOTNOTE

SCHEDULE D, PART III, LINES 1A, 2A & 4

THE UNIVERSITY'S COLLECTIONS INCLUDE WORKS OF ART, LITERARY WORKS, HISTORICAL TREASURES AND ARTIFACTS MAINTAINED IN THE UNIVERSITY'S LIBRARIES AND MUSEUMS. THESE COLLECTIONS ARE PROTECTED AND PRESERVED FOR PUBLIC EXHIBITION, EDUCATION, RESEARCH, AND THE FURTHERANCE OF PUBLIC SERVICE. PROCEEDS REALIZED FROM DEACCESSIONING COLLECTION ITEMS ARE TO BE USED FOR THE ACQUISITION OF NEW ITEMS FOR THE UNIVERSITY'S COLLECTION AND/OR ENHANCING THE LIFE, USEFULNESS OR QUALITY OF THE EXISTING COLLECTION THROUGH LONG-TERM DIRECT CARE AND PRESERVATION, WHICH INCLUDES CONSERVATION CARE, CATALOGING AND DOCUMENTING AND PROPER ACCESS AND USE OF THE COLLECTION. ACCORDINGLY, SUCH COLLECTIONS ARE NOT CAPITALIZED AND CONTRIBUTED ITEMS ARE NOT RECOGNIZED AS REVENUE FOR FINANCIAL STATEMENT PURPOSES.

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

COLUMBIA UNIVERSITY'S ENDOWMENT FUNDS SUPPORT A RANGE OF PURPOSES IN ACCORDANCE WITH THE UNIVERSITY'S MISSION, INCLUDING: FINANCIAL AID; FACULTY SALARIES AND SUPPORT; RESEARCH; CAPITAL PROJECTS; GENERAL SUPPORT OF THE UNIVERSITY, SCHOOLS, DEPARTMENTS, INSTITUTES AND CENTERS.

Part XIII Supplemental Information (continued)

FIN 48

SCHEDULE D, PART X, LINE 2

THE UNIVERSITY DOES NOT INCLUDE A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) IN ITS FINANCIAL STATEMENTS AS IT IS IMMATERIAL AND DOES NOT HAVE AN IMPACT ON THE STATEMENTS. THE UNIVERSITY BELIEVES THAT ITS TAX POSITIONS OF FIN 48 ARE HIGHLY CERTAIN.

SCHEDULE E
(Form 990)

Department of the Treasury
Internal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or
Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **THE TRUSTEES OF COLUMBIA UNIVERSITY**
IN THE CITY OF NEW YORK

Employer identification number

13-5598093

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, LINE 3

COLUMBIA UNIVERSITY CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM ACROSS THE NATION AND THE WORLD. ITS EDUCATIONAL PROGRAMS SEEK A BROAD CROSS-SECTION OF STUDENTS FROM THE METROPOLITAN AREA. IT FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY OF ADMISSION AND INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY TOWARDS STUDENTS IN ALL SCHOOL AND PROGRAM BULLETINS. IT ALSO REFERS TO THIS POLICY IN ALL WRITTEN ADVERTISING. IT THEREFORE MEETS THE CRITERIA UNDER REV. PROC. 75-50, SECTION 4.03-2(B) FOR EXEMPTION FROM THE PUBLICITY REQUIREMENTS OF SECTION 4.03-1.

SCHEDULE E, LINE 6A

COLUMBIA UNIVERSITY RECEIVES FEDERAL, STATE AND LOCAL GOVERNMENTAL FUNDING THAT SUPPORTS ITS CORE PROGRAMMATIC ACTIVITIES INCLUDING INSTRUCTIONAL AND RESEARCH PROGRAMS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **THE TRUSTEES OF COLUMBIA UNIVERSITY**
IN THE CITY OF NEW YORK

Employer identification number

13-5598093

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional 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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) ANTARCTICA		1	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	90.
(2) CENTRAL AMERICA/CARIBBEAN	4	167	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	4,450,457.
(3) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		24,076.
(4) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		6,541,523,351.
(5) EAST ASIA AND THE PACIFIC	9	464	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	7,810,460.
(6) EAST ASIA AND THE PACIFIC			GRANTMAKING		918,638.
(7) EAST ASIA AND THE PACIFIC			FUNDRAISING		258,723.
(8) EAST ASIA AND THE PACIFIC			INVESTMENTS		5,594,163.
(9) EUROPE	14	2,321	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	19,688,603.
(10) EUROPE			GRANTMAKING		8,257,167.
(11) EUROPE			FUNDRAISING		575,424.
(12) EUROPE			INVESTMENTS		665,528,795.
(13) MIDDLE EAST AND NORTH AFRICA	3	223	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	3,891,957.
(14) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		165,265.
(15) MIDDLE EAST AND NORTH AFRICA			FUNDRAISING		58,764.
(16) MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		697,286.
(17) NORTH AMERICA		468	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	1,632,865.
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2022

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional 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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA			GRANTMAKING		1,815,831.
(2) NORTH AMERICA			FUNDRAISING		3,639.
(3) NORTH AMERICA			INVESTMENTS		125,252,645.
(4) RUSSIA/INDEPENDENT STATES	4	123	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	3,927,339.
(5) RUSSIA/INDEPENDENT STATES			GRANTMAKING		253,374.
(6) SOUTH AMERICA	3	237	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	3,981,638.
(7) SOUTH AMERICA			GRANTMAKING		2,526,687.
(8) SOUTH ASIA	4	173	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	1,855,272.
(9) SOUTH ASIA			GRANTMAKING		781,795.
(10) SOUTH ASIA			FUNDRAISING		27,901.
(11) SUB-SAHARAN AFRICA	47	2,603	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	143,599,881.
(12) SUB-SAHARAN AFRICA			GRANTMAKING		18,218,352.
(13) SUB-SAHARAN AFRICA			INVESTMENTS		5,213,918.
(14)					
(15)					
(16)					
(17)					
3a Subtotal	30	3,644.			7,261,076,084.
b Total from continuation sheets to Part I	58.	3,136.			307,458,272.
c Totals (add lines 3a and 3b)	88.	6,780.			7,568,534,356.

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

Schedule F (Form 990) 2022

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	RESEARCH	103,822.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	RESEARCH	44,000.	CHECK/WIRE			
(3)			SOUTH ASIA	RESEARCH	433,642.	CHECK/WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	RESEARCH	9,871.	CHECK/WIRE			
(5)			SOUTH AMERICA	RESEARCH	216,159.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	RESEARCH	8,000.	CHECK/WIRE			
(7)			EUROPE	RESEARCH	8,069.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	RESEARCH	68,314.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	RESEARCH	52,684.	CHECK/WIRE			
(10)			NORTH AMERICA	RESEARCH	190,917.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	RESEARCH	326,368.	CHECK/WIRE			
(12)			NORTH AMERICA	RESEARCH	306,711.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	RESEARCH	70,198.	CHECK/WIRE			
(14)			NORTH AMERICA	RESEARCH	71,385.	CHECK/WIRE			
(15)			CENT. AMERICA/CARIBBEAN	RESEARCH	24,076.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	RESEARCH	15,273.	CHECK/WIRE			

2 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 . . . 129

3 Enter total number of other organizations or entities NONE

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	RESEARCH	24,867.	CHECK/WIRE			
(2)			SOUTH AMERICA	RESEARCH	13,035.	CHECK/WIRE			
(3)			EUROPE	RESEARCH	537,584.	CHECK/WIRE			
(4)			EUROPE	RESEARCH	628,754.	CHECK/WIRE			
(5)			EUROPE	RESEARCH	117,811.	CHECK/WIRE			
(6)			EUROPE	RESEARCH	21,107.	CHECK/WIRE			
(7)			SOUTH ASIA	RESEARCH	37,281.	CHECK/WIRE			
(8)			EUROPE	RESEARCH	28,781.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	RESEARCH	57,205.	CHECK/WIRE			
(10)			EUROPE	RESEARCH	119,570.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SERV	5,259.	CHECK/WIRE			
(12)			NORTH AMERICA	RESEARCH	75,227.	CHECK/WIRE			
(13)			NORTH AMERICA	RESEARCH	45,387.	CHECK/WIRE			
(14)			EUROPE	RESEARCH	31,724.	CHECK/WIRE			
(15)			EUROPE	PROGRAM SERV	86,000.	CHECK/WIRE			
(16)			EUROPE	RESEARCH	15,500.	CHECK/WIRE			

2 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 . . . ▶

3 Enter total number of other organizations or entities. ▶

Schedule F (Form 990) 2022

Part II **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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
(1)			EUROPE	RESEARCH	53,395.	CHECK/WIRE			
(2)			SOUTH ASIA	RESEARCH	299,857.	CHECK/WIRE			
(3)			EUROPE	RESEARCH	130,484.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	RESEARCH	10,421.	CHECK/WIRE			
(5)			EUROPE	RESEARCH	90,066.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	RESEARCH	240,170.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	RESEARCH	101,843.	CHECK/WIRE			
(8)			EUROPE	RESEARCH	50,766.	CHECK/WIRE			
(9)			EUROPE	RESEARCH	8,016.	CHECK/WIRE			
(10)			EUROPE	RESEARCH	335,640.	CHECK/WIRE			
(11)			EUROPE	RESEARCH	82,447.	CHECK/WIRE			
(12)			EUROPE	RESEARCH	305,467.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	RESEARCH	123,501.	CHECK/WIRE			
(14)			NORTH AMERICA	RESEARCH	449,924.	CHECK/WIRE			
(15)			RUSSIA/NEWLY IND. STATES	RESEARCH	26,046.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	RESEARCH	123,778.	CHECK/WIRE			

2 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 . . . ▶

3 Enter total number of other organizations or entities ▶

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	RESEARCH	11,016.	CHECK/WIRE			
(2)			EUROPE	RESEARCH	172,800.	CHECK/WIRE			
(3)			EUROPE	RESEARCH	80,559.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	RESEARCH	37,919.	CHECK/WIRE			
(5)			EUROPE	RESEARCH	49,211.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	RESEARCH	28,500.	CHECK/WIRE			
(7)			NORTH AMERICA	RESEARCH	24,616.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	RESEARCH	133,478.	CHECK/WIRE			
(9)			EUROPE	RESEARCH	121,396.	CHECK/WIRE			
(10)			EUROPE	RESEARCH	1,070,350.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	RESEARCH	14,400.	CHECK/WIRE			
(12)			NORTH AMERICA	RESEARCH	297,838.	CHECK/WIRE			
(13)			NORTH AMERICA	RESEARCH	11,361.	CHECK/WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	RESEARCH	101,697.	CHECK/WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	RESEARCH	53,697.	CHECK/WIRE			
(16)			NORTH AMERICA	RESEARCH	6,117.	CHECK/WIRE			

2 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 . . . ▶

3 Enter total number of other organizations or entities . . . ▶

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH	30,000.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	RESEARCH	39,622.	CHECK/WIRE			
(3)			EUROPE	RESEARCH	156,368.	CHECK/WIRE			
(4)			SOUTH AMERICA	RESEARCH	163,865.	CHECK/WIRE			
(5)			EUROPE	RESEARCH	38,016.	CHECK/WIRE			
(6)			EUROPE	RESEARCH	133,745.	CHECK/WIRE			
(7)			NORTH AMERICA	RESEARCH	76,103.	CHECK/WIRE			
(8)			EUROPE	RESEARCH	15,745.	CHECK/WIRE			
(9)			EUROPE	RESEARCH	1,801,483.	CHECK/WIRE			
(10)			EUROPE	RESEARCH	115,223.	CHECK/WIRE			
(11)			NORTH AMERICA	RESEARCH	203,220.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	RESEARCH	1,083,789.	CHECK/WIRE			
(13)			EUROPE	RESEARCH	58,534.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	RESEARCH	83,490.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	RESEARCH	163,124.	CHECK/WIRE			
(16)			EUROPE	RESEARCH	69,487.	CHECK/WIRE			

2 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 . . . ▶

3 Enter total number of other organizations or entities . . . ▶

Part III 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RESEARCH	329,806.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	RESEARCH	165,716.	CHECK/WIRE			
(3)			EUROPE	RESEARCH	1,331,284.	CHECK/WIRE			
(4)			EUROPE	RESEARCH	266,492.	CHECK/WIRE			
(5)			EUROPE	RESEARCH	22,000.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	RESEARCH	67,038.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	RESEARCH	478,830.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	EDU/RESEARCH			10,763.	EQUIPMENT	BOOK VALUE
(9)			SUB-SAHARAN AFRICA	EDU/RESEARCH			36,584.	EQUIPMENT	BOOK VALUE
(10)			SUB-SAHARAN AFRICA	EDU/RESEARCH			91,401.	EQUIPMENT	BOOK VALUE
(11)			SUB-SAHARAN AFRICA	EDU/RESEARCH			319,788.	EQUIPMENT	BOOK VALUE
(12)			SUB-SAHARAN AFRICA	EDU/RESEARCH			16,154.	EQUIPMENT	BOOK VALUE
(13)			SUB-SAHARAN AFRICA	EDU/RESEARCH			24,435.	EQUIPMENT	BOOK VALUE
(14)			SUB-SAHARAN AFRICA	EDU/RESEARCH			304,016.	EQUIPMENT	BOOK VALUE
(15)			SUB-SAHARAN AFRICA	EDU/RESEARCH			19,538.	EQUIPMENT	BOOK VALUE
(16)			SUB-SAHARAN AFRICA	EDU/RESEARCH			183,288.	EQUIPMENT	BOOK VALUE

2 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 . . . ▶

3 Enter total number of other organizations or entities . . . ▶

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EDU/RESEARCH			65,000.	EQUIPMENT	BOOK VALUE
(2)			SUB-SAHARAN AFRICA	EDU/RESEARCH			45,755.	EQUIPMENT	BOOK VALUE
(3)			SUB-SAHARAN AFRICA	EDU/RESEARCH			42,626.	EQUIPMENT	BOOK VALUE
(4)			SUB-SAHARAN AFRICA	EDU/RESEARCH			7,218.	EQUIPMENT	BOOK VALUE
(5)			SOUTH AMERICA	EDU/RESEARCH			27,960.	EQUIPMENT	BOOK VALUE
(6)			SUB-SAHARAN AFRICA	EDU/RESEARCH			17,880.	EQUIPMENT	BOOK VALUE
(7)			SUB-SAHARAN AFRICA	EDU/RESEARCH			47,916.	EQUIPMENT	BOOK VALUE
(8)			SUB-SAHARAN AFRICA	EDU/RESEARCH			35,005.	EQUIPMENT	BOOK VALUE
(9)			SUB-SAHARAN AFRICA	EDU/RESEARCH			42,626.	EQUIPMENT	BOOK VALUE
(10)			SUB-SAHARAN AFRICA	EDU/RESEARCH			32,958.	EQUIPMENT	BOOK VALUE
(11)			SUB-SAHARAN AFRICA	EDU/RESEARCH			12,584.	EQUIPMENT	BOOK VALUE
(12)			SUB-SAHARAN AFRICA	EDU/RESEARCH			10,086.	EQUIPMENT	BOOK VALUE
(13)			SUB-SAHARAN AFRICA	EDU/RESEARCH			5,500.	EQUIPMENT	BOOK VALUE
(14)			SUB-SAHARAN AFRICA	EDU/RESEARCH			107,810.	EQUIPMENT	BOOK VALUE
(15)			SUB-SAHARAN AFRICA	EDU/RESEARCH			23,063.	EQUIPMENT	BOOK VALUE
(16)			SUB-SAHARAN AFRICA	EDU/RESEARCH			159,365.	EQUIPMENT	BOOK VALUE

2 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 . . . ▶▶

3 Enter total number of other organizations or entities . . . ▶▶

Schedule F (Form 990) 2022

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EDU/RESEARCH			37,521.	EQUIPMENT	BOOK VALUE
(2)			SUB-SAHARAN AFRICA	EDU/RESEARCH	209,715.	CHECK/WIRE			
(3)			SOUTH AMERICA	EDU/RESEARCH	1,175,199.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	EDU/RESEARCH	208,944.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	EDU/RESEARCH	183,897.	CHECK/WIRE			
(6)			RUSSIA/NEWLY IND. STATES	EDU/RESEARCH	227,328.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	EDU/RESEARCH	144,079.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	EDU/RESEARCH	184,833.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	EDU/RESEARCH	309,668.	CHECK/WIRE			
(10)			SOUTH AMERICA	EDU/RESEARCH	920,469.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	EDU/RESEARCH	69,923.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	EDU/RESEARCH	2,922,702.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	EDU/RESEARCH	69,844.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	EDU/RESEARCH	7,192,723.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	EDU/RESEARCH	1,653,730.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	EDU/RESEARCH	275,878.	CHECK/WIRE			

2 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 . . . ▶

3 Enter total number of other organizations or entities ▶

Schedule F (Form 990) 2022

Part II **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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	PROGRAM SERV	50,000.	CHECK/WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 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 . . . ▶▶
- 3 Enter total number of other organizations or entities ▶▶

Part III 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.

(a) Type of grant or assistance	(b) Region	(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) MARIA MOORS CABOT PRIZES	NORTH AMERICA	4	15,000.	CHECK/WIRE			
(2) DOCTORAL MOBILITY	EUROPE/ICELAND/GREENLAND	4	8,750.	CHECK/WIRE			
(3) FELLOWSHIP	EUROPE/ICELAND/GREENLAND	4	12,000.	CHECK/WIRE			
(4) UNICC THINK-A-THON PRIZE	EAST ASIA/PACIFIC	1	10,000.	CHECK/WIRE			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2022

Part 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); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SUPPLEMENTAL INFORMATION

SCHEDULE F, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING GRANT FUNDS

THE UNIVERSITY MAINTAINS A WRITTEN POLICY THAT GOVERNS THE MONITORING OF ALL SPONSORED PROJECT GRANT FUNDING. THIS POLICY IS CONTAINED IN THE SPONSORED PROJECTS HANDBOOK. THE POLICY STATES THAT THE PRIMARY OBLIGATION FOR THE DAY-TO-DAY MANAGEMENT OF SPONSORED PROJECTS AND INSURING COMPLIANCE WITH FEDERAL AND OTHER SPONSOR REGULATIONS IS THE RESPONSIBILITY OF THE PRINCIPAL INVESTIGATOR SUPPORTED, AS NECESSARY, BY HIS OR HER ADMINISTRATIVE STAFF. ADDITIONALLY, THE POLICY SPECIFIES THE FOLLOWING MONITORING PROCEDURES:

- MONTHLY ACCOUNT RECONCILIATION
- REVIEW OF SALARY AND BENEFIT CHARGES
- REVIEW OF VENDOR INVOICES
- REVIEW OF CHARGES INITIATED BY SERVICE OR RECHARGE CENTERS
- REVIEW OF FACILITIES AND ADMINISTRATIVE CHARGES

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); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

- MONITORING OF SUB-AWARDS THROUGH REVIEW OF CHARGES AND TECHNICAL

PERFORMANCE REPORTS, CONDUCTING PERIODIC ONSITE VISITS, AND INITIATING
AUDITS/REVIEWS WHEN NECESSARY.

EXPENDITURES RELATED TO FOREIGN ACTIVITY ARE GENERATED FROM A NUMBER OF
SCHOOLS AND CENTERS AS WELL AS THROUGH CERTAIN CENTRAL ADMINISTRATIVE
ACTIVITY. MOST OF THE ACTIVITY RELATES TO U.S. GOVERNMENT FUNDED PROGRAM
SERVICES. OTHER ACTIVITY INCLUDES FACULTY AND STAFF TRAVEL FOR
EDUCATIONAL, RESEARCH, FUNDRAISING AND OTHER PROGRAM SERVICES. NOT ALL OF
THE OVERSEAS EXPENDITURES ARE SEPARATELY TRACKED AS FOREIGN ACTIVITY. THE
AMOUNTS REPRESENTED ON SCHEDULE F REPRESENT THE UNIVERSITY'S GOOD FAITH
EFFORTS TO CAPTURE AND CATEGORIZE FOREIGN ACTIVITY.

FORM 990, SCHEDULE F, PART I, COLUMN (F) & PART II, LINE 1

COLUMBIA UNIVERSITY ACCOUNTS FOR ALL FOREIGN EXPENDITURES, INCLUDING CASH
GRANTS AND NONCASH ASSISTANCE, ON THE ORGANIZATION'S FINANCIAL STATEMENTS
IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED

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); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

STATES.

FORM 990, SCHEDULE F, PART I, LINE 3 ACTIVITIES PER REGION

SCHEDULE F REPORTS \$4.18 MILLION EXPENDED FOR PROGRAM SERVICES AND GRANTMAKING IN "RUSSIA AND THE NEWLY INDEPENDENT STATES", A GEOGRAPHIC DESIGNATION DEFINED IN THE FORM 990 INSTRUCTIONS TO INCLUDE ARMENIA, AZERBAIJAN, BELARUS, GEORGIA, KAZAKHSTAN, KYRGYZSTAN, MOLDOVA, RUSSIA, TAJIKISTAN, TURKMENISTAN, UKRAINE, AND UZBEKISTAN. THE MAJORITY OF THIS AMOUNT REFLECTS ACTIVITIES IN KAZAKHSTAN, KYRGYZSTAN, AND TAJIKISTAN. A MINOR AMOUNT, APPROXIMATELY \$2,434, REPRESENTS FUNDS EXPENDED WITHIN RUSSIA IN CONNECTION WITH RESEARCH / ACADEMIC PROGRAMS AND TRAVEL DURING THE PERIOD ENDING JUNE 30, 2023.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number

IN THE CITY OF NEW YORK

13-5598093

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☒ Solicitation of government grants
c ☒ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,307,935.	1,341,873.	-33,938.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL,
KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 MAILMAN GALA (event type)	(b) Event #2 CROWN AWARDS (event type)	(c) Other events 17 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	3,125,444.	1,612,800.	3,295,972.	8,034,216.
	2 Less: Contributions	2,247,798.	1,521,540.	2,720,942.	6,490,280.
	3 Gross income (line 1 minus line 2)	877,646.	91,260.	575,030.	1,543,936.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	156,620.	99,588.		256,208.
	7 Food and beverages		122,690.		122,690.
	8 Entertainment		36,041.		36,041.
	9 Other direct expenses	434,412.	319,863.		754,275.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,169,214.
	11 Net income summary. Subtract line 10 from line 3, column (d)				374,722.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

EVENTAGE

ADDRESS:

18 SOUTH ORANGE AVE
SOUTH ORANGE, NJ 07079

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 433,475.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 822,696.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -389,221.

NAME:

RUFFALO NOEL LEVITZ LLC

ADDRESS:

1025 KINKWOOD PARKWAY SW
CEDAR RAPIDS, IA 52404

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 448,944.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 496,948.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -48,004.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

DONORDRIVE

ADDRESS:

30 WEST THIRD STREET
CINCINNATI, OH 45202

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 425,516.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 22,229.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 403,287.

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.
Attach to Form 990.

OMB No. 1545-0047

2022

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Inspection**

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Department of the Treasury
Internal Revenue Service

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number

IN THE CITY OF NEW YORK

13-5598093

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☒ Yes ☐ No

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ADELPHI UNIVERSITY 1 SOUTH AVE GARDEN CITY NY 11530	11-1630741	501(C)(3)	8,898.				RESEARCH
(2) ALBANY MEDICAL CENTER/COLLEGE 47 NEW SCOTLAND AVE ALBANY NY 12208	14-1338310	501(C)(3)	419,104.				RESEARCH
(3) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX NY 10461	83-0621846	501(C)(3)	2,381,151.				RESEARCH
(4) ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST, TUCSON AZ 85713	52-2094677	501(C)(3)	8,000.				RESEARCH
(5) AMERICAN ACADEMY OF PEDIATRICS PO BOX 776442 CHICAGO IL 60677-6442	36-2275597	501(C)(3)	7,573.				RESEARCH
(6) AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK W AT 79TH ST NY NY 10024	13-6162659	501(C)(3)	128,599.				RESEARCH
(7) AMERICAN UNIVERSITY OF BEIRUT 3DAG HAMMARKSJOLD PLZ,NY, NY 10017	13-5596846	501(C)(3)	55,153.				RESEARCH
(8) ANN & ROBERT H LURIE CHILDRENS HOSPITAL 225 E CHICAGO AVE, CHICAGO IL 60611	36-2170833	501(C)(3)	259,937.				RESEARCH
(9) ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE AZ 85287-6011	86-0196696	501(C)(3)	59,581.				RESEARCH
(10) ARKANSAS CHILDRENS RESEARCH INSTITUTE 13 CHILDRENS WAY LITTLE ROCK AR 72202	71-0694931	501(C)(3)	34,640.				RESEARCH
(11) ASSOCIATION OF UNIVERSITIES FOR RESEARCH 3700 SAN MARTIN DRIVE BALTIMORE MD 21218	86-0138043	501(C)(3)	47,543.				RESEARCH
(12) ASSOCIATION TO BENEFIT CHILDREN 1841 PARK AVENUE NEW YORK NY 10035	13-3303089	501(C)(3)	55,698.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 416

3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2022

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.
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Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AVERA MCKENNAN 1325 S CLIFF AVE SIOUX FALLS SD 57105	46-0224743	501(C)(3)	377,250.				RESEARCH
(2) BALL STATE UNIVERSITY 2000 W UNIVERSITY AVE MUNCIE IN 47306	35-6000221	GOVT	8,231.				RESEARCH
(3) BANNER SUN HEALTH RESEARCH INSTITUTE 901 E. WILLETTA STREET PHOENIX AZ 85006	45-0233470	501(C)(3)	64,916.				RESEARCH
(4) BARNARD COLLEGE 3009 BROADWAY NEW YORK NY 10027	13-1628149	501(C)(3)	111,247.				RESEARCH
(5) BATEMAN HORNE CENTER 24 SOUTH 1100 EAST SALT LAKE CITY UT 84102	87-0687610	501(C)(3)	11,000.				RESEARCH
(6) BATTLE MEMORIAL INSTITUTE PO BOX 84262 SEATTLE WA 98124-5562	31-4379427	501(C)(3)	979,185.				RESEARCH
(7) BAYLOR COLLEGE OF MEDICINE 6550 FANNIN HOUSTON TX 77030	74-1613878	501(C)(3)	1,494,626.				RESEARCH
(8) BAYLOR UNIVERSITY ONE BEAR PLACE # 97334 WACO TX 76798	74-1159753	501(C)(3)	24,199.				RESEARCH
(9) BETH ISRAEL DEACONESS MEDICAL CENTER RESEARCH FIN OFFICE OV-540 BOSTON MA 02215	04-2103881	501(C)(3)	412,648.				RESEARCH
(10) BIGELOW LABORATORY FOR OCEAN SCIENCES PO BOX 380 E. BOOTHBAY ME 04544	01-6006001	501(C)(3)	60,579.				RESEARCH
(11) BIRMINGHAM AIDS OUTREACH INC 205 32ND STREET SOUTH BIRMINGHAM AL 35233	63-0948495	501(C)(3)	56,623.				RESEARCH
(12) BLOODWORKS 921 TERRY AVENUE SEATTLE WA 98104	91-1019655	501(C)(3)	360,987.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**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.
Attach to Form 990.

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Part I General Information on Grants and Assistance

- 1 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 criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☐ No

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(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) BOARD OF REGENTS OF THE NSHE OBO THE 2215 RAGGIO PARKWAY RENO NV 89512	88-6000024	501(C)(3)	45,909.				RESEARCH
(2) BOARD OF REGENTS OF THE UNIVERSITY OF OK PO BOX 26901 OKLAHOMA CITY OK 73126-0901	73-11377584	501(C)(3)	97,747.				RESEARCH
(3) BOARD OF TRUSTEES OF SANTA CLARA COLLEGE 500 EL CAMINO REAL SANTA CLARA CA 95050	94-1156617	501(C)(3)	34,507.				RESEARCH
(4) BOARD OF TRUSTEES OF THE LELAND STANFORD JU PO BOX 884253 LOS ANGELES CA 90088-4253	94-1156365	501(C)(3)	1,011,912.				RESEARCH
(5) BOSTON MEDICAL CENTER 960 MASS. AVE BOSTON MA 02118	04-3314093	501(C)(3)	796,475.				RESEARCH
(6) BOSTON UNIVERSITY PO BOX 28763 NEW YORK NY 10087	04-2103547	501(C)(3)	1,214,482.				RESEARCH
(7) BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM MA 02454-9110	04-2103552	501(C)(3)	107,426.				RESEARCH
(8) BRIGHAM YOUNG UNIVERSITY 360 THRB PROVO UT 84602	87-0217280	501(C)(3)	76,402.				RESEARCH
(9) BROOKHAVEN SCIENCE ASSOCIATES LLC 20 BROOKHAVEN AVE. BLDG 400D UPTON NY 11973	11-3403915	GOVT	8,493.				RESEARCH
(10) BROWN UNIVERSITY 69 BROWN STREET PROVIDENCE RI 02912	05-0258809	501(C)(3)	145,238.	4,876.	BOOK VALUE	EQUIPMENT	EDU/RESEARCH
(11) BURKE MED RES INST 785 MAMARONECK AVE WHITE PLAINS NY 10605	13-1739937	501(C)(3)	18,693.				RESEARCH
(12) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA CA 91125	95-1643307	501(C)(3)	558,665.				RESEARCH

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Schedule I (Form 990) 2022

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☐ No

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(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) CALLEN-LORDE COMMUNITY HEALTH CENTER PO BOX 21226 NEW YORK NY 10087-1226	13-3409680	501 (C) (3)	96,418.				RESEARCH
(2) CALYX SYSTEMS 51 HAMILTON PL. NEW YORK NY 10031	88-3758640	501 (C) (3)	87,550.				RESEARCH
(3) CARNEGIE INST OF WA 5251 BROAD BRANCH RD WASHINGTON DC 20015	53-0196523	501 (C) (3)	46,161.				RESEARCH
(4) CARNEGIE MELLON UNIVERSITY PO BOX 371032M PITTSBURGH PA 15250-7032	25-0969449	501 (C) (3)	442,849.				RESEARCH
(5) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND OH 44106-7037	34-1018992	501 (C) (3)	646,186.				RESEARCH
(6) CEDAR SINAI MEDICAL CENTER 6500 WILSHIRE BLVD LOS ANGELES CA 90048	95-1644600	501 (C) (3)	293,140.				RESEARCH
(7) CHARLES B WANG COMMUNITY HEALTH CENTER 268 CANAL STREET NEW YORK NY 10013	13-2739694	501 (C) (3)	77,250.				RESEARCH
(8) CHESTNUT HEALTH SYSTEMS 1003 MLK DRIVE BLOOMINGTON, IL 61701	37-0964629	501 (C) (3)	63,537.				RESEARCH
(9) CHILD MIND INSTITUTE 445 PARK AVENUE NEW YORK NY 10022	80-0478843	501 (C) (3)	78,967.				RESEARCH
(10) CHILDRENS HOSPITAL BOSTON PO BOX 414413 BOSTON MA 02241	04-2774441	501 (C) (3)	415,582.				RESEARCH
(11) CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVE, CINCINNATI OH 45229-3039	31-0833936	501 (C) (3)	226,412.				RESEARCH
(12) CHILDRENS HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD, LOS ANGELES CA 90027	95-1690977	501 (C) (3)	100,406.				RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2022

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1) CHILDRENS HOSPITAL OF PHILADELPHIA 3401 CIVIC CNTR BLVD PHILADELPHIA PA 19104	23-1352166	501(C)(3)	315,052.				RESEARCH
(2) CHILDRENS NATIONAL MEDICAL CENTER 1 INVENTA PL FL 3 SILVER SPRING MD 20910	52-1640403	501(C)(3)	39,402.				RESEARCH
(3) CHRISTIANA CARE HEALTH SYSTEM 200 HYGEIA DR. NEWARK DE 19713	51-0103684	501(C)(3)	546,134.				RESEARCH
(4) CITY COLLEGE OF NY 230 W 41ST ST, 7TH FL NEW YORK NY 10036	13-6000565	GOVT	193,637.				RESEARCH
(5) CITY OF HOPE NATIONAL MEDICAL CENTER 1500 EAST DUARTE ROAD DUARTE CA 91010	95-1683875	501(C)(3)	58,805.				RESEARCH
(6) CIUDADANOS DEL KARSO INC 267 SIERRA MORENA SAN JUAN PR 00926-5583	66-0514059	501(C)(3)	24,571.				RESEARCH
(7) CLINICAL DIRECTORS NETWORK, INC. 5 WEST 37TH STREET NEW YORK NY 10018	14-1717344	501(C)(3)	486,892.				RESEARCH
(8) CODE FOR SCIENCE AND SOCIETY INC 3439 SE HAWTHORNE BLVD PORTLAND OR 97214	81-3791683	501(C)(3)	155,895.				RESEARCH
(9) COLD SPRING HARBOR LABORATORY PO BOX 100 COLD SPRING HA NY 11724	11-2013303	501(C)(3)	996,321.				RESEARCH
(10) COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS CO 80523	84-6000545	501(C)(3)	223,036.				RESEARCH
(11) COM AFFILIATION INC 1300 MORRIS PARK AVE BRONX NY 10461	47-2209056	501(C)(3)	442,788.				RESEARCH
(12) COMMUNITY OPPORTUNITY FUND 144 MAIN STREET COLD SPRING NY 10516	81-3704165	501(C)(3)	385,078.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

JSA

2E1288 1.000

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1) COOPER HEALTH SYSTEM/COOPER UNIVERSITY 3 COOPER PLAZA CAMDEN NJ 08103	21-0634462	501 (C) (3)	275,394.				RESEARCH
(2) CORNELL UNIVERSITY PO BOX 22 ITHACA NY 14851-0022	15-0532082	501 (C) (3)	966,377.				RESEARCH
(3) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON MA 02215	04-2263040	501 (C) (3)	56,075.				RESEARCH
(4) DARTMOUTH COLLEGE 11 ROPE FERRY ROAD #6210 HANOVER NH 03755	02-0222111	501 (C) (3)	23,097.				RESEARCH
(5) DEPARTMENTS OF NYS STATE 42-09 28TH ST, LONG ISLAND CITY NY 11101	13-6400434	GOVT	28,046.				RESEARCH
(6) DREXEL UNIVERSITY PO BOX 95000-1090 PHILADELPHIA PA 19195	23-1352630	501 (C) (3)	173,346.				RESEARCH
(7) DUKE UNIVERSITY PO BOX 602651 CHARLOTTE NC 28260-2651	56-0532129	501 (C) (3)	1,272,660.				RESEARCH
(8) EARTH AND SPACE RESEARCH 1107 NE 45TH ST SEATTLE WA 98105	91-1663391	501 (C) (3)	15,570.				RESEARCH
(9) EMORY UNIVERSITY PO BOX 935084 ATLANTA GA 31193	58-0566256	501 (C) (3)	269,995.				RESEARCH
(10) FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH PO BOX 95000-7530 PHILADELPHIA PA 19195	11-2673595	501 (C) (3)	731,588.				RESEARCH
(11) FLORIDA ATLANTIC UNIVERSITY PO BOX 198660 (LOCKBOX) ATLANTA GA 30384	65-0385507	GOVT	18,887.				RESEARCH
(12) FLORIDA STATE UNIVERSITY PO BOX 3064166 TALLAHASSEE FL 32306	59-1961248	501 (C) (3)	114,907.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

JSA

2E1288 1.000

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**Grants and Other Assistance to Organizations,
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(1) FORDHAM UNIVERSITY 411 E FORDHAM ROAD BRONX NY 10458	13-1740451	501(C)(3)	124,572.				RESEARCH
(2) FOX CHASE CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA PA 19111	23-2003072	501(C)(3)	184,536.				RESEARCH
(3) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE WA 98109-1024	23-7156071	501(C)(3)	146,751.				RESEARCH
(4) FRIENDS OF UNITED NATIONS POPULATION 605 THIRD AVENUE NEW YORK NY 10158-0180	13-3996346	501(C)(3)	400,000.				RESEARCH
(5) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX VA 22030	54-0836354	501(C)(3)	251,559.				RESEARCH
(6) GEORGE WASHINGTON UNIVERSITY PO BOX 829896 PHILADELPHIA PA 19182-9896	53-0196594	501(C)(3)	1,637,717.				RESEARCH
(7) GEORGETOWN UNIVERSITY BOX 571164 WASHINGTON DC 20057-1164	53-0196603	501(C)(3)	802,312.				RESEARCH
(8) GEORGIA INSTITUTE OF TECHNOLOGY PO BOX 130117 ATLANTA GA 30384	58-0603146	501(C)(3)	76,980.				RESEARCH
(9) GREAT PLAINS TRIBAL LEADERS HEALTH BOARD 2611 ELDERBERRY BLVD RAPID CITY SD 57703	46-0420063	501(C)(3)	62,075.				RESEARCH
(10) H LEE MOFFITT CANCER CENTER INC 12902 MAGNOLIA DRIVE TAMPA FL 33612	59-3238634	501(C)(3)	8,859.				RESEARCH
(11) HACKENSACK UNIVERSITY MEDICAL CENTER 111 IDEATION WAY NUTLEY NJ 07710-5100	22-1487576	501(C)(3)	404,706.				RESEARCH
(12) HARBOR-UCLA RESEARCH & ED INST 1124 WEST CARSON STREET TORRANCE CA 90502	95-2138184	501(C)(3)	25,138.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

JSA

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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.
Attach to Form 990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

Employer identification number

13-5598093

Part I General Information on Grants and Assistance

- 1 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 criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HARVARD UNIVERSITY PO BOX 415649 BOSTON MA 02241	04-2103580	501(C)(3)	1,779,539.				RESEARCH
(2) HASTINGS CTR 21 MALCOLM GORDON RD GARRISON NY 10524-5555	13-2662222	501(C)(3)	55,003.				RESEARCH
(3) HEALTH PEOPLE INC 552 SOUTHERN BOULEVARD BRONX NY 10455	51-0418243	501(C)(3)	117,828.				RESEARCH
(4) HEALTH RESEARCH INCORPORATED 150 BROADWAY MENANDS NY 12204	14-1402155	501(C)(3)	922,268.				RESEARCH
(5) HEBREW HOME FOR THE AGED AT RIVERDALE 5901 PALISADE AVE RIVERDALE NY 10471	13-1739971	501(C)(3)	591,959.				RESEARCH
(6) HEBREW REHABILITATION CENTER 1200 CENTRE STREET BOSTON MA 02131	04-2104298	501(C)(3)	21,270.				RESEARCH
(7) HENRY JACKSON FOUNDATION 6720-A ROCKLEDGE DRIVE BETHESDA MD 20817	52-1317896	501(C)(3)	1,287,271.				RESEARCH
(8) HIGH POINT UNIVERSITY ONE UNIVERSITY PARKWAY HIGH POINT NC 27268	56-0529999	501(C)(3)	132,506.				RESEARCH
(9) HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK NY 10021	13-1624135	501(C)(3)	37,830.				RESEARCH
(10) HOWARD UNIVERSITY 2244 10TH STREET NW WASHINGTON DC 20059	53-0204707	501(C)(3)	8,439.				RESEARCH
(11) HUNTER COLLEGE 230 WEST 41ST ST, 7TH FL., NY NY 10036	13-6001027	501(C)(3)	536,774.				RESEARCH
(12) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PLACE NEW YORK NY 10029	13-6171197	501(C)(3)	2,662,717.				RESEARCH

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Schedule I (Form 990) 2022

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**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

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Employer identification number

13-5596093

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- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☐ No

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1) INDIANA UNIVERSITY PO BOX 78000 DETROIT MI 48278-0867	35-6001673	501 (C) (3)	692,903.				RESEARCH
(2) INST FOR ADVANCED STUDY 1 EINSTEIN DRIVE PRINCETON NJ 08540	21-0634988	501 (C) (3)	23,080.				RESEARCH
(3) J DAVID GLADSTONE INSTITUTES 1650 OWENS ST, SAN FRANCISCO CA 94158-2261	23-7203666	501 (C) (3)	37,664.				RESEARCH
(4) JAMES MADISON UNIVERSITY 738 SOUTH MASON ST, HARRISONBURG VA 22807	54-6001756	501 (C) (3)	36,870.				RESEARCH
(5) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CTR DR, CHICAGO IL 60693	52-0595110	501 (C) (3)	2,666,144.				RESEARCH
(6) KAISER FOUNDATION HOSPITALS 1800 HARRISON ST, OAKLAND CA 94612-3466	94-1105628	501 (C) (3)	1,266,813.				RESEARCH
(7) KANSAS STATE UNIVERSITY 2323 ANDERSON AVE, MANHATTAN KS 66502	48-0771751	501 (C) (3)	37,062.				RESEARCH
(8) KENNEDY HEALTHCARE FOUNDATION INC 1101 MARKET ST FL 29 PHILADELPHIA PA 19107	80-0550282	501 (C) (3)	265,803.				RESEARCH
(9) KENT STATE UNIVERSITY PO BOX 5190 KENT OH 44242	31-6402079	501 (C) (3)	37,930.				RESEARCH
(10) KOTZEBUE IRA COUNCIL PO BOX 296 KOTZEBUE AK 99752	92-0060128	GOVT	43,229.				RESEARCH
(11) LA JOLLA INSTITUTE FOR ALLERGY 9420 ATHENA CIRCLE LA JOLLA CA 92037	33-0328688	501 (C) (3)	155,315.				RESEARCH
(12) LAWRENCE LIVERMORE NATL SEC PO BOX 5516 LIVERMORE CA 94551	20-5624386	GOVT	113,945.				RESEARCH

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SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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(1) LITTLE SISTERS OF THE ASSUMPTION 333 EAST 115TH STREET NEW YORK NY 10029	13-2867881	501 (C) (3)	94,868.				RESEARCH
(2) LOUISIANA STATE UNIVERSITY OFFICE OF ACCOUNTING, BATON ROUGE, LA 70803	72-6000848	501 (C) (3)	12,661.				RESEARCH
(3) LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO IL 60611	36-1408475	501 (C) (3)	94,767.				RESEARCH
(4) MARINE BIOLOGICAL LAB PO BOX 3218 BOSTON MA 02241	04-2104690	501 (C) (3)	581,999.				RESEARCH
(5) MASONIC MEDICAL RESEARCH INSTITUTE 2150 BLEECKER ST UTICA NY 13501	13-5648611	501 (C) (3)	16,698.				RESEARCH
(6) MASSACHUSETTS EYE & EAR INFIRMARY PO BOX 412356 BOSTON MA 02241	04-2103591	501 (C) (3)	12,062.				RESEARCH
(7) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON MA 02241-3829	04-2697983	501 (C) (3)	1,719,080.				RESEARCH
(8) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE CAMBRIDGE MA 02139	04-2103594	501 (C) (3)	1,542,106.				RESEARCH
(9) WAYO CLINIC IN JACKSONVILLE P.O. BOX 860334 MINNEAPOLIS MN 55486-0334	59-3337028	501 (C) (3)	109,331.				RESEARCH
(10) WAYO CLINIC IN ROCHESTER P.O. BOX 860334 MINNEAPOLIS MN 55486-0334	41-6011702	501 (C) (3)	278,525.				RESEARCH
(11) MCLAUGHLIN RESEARCH INSTITUTE 1520 23RD ST S GREAT FALLS MT 59405	81-0459235	501 (C) (3)	214,374.				RESEARCH
(12) MEDICAL COLLEGE OF WISCONSIN PO BOX 26509 MILWAUKEE WI 53226-0509	39-0806261	501 (C) (3)	446,859.				RESEARCH

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(1) MEDICAL UNIVERSITY OF SOUTH CAROLINA 1 SOUTH PARK CIRCLE CHARLESTON SC 29407	57-6000722	501 (C) (3)	1,267,398.				RESEARCH
(2) MEDSTAR HEALTH RESEARCH INSTITUTE PO BOX 418223 BOSTON MA 02241	52-6056274	501 (C) (3)	137,145.				RESEARCH
(3) MEMORIAL SLOAN-KETTERING CANCER CENTER PO BOX 27084 NEW YORK NY 10087	13-1924236	501 (C) (3)	1,123,414.				RESEARCH
(4) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD, EAST LANSING MI 48854	38-6005984	501 (C) (3)	1,594,162.				RESEARCH
(5) MONTANA STATE UNIVERSITY PO BOX 172470 BOZEMAN MT 59717-2470	81-6010045	GOVT	25,630.				RESEARCH
(6) MONTCLAIR STATE UNIVERSITY 1 NORMAL AVENUE MONTCLAIR NJ 07043	22-6017209	501 (C) (3)	32,289.				RESEARCH
(7) MOUNT SINAI MED CENTER OF FLORIDA INC 4300 ALTON ROAD WARNER BLDG MIAMI FL 33140	59-0624424	501 (C) (3)	29,787.				RESEARCH
(8) MOUNT SINAI MEDICAL CTR ONE GUSTAVE L LEVY PLACE NY NY 10029	13-1624096	501 (C) (3)	38,974.				RESEARCH
(9) NATIONAL JEWISH MEDICAL AND RESEARCH 1400 JACKSON ST ROOM W213 DENVER CO 80206	74-2044647	501 (C) (3)	558,915.				RESEARCH
(10) NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK NY 10016	13-1673104	501 (C) (3)	65,582.				RESEARCH
(11) NATIONAL NETWORK OF PUBLIC HEALTH 1100 POYDRAS ST, NEW ORLEANS, LA 70163	72-1505359	501 (C) (3)	14,916.				RESEARCH
(12) NEW JERSEY INSTITUTE OF TECHNOLOGY 323 MARTIN LUTHER KING BLVD NEWARK NJ 07102	22-6000910	GOVT	70,712.				RESEARCH

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(1) NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK NY 10029	13-1656674	501(C)(3)	35,299.				RESEARCH
(2) NEW YORK BLOOD CENTER P.O. BOX 419137 BOSTON MA 02241-9137	13-1949477	501(C)(3)	1,540,022.				RESEARCH
(3) NEW YORK CITY HEALTH AND HOSPITALS 125 NORTH STREET NEW YORK NY 10013	13-2655001	501(C)(3)	1,040,721.				RESEARCH
(4) NEW YORK GENOME CTR INC 101 AVENUE OF AMERICAS NEW YORK NY 10013	80-0631734	501(C)(3)	2,792,971.				RESEARCH
(5) NEW YORK HOSPITAL OF QUEENS 56-45 MAIN STREET, S215 FLUSHING NY 11358	11-1839362	501(C)(3)	163,703.				RESEARCH
(6) NEW YORK MEDICAL COLLEGE 1901 FIRST AVE #4B05 NEW YORK NY 10029	13-1099420	501(C)(3)	11,482.				RESEARCH
(7) NEW YORK STATE ASSOCIATION OF COUNTY 8 AIRPORT PARK BLVD LATHAM NY 12110	14-1747742	501(C)(3)	70,002.				RESEARCH
(8) NEW YORK UNIVERSITY PO BOX 415026 BOSTON MA 02241	13-5562308	501(C)(3)	3,152,168.				RESEARCH
(9) NJEDGE NET INC 625 BROAD ST NEWARK NJ 07102	22-3781807	501(C)(3)	8,997.				RESEARCH
(10) NORTH CAROLINA A&T STATE UNIVERSITY 1601 E MARKET STREET GREENSBORO NC 27411	56-6000007	501(C)(3)	67,032.				RESEARCH
(11) NORTHEASTERN UNIV 360 HUNTINGTON AVE, BOSTON MA 02115	04-1679980	501(C)(3)	584,568.				RESEARCH
(12) NORTHERN ARIZONA UNIVERSITY P.O. BOX 4080 FLAGSTAFF AZ 86011	74-2579628	501(C)(3)	11,808.				RESEARCH

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(1) NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH 4150 CLEMENT STREET SAN FRANCISCO CA 94121	94-3084159	501 (C) (3)	47,367.				RESEARCH
(2) NORTHERN ILLINOIS UNIVERSITY LOWDEN HALL- 203 DEKALB IL 60115	36-6008480	501 (C) (3)	41,771.				RESEARCH
(3) NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON IL 60208	36-2167817	501 (C) (3)	885,495.				RESEARCH
(4) OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY JEFFERSON LA 70121	72-0502505	501 (C) (3)	98,004.				RESEARCH
(5) OHIO STATE UNIVERSITY, THE PO BOX 772398 DETROIT MI 48277-2398	31-6025986	501 (C) (3)	208,390.				RESEARCH
(6) OKLAHOMA STATE DEPARTMENT OF HEALTH PO BOX 26901 SCB 228 OKLAHOMA CITY OK 73190	73-6017987	GOVT	12,785.				RESEARCH
(7) OKLAHOMA STATE UNIVERSITY PO BOX 248957 OKLAHOMA CITY OK 73124	73-1383996	GOVT	72,346.				RESEARCH
(8) OLD DOMINION UNIVERSITY PO BOX 6369 NORFOLK VA 23508-0369	54-6000884	501 (C) (3)	31,956.				RESEARCH
(9) OPEN IMAGERY NETWORK, INC. 740 15TH ST NW WASHINGTON DC 20005-1031	81-3160991	501 (C) (3)	62,885.				RESEARCH
(10) OREGON HEALTH AND SCIENCES UNIV 3181 SW SAM JACKSON PARK RD PORTLAND OR 97239	93-1176109	501 (C) (3)	11,780.				RESEARCH
(11) OREGON STATE UNIVERSITY 312 KERR ADMIN BUDG CORVALLIS, OR 97331	61-1730890	GOVT	329,873.				RESEARCH
(12) PENNSYLVANIA STATE UNIVERSITY, THE 227 W BEAVER AVE, STATE COLLEGE PA 16801	24-6000376	501 (C) (3)	229,126.				RESEARCH

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(1) PITTSBURGH DATAWORKS 3945 FORBES AVENUE PITTSBURGH PA 15213	46-2212103	501(C)(3)	24,710.				RESEARCH
(2) PLANETARY SCIENCE INSTITUTE 1700 EAST FORT LOWELL ROAD TUCSON AZ 85719	33-0175263	501(C)(3)	60,195.				RESEARCH
(3) PLANNED PARENTHOOD LEAGUE OF 1055 COMMONWEALTH AVENUE BOSTON MA 02215	04-2698497	501(C)(3)	19,140.				RESEARCH
(4) PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON NJ 08540	21-0634501	501(C)(3)	1,453,961.				RESEARCH
(5) PUBLIC HEALTH FOUNDATION ENTERPRISES INC 13300 CROSSROADS PKWY NORTH CITY OF INDUSTR	95-2557063	501(C)(3)	14,643.				RESEARCH
(6) PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO IL 60673-1235	35-6002041	501(C)(3)	35,395.				RESEARCH
(7) QUINTESSENT INC 120 CREMONA DR GOLETA CA 93117	83-4668682	501(C)(3)	83,092.				RESEARCH
(8) REGENTS OF THE UNIVERSITY OF CA, MERCED 5200 NORTH LAKE ROAD MERCED CA 95343	27-0093858	GOV'T	97,697.				RESEARCH
(9) REGENTS OF THE UNIVERSITY OF CALIFORNIA 120 THEORY IRVINE CA 92697-1050	95-2226406	501(C)(3)	1,205,731.				RESEARCH
(10) REGENTS OF THE UNIVERSITY OF CALIFORNIA 900 UNIVERSITY AVE RIVERSIDE CA 92521	95-6006142	501(C)(3)	64,579.				RESEARCH
(11) REGENTS OF THE UNIVERSITY OF IDAHO 875 PERIMETER DR, MOSCOW ID 83844-3020	82-6000945	GOV'T	24,963.				RESEARCH
(12) REGENTS OF THE UNIVERSITY OF MICHIGAN PO BOX 223131 PITTSBURGH PA 15251	38-6006309	501(C)(3)	2,407,715.				RESEARCH

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IN THE CITY OF NEW YORK

Employer identification number

13-5598093

Part I General Information on Grants and Assistance

- 1 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 criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(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) REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 MINNEAPOLIS MN 55485	41-6007513	501 (C) (3)	1,107,417.				RESEARCH
(2) RENSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY NY 12180	14-1340095	501 (C) (3)	14,270.				RESEARCH
(3) RESEARCH FOUNDATION FOR MENTAL 150 BROADWAY MENANDS NY 12204	14-1410842	501 (C) (3)	4,204,192.				RESEARCH
(4) RESEARCH FOUNDATION OF THE CITY 230 WEST 41ST STREET NEW YORK NY 10036	13-1988190	501 (C) (3)	1,620,588.				RESEARCH
(5) RESEARCH FOUNDATION OF THE STATE PO BOX 9 ALBANY NY 12201-0009	14-1368361	501 (C) (3)	2,113,884.				RESEARCH
(6) RESEARCH INSTITUTE AT NATIONWIDE PO BOX 781653 DETROIT MI 48278-1653	31-6056230	501 (C) (3)	98,196.				RESEARCH
(7) RESEARCH TRIANGLE INSTITUTE PO BOX 896945 CHARLOTTE NC 28289-6945	56-0686338	501 (C) (3)	44,010.				RESEARCH
(8) RETINA FOUNDATION OF THE SOUTHWEST 9600 N. CENTRAL EXPRESSWAY DALLAS TX 75231	51-0151514	501 (C) (3)	69,366.				RESEARCH
(9) RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE RI 02903	05-0258954	501 (C) (3)	78,048.				RESEARCH
(10) RICE UNIVERSITY PO BOX 1892 HOUSTON TX 77251-1892	74-1109620	501 (C) (3)	17,955.				RESEARCH
(11) ROCHESTER INSTITUTE OF TECHNOLOGY 25 LOMB MEMORIAL DR ROCHESTER NY 14623-5608	16-0743140	501 (C) (3)	45,152.				RESEARCH
(12) ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK NY 10065-6399	13-1624158	501 (C) (3)	620,276.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

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.
Attach to Form 990.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2022

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Inspection

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Employer identification number

13-5598093

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

Part I General Information on Grants and Assistance

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(1) ROSALIND FRANKLIN UNIV OF MED & SCIENCE 3333 GREEN BAY ROAD NORTH CHICAGO IL 60064	36-2181973	501(C)(3)	108,562.				RESEARCH
(2) RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN ST, CHICAGO IL 60612	36-2174823	501(C)(3)	1,756,198.				RESEARCH
(3) RUTGERS THE STATE UNIVERSITY OF NJ 33 KNIGHTSBRIDGE RD, PISCATAWAY NJ 08854	46-2354111	501(C)(3)	42,163.				RESEARCH
(4) RUTGERS UNIVERSITY 33 KNIGHTSBRIDGE RD PISCATAWAY NJ 08854	22-6001086	501(C)(3)	1,448,850.				RESEARCH
(5) SAINT PETERS UNIVERSITY HOSPITAL 254 EASTON AVE. NEW BRUNSWICK NJ 08901	22-1487330	501(C)(3)	136,692.				RESEARCH
(6) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA CA 92037	95-2160097	501(C)(3)	57,094.				RESEARCH
(7) SAN DIEGO STATE UNIVERSITY FOUNDATION 5250 CAMPANILE DR SAN DIEGO CA 92182	95-6042721	501(C)(3)	155,724.				RESEARCH
(8) SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE SAN FRANCISCO CA 94132	93-1137247	501(C)(3)	30,728.				RESEARCH
(9) SAN JOSE STATE UNIVERSITY 210 N. FOURTH ST SAN JOSE CA 95112	94-6017638	501(C)(3)	39,358.				RESEARCH
(10) SCINTILLON INSTITUTE, THE 6868 NANCY RIDGE DR SAN DIEGO CA 92121-2217	45-4323888	501(C)(3)	346,013.				RESEARCH
(11) SDSN ASSOCIATION 475 RIVERSIDE DRIVE NEW YORK NY 10115	47-3511012	501(C)(3)	6,542.				RESEARCH
(12) SEATTLE CHILDRENS HOSPITAL 4800 SAND POINT WAY NE SEATTLE WA 98124	91-0564748	501(C)(3)	117,162.				RESEARCH

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**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

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(1) SEATTLE INSTITUTE FOR BIOMEDICAL AND 1660 S COLUMBIAN WAY SEATTLE WA 98108	91-1452438	501 (C) (3)	48,513.				RESEARCH
(2) SLOAN KETTERING INST FOR PO BOX 27718 NEW YORK NY 10087	13-1624182	501 (C) (3)	542,140.				RESEARCH
(3) SMITHSONIAN INSTITUTION 24411 NETWORK PLACE CHICAGO IL 60673-1243	53-0206027	501 (C) (3)	116,380.				RESEARCH
(4) SOUTH FLORIDA VA FOUNDATION 1201 NW 16TH STREET MIAMI FL 33125	65-0207903	501 (C) (3)	24,285.				RESEARCH
(5) SOUTHERN METHODIST UNIVERSITY PO BOX 750259 DALLAS TX 75275	75-0800589	501 (C) (3)	154,337.				RESEARCH
(6) SPORTS AND ARTS IN SCHOOLS FOUNDATION 58-12 QUEENS BLVD #1 WOODSIDE NY 11377	11-31112635	501 (C) (3)	32,475.				RESEARCH
(7) ST JOHNS UNIVERSITY 8000 UTOPIA PARKWAY QUEENS NY 11439	11-1630830	501 (C) (3)	14,999.				RESEARCH
(8) STATE OF CO SCH OF MINES PO BOX 735377 DALLAS TX 75373	84-6000551	GOVT	83,769.				RESEARCH
(9) STATE OF MARYLAND 8000 YORK ROAD TOWSON MD 21252	52-6002033	501 (C) (3)	850,247.				RESEARCH
(10) STATE OF MISSISSIPPI-UNIVERSITY 2500 NORTH STATE ST, JACKSON, MS 39216	64-6008520	501 (C) (3)	711,332.				RESEARCH
(11) STATE OF SOUTH DAKOTA 501 E SAINT JOSEPH ST, RAPID CITY SD 57701	46-6000364	GOVT	87,947.				RESEARCH
(12) STATE UNIVERSITY OF IOWA 201 S CLINTON STREET IOWA CITY IA 52242	42-6004813	501 (C) (3)	803,720.				RESEARCH

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Schedule I (Form 990) 2022

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

Employer identification number

13-5598093

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(1) STEVENS INSTITUTE OF TECHNOLOGY 1 CASTLE POINT ON HUDSON HOBOKEN NJ 07030	22-1487354	501(C)(3)	90,535.				RESEARCH
(2) TEACHERS COLLEGE 525 WEST 120TH STREET NEW YORK NY 10027	13-1624202	501(C)(3)	631,347.				RESEARCH
(3) TEMPLE UNIVERSITY PO BOX 22432 NEW YORK NY 10087-2432	23-1365971	501(C)(3)	207,098.				RESEARCH
(4) TEXAS A&M UNIVERSITY 400 HARVEYMITCHELLPKWY COLLEGE STN TX 77845	74-6000531	501(C)(3)	256,229.				RESEARCH
(5) TEXAS A&M UNIVERSITY AT GALVESTON PO BOX 22432 COLLEGE STATION, TX 77845	74-2125225	GOVT	37,571.				RESEARCH
(6) TEXAS BIOMEDICAL RESEARCH INSTITUTE PO BOX 760549 SAN ANTONIO TX 78245	74-1109630	501(C)(3)	77,116.				RESEARCH
(7) TEXAS TECH UNIVERSITY PO BOX 41105 LUBBOCK TX 79409	75-6002622	501(C)(3)	116,981.				RESEARCH
(8) THE ALEXANDRIA ARCHIVE INSTITUTE 125 EL VERANO WAY SAN FRANCISCO CA 94127	91-2146202	501(C)(3)	11,475.				RESEARCH
(9) THE BOARD OF REGENTS OF THE 201 STEPHENSON PARKWAY NORMAN OK 73019	73-1377584	501(C)(3)	51,589.				RESEARCH
(10) THE BRIGHAM AND WOMENS HOSPITAL INC P.O. BOX 3887 BOSTON MA 02241-3887	04-2312909	501(C)(3)	1,539,806.				RESEARCH
(11) THE BROAD INSTITUTE INC 415 MAIN STREET CAMBRIDGE MA 02142	26-3428781	501(C)(3)	24,423.				RESEARCH
(12) THE BRONX VETERANS MEDICAL RESEARCH 130 WEST KINGSBRIDGE ROAD BRONX NY 10468	13-3699250	501(C)(3)	136,551.				RESEARCH

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(1) THE CHILDRENS HOSPITAL OF PHILADELPHIA PHILADELPHIA PA 19178-1457	23-1352166	501(C)(3)	997,098.				RESEARCH
(2) THE CLEVELAND CLINIC FOUNDATION P.O. BOX 931531 CLEVELAND OH 44193	34-0714585	501(C)(3)	51,303.				RESEARCH
(3) THE COLLEGE OF WILLIAM & MARY PO BOX 8795 WILLIAMSBURG VA 23187	54-6001718	501(C)(3)	42,288.				RESEARCH
(4) THE CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD PA 19041	23-6002304	501(C)(3)	26,903.				RESEARCH
(5) THE JACKSON LABORATORY 610 MAIN STREET BAR HARBOR ME 04609	01-0211513	501(C)(3)	367,264.				RESEARCH
(6) THE RAND CORPORATION PO BOX 2138 SANTA MONICA CA 90407	95-1958142	501(C)(3)	491,047.				RESEARCH
(7) THE REGENTS OF UNIVERSITY OF CALIFORNIA UNIVERSITY & OXFORD ST BERKELEY, CA 94720	94-6036493	501(C)(3)	2,270,500.				RESEARCH
(8) THE SCRIPPS RESEARCH INSTITUTE PO BOX 741745 LOS ANGELES CA 90074-1745	33-0435954	501(C)(3)	386,808.				RESEARCH
(9) THE UNIVERSITY CORPORATION 18111 NORDHOFF ST NORTHridge CA 91330-8309	95-1992732	501(C)(3)	17,541.				RESEARCH
(10) THE UNIVERSITY OF ALABAMA IN HUNTSVILLE 301 SPARKMAN DRIVE HUNTSVILLE AL 35899	63-0520830	501(C)(3)	25,376.				RESEARCH
(11) THE UNIVERSITY OF CENTRAL FLORIDA PO BOX 160118 ORLANDO FL 32816	59-2924021	501(C)(3)	75,100.				RESEARCH
(12) THE UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DR #5157 HATTIESBURG MS 39406	64-6000818	GOVT	123,028.				RESEARCH

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(1) THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT ST PHILADELPHIA PA 19107	23-1352651	501 (C) (3)	54,247.				RESEARCH
(2) Touro College 500 SEVENTH AVE NEW YORK NY 10018	13-2676570	501 (C) (3)	20,970.				RESEARCH
(3) TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE SARANAC LAKE NY 12983	14-1401413	501 (C) (3)	18,467.				RESEARCH
(4) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD, HANOVER NH 03755-1404	02-0222111	501 (C) (3)	245,617.				RESEARCH
(5) TRUSTEES OF TUFTS COLLEGE 800 WASHINGTON STREET BOSTON MA 02111	04-2103634	501 (C) (3)	455,616.				RESEARCH
(6) TUFTS MEDICAL CENTER INC 800 WASHINGTON STREET BOSTON MA 02111	04-3400617	501 (C) (3)	55,366.				RESEARCH
(7) TULANE UNIVERSITY 1555 POYDRAS STREET NEW ORLEANS LA 70112	72-0423889	501 (C) (3)	52,891.				RESEARCH
(8) UNIV OF NORTH CAROLINA AT CHAPEL HILL PO BOX 402420 ATLANTA GA 30384-2420	56-6001393	501 (C) (3)	950,074.				RESEARCH
(9) UNIV OF TEXAS AT ARLINGTON PO BOX 19136 ARLINGTON TX 76019-0136	75-6000121	501 (C) (3)	155,350.				RESEARCH
(10) UNIVERSITY CORPORATION FOR ATMOSPHERIC P O BOX 3000 BOULDER CO 80307-3000	84-0412668	501 (C) (3)	92,189.				RESEARCH
(11) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE SOUTH BIRMINGHAM AL 35294-0109	63-6005396	501 (C) (3)	2,030,494.				RESEARCH
(12) UNIVERSITY OF ALASKA 505 S CHANDALAR FAIRBANKS AK 99775	92-6000147	501 (C) (3)	124,184.				RESEARCH

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(1) UNIVERSITY OF ARIZONA PO BOX 757880 TUCSON AZ 85717	86-6004791	501 (C) (3)	529,900.				RESEARCH
(2) UNIVERSITY OF ARKANSAS FOR MEDICAL 4301 W MARKHAM ST LITTLE ROCK AR 72205	71-6046242	501 (C) (3)	42,163.				RESEARCH
(3) UNIVERSITY OF CALIFORNIA AT SANTA CRUZ 1156 HIGH STREET SANTA CRUZ CA 95064	94-1539563	501 (C) (3)	47,745.				RESEARCH
(4) UNIVERSITY OF CALIFORNIA BERKELEY UNIVERSITY & OXFORD ST BERKELEY, CA 94720	94-6002123	501 (C) (3)	2,742,465.				RESEARCH
(5) UNIVERSITY OF CALIFORNIA DAVIS P.O. BOX 741816 LOS ANGELES CA 90074-1816	95-6006143	501 (C) (3)	263,440.				RESEARCH
(6) UNIVERSITY OF CALIFORNIA LOS ANGELES PO BOX 957089, LOS ANGELES CA 90095-9000	95-6006143	501 (C) (3)	1,743,791.				RESEARCH
(7) UNIVERSITY OF CALIFORNIA SAN DIEGO PO BOX 741539 LOS ANGELES CA 90074-1539	95-6006144	501 (C) (3)	561,654.				RESEARCH
(8) UNIVERSITY OF CALIFORNIA SANTA BARBARA SAASB BLDG, RM 1212 SANTA BARBARA CA 93106	95-6006145	501 (C) (3)	119,637.				RESEARCH
(9) UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVENUE CHICAGO IL 60637	36-2177139	501 (C) (3)	2,454,554.				RESEARCH
(10) UNIVERSITY OF CINCINNATI PO BOX 932641 CLEVELAND OH 44193	31-6000989	501 (C) (3)	2,236,390.				RESEARCH
(11) UNIVERSITY OF COLORADO PO BOX 910238 DENVER CO 80291-0238	84-6000555	501 (C) (3)	2,802,088.				RESEARCH
(12) UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BLDG NEWARK DE 19716	51-6000297	501 (C) (3)	15,532.				RESEARCH

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(1) UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE FL 32611-3001	59-6002052	501 (C) (3)	162,826.				RESEARCH
(2) UNIVERSITY OF GEORGIA 310 EAST CAMPUS ROAD ATHENS GA 30602	58-1353149	501 (C) (3)	42,810.				RESEARCH
(3) UNIVERSITY OF HAWAII 2440 CAMPUS ROAD HONOLULU HI 96822	99-6000354	501 (C) (3)	222,863.				RESEARCH
(4) UNIVERSITY OF HEALTH AND PHARMACY 1 PHARMACY PLACE ST LOUIS MO 63110	43-0652675	501 (C) (3)	230,025.				RESEARCH
(5) UNIVERSITY OF HOUSTON SYS PO BOX 988 HOUSTON TX 77001-0988	74-6001399	501 (C) (3)	224,013.				RESEARCH
(6) UNIVERSITY OF ILLINOIS 28395 NETWORK PLACE CHICAGO IL 60673-1283	37-6000511	501 (C) (3)	579,735.				RESEARCH
(7) UNIVERSITY OF KANSAS 2385 IRVING HILL RD LAWRENCE KS 66044-7552	48-0680117	501 (C) (3)	84,257.				RESEARCH
(8) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY KS 66160-7702	48-1108830	501 (C) (3)	8,695.				RESEARCH
(9) UNIVERSITY OF KENTUCKY RESEARCH 301 PETERSON SVC BLDG, LEXINGTON, KY 40506	61-6033693	501 (C) (3)	36,725.				RESEARCH
(10) UNIVERSITY OF LOUISIANA AT LAFAYETTE PO BOX 42570 LAFAYETTE LA 70504-2570	72-6000820	GOVT	66,924.				RESEARCH
(11) UNIVERSITY OF LOUISVILLE 401 E CHESTNUT STREET LOUISVILLE KY 40202	61-1029626	501 (C) (3)	25,283.				RESEARCH
(12) UNIVERSITY OF MASSACHUSETTS LOWELL 600 SUFFOLK STREET LOWELL MA 01854	04-3167352	501 (C) (3)	412,736.				RESEARCH

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Schedule I (Form 990) 2022

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.
Attach to Form 990.

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

Employer identification number

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

13-5598093

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(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 MIAMI PO BOX 405803 ATLANTA GA 30384-5803	59-0624458	501 (C) (3)	1,652,292.	7,889.	BOOK VALUE	EQUIPMENT	EDU/RESEARCH
(2) UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY MO 64180-7012	43-6003859	501 (C) (3)	414,809.				RESEARCH
(3) UNIVERSITY OF NEBRASKA MEDICAL CENTER PO BOX 830861 LINCOLN NE 68583-0861	47-0049123	501 (C) (3)	39,703.				RESEARCH
(4) UNIVERSITY OF NORTH TEXAS 3500 CAMP BOWIE BLVD FORT WORTH TX 76107	75-6002149	501 (C) (3)	16,545.				RESEARCH
(5) UNIVERSITY OF NOTRE DAME 836A GRACE HALL NOTRE DAME IN 46556-5612	35-0868188	501 (C) (3)	28,672.				RESEARCH
(6) UNIVERSITY OF OREGON PO BOX 3237 EUGENE OR 97403-0237	46-4727800	501 (C) (3)	380,683.				RESEARCH
(7) UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA PA 19178-5541	23-1352685	501 (C) (3)	2,195,921.				RESEARCH
(8) UNIVERSITY OF PITTSBURGH 500 ROSS STREET PITTSBURGH PA 15262-0001	25-0965591	501 (C) (3)	1,155,056.				RESEARCH
(9) UNIVERSITY OF PUERTO RICO PO BOX 365067 SAN JUAN PR 00936-5067	66-0433762	501 (C) (3)	506,497.				RESEARCH
(10) UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE ROAD KINGSTON RI 02881	05-6000522	501 (C) (3)	139,322.				RESEARCH
(11) UNIVERSITY OF ROCHESTER 910 GENESEE ST, STE 200 ROCHESTER NY 14611	16-0743209	501 (C) (3)	206,647.				RESEARCH
(12) UNIVERSITY OF SOUTH FLORIDA 4202 E. FOWLER AVENUE TAMPA FL 33620	59-3102112	501 (C) (3)	109,985.				RESEARCH

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(1) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST LOS ANGELES CA 90089	95-1642394	501(C)(3)	274,003.				RESEARCH
(2) UNIVERSITY OF TENNESSEE 210 STUDENT SVCS BLDG KNOXVILLE TN 37996	62-6001636	501(C)(3)	81,539.				RESEARCH
(3) UNIVERSITY OF TEXAS PO BOX 660120 DALLAS TX 75266-0120	74-6000949	501(C)(3)	164,828.				RESEARCH
(4) UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN TX 78713-7159	74-6000203	501(C)(3)	360,866.				RESEARCH
(5) UNIVERSITY OF TEXAS HEALTH SCIENCE CNTR PO BOX 1898 SAN ANTONIO TX 78297-1898	74-1586031	501(C)(3)	271,669.				RESEARCH
(6) UNIVERSITY OF TEXAS HSC HOUSTON P.O. BOX 301418 DALLAS TX 75303-1418	74-1761309	501(C)(3)	11,120.				RESEARCH
(7) UNIVERSITY OF TEXAS MEDICAL P.O. BOX 660120 DALLAS TX 75266	74-1761309	501(C)(3)	33,246.				RESEARCH
(8) UNIVERSITY OF TEXAS SOUTHWESTERN PO BOX 841765 DALLAS TX 75284-1765	75-6002868	501(C)(3)	678,128.				RESEARCH
(9) UNIVERSITY OF UTAH 201 S PRESIDENTS CIR SALT LAKE CITY UT 84112	87-6000525	501(C)(3)	906,414.				RESEARCH
(10) UNIVERSITY OF VERMONT AND STATE PO BOX 1389 WILLISTON VT 05495-1389	03-0179440	501(C)(3)	696,189.				RESEARCH
(11) UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE VA 22904-4195	54-6046419	501(C)(3)	940,287.				RESEARCH
(12) UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO IL 60693	60-5799469	501(C)(3)	1,912,169.				RESEARCH

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Schedule I (Form 990) 2022

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(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 WISCONSIN MADISON UN-MADISON GAR ACCOUNT MILWAUKEE WI 53278	39-6006492	501(C)(3)	535,981.				RESEARCH
(2) UNIVERSITY OF WISCONSIN SYSTEMS 800 ALGOMA BLVD OSHKOSH WI 54901	39-1805963	GOVT	36,431.				RESEARCH
(3) UNIVERSITY SYSTEM OF NEW HAMPSHIRE 105 MAIN STREET DURHAM NH 03824	02-6000937	501(C)(3)	68,661.				RESEARCH
(4) UPPER ROOM AIDS MINISTRY INC 306 LENOX AVENUE NEW YORK NY 10027	13-3841701	501(C)(3)	157,817.				RESEARCH
(5) URBAN HEALTH PLAN INC 1065 SOUTHERN BOULEVARD BRONX NY 10459	23-7360305	501(C)(3)	29,906.				RESEARCH
(6) URBAN SUSTAINABILITY DIRECTORS NETWORK 500 WESTOVER DRIVE #14973 SANFORD NC 27330	82-5015863	501(C)(3)	30,000.				RESEARCH
(7) UTAH STATE UNIVERSITY PO BOX 35146 SEATTLE WA 98124	87-6000528	501(C)(3)	146,325.				RESEARCH
(8) VANDERBILT UNIVERSITY P.O. BOX 121236 DALLAS TX 75312-1236	62-0476822	501(C)(3)	201,124.				RESEARCH
(9) VANDERBILT UNIVERSITY MEDICAL CENTER PO BOX 121236 DALLAS TX 75312-1236	35-2528741	501(C)(3)	409,589.				RESEARCH
(10) VASSAR COLLEGE 124 RAYMOND AVENUE POUGHKEEPSIE NY 12604	14-1338587	501(C)(3)	27,336.				RESEARCH
(11) VIRGINIA POLYTECHNICAL INSTITUTE AND 300 TURNER STREET BLACKSBURG VA 24061	54-6001805	501(C)(3)	67,002.				RESEARCH
(12) VISITING NURSE SERVICE OF NEW YORK 220 EAST 42ND STREET NEW YORK NY 10017	13-3189926	501(C)(3)	345,753.				RESEARCH

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Schedule I (Form 990) 2022

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SCHEDULE I
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**Grants and Other Assistance to Organizations,
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(1) WAKE FOREST UNIVERSITY 1934 WAKE FOREST RD WINSTON SALEM NC 27157	56-0532138	501(C)(3)	459,188.				RESEARCH
(2) WASHINGTON STATE UNIVERSITY PO BOX 641025, PULLMAN WA 99164	91-6001108	501(C)(3)	16,679.				RESEARCH
(3) WASHINGTON UNIVERSITY 240 FRENCH ADMIN BLDG ST LOUIS MO 63112	43-0653611	501(C)(3)	1,198,759.				RESEARCH
(4) WAYNE STATE UNIV P.O. BOX 02788 DETROIT MI 48202	38-6028429	501(C)(3)	28,743.				RESEARCH
(5) WE THE PROTESTERS 30 E 125TH STREET NEW YORK NY 10035	81-3764408	501(C)(3)	10,000.				RESEARCH
(6) WEILL MEDICAL COLLEGE OF CORNELL UNIVERS P.O. BOX 22371 NEW YORK NY 10087-2371	13-1623978	501(C)(3)	7,858,784.				RESEARCH
(7) WEST HARLEM ENVIRONMENTAL ACTION INC 1854 AMSTERDAM AVENUE NY NY 10031	13-3800068	501(C)(3)	60,174.				RESEARCH
(8) WEST VIRGINIA UNIVERSITY RESEARCH CORPOR PO BOX 6002 MORGANTOWN WV 26506	55-0665758	501(C)(3)	11,577.				RESEARCH
(9) WESTERN MICHIGAN UNIVERSITY 1903 W. MICHIGAN AVE KALAMAZOO MI 49008	38-6007327	501(C)(3)	5,013.				RESEARCH
(10) WESTERN WASHINGTON UNIVERSITY 516 HIGH STREET BELLINGHAM WA 98225-9004	91-6000562	GOVT	30,710.				RESEARCH
(11) WOODS HOLE OCEANOGRAPHIC INSTITUTION 569 WOODS HOLE ROAD WOODS HOLE MA 02543	04-2105850	501(C)(3)	383,505.	5,215.	BOOK VALUE	EQUIPMENT	EDU/RESEARCH
(12) YALE UNIVERSITY PO BOX 1873 NEW HAVEN CT 06508-1873	06-0646973	501(C)(3)	1,603,819.				RESEARCH

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(1) UNIVERSITY OF COLORADO HOSPITAL AUTHORITY 12401 E 17TH AVENUE AURORA CO 80045	84-1179794	501(C)(3)	19,186.				RESEARCH
(2) TRIBE MEDIA CORP (D/B/A JEWISH JOURNAL) 1980 CENTURY PARK E, LOS ANGELES CA 90067	95-4019743	501(C)(3)	25,000.				PROGRAM SERVICES
(3) COLUMBIA BARNARD HILLEL, INC. 606 W 115TH STREET NEW YORK NY 10025	23-7077182	501(C)(3)	360,000.				PROGRAM SERVICES
(4) CEGAANA 142 N MILPITAS BLVD #392 MILPITAS CA 95035	46-5178306	501(C)(3)	20,000.				PROGRAM SERVICES
(5) AATS FOUNDATION 800 CUMMINGS CENTER, BEVERLY MA 01915	23-7288866	501(C)(3)	10,000.				PROGRAM SERVICES
(6) ADDO FOUNDATION INC 503 ROGERS AVENUE BROOKLYN NY 11225	82-1469026	501(C)(3)	25,789.				PROGRAM SERVICES
(7) AMERICA SCORES NEW YORK 520 EIGHTH AVENUE NEW YORK NY 10018	13-4189653	501(C)(3)	12,000.				PROGRAM SERVICES
(8) AMERICAN ACADEMY OF NURSING 1000 VERMONT AVE NW WASHINGTON DC 20005	52-2213870	501(C)(3)	19,000.				PROGRAM SERVICES
(9) AMERICAN CIVIL LIBERTIES UNION FOUNDATION I 125 BROAD STREET NEW YORK NY 10004	13-6213516	501(C)(3)	651,000.				PROGRAM SERVICES
(10) AMERICAN HEART ASSOCIATION P O BOX 4002012 DES MOINES IA 50340-2012	13-5613797	501(C)(3)	10,000.				PROGRAM SERVICES
(11) AMERICAN ISRAEL EDUCATION FOUNDATION 251 H STREET NW WASHINGTON DC 20001	52-1623781	501(C)(3)	75,000.				PROGRAM SERVICES
(12) ARC XVI FORT WASHINGTON CENTER AND ADULT DA 108 WEST 146TH STREET NEW YORK NY 10039	13-2745426	501(C)(3)	11,000.				PROGRAM SERVICES

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(1) ARNOLD P GOLD FOUND 619 PALISADE AVE ENGLEWOOD CLIFFS NJ 07632	22-3052098	501(C)(3)	25,000.				PROGRAM SERVICES
(2) ARTS AND MINDS INC 404 WEST 116TH STREET NEW YORK NY 10027	27-3733512	501(C)(3)	6,000.				PROGRAM SERVICES
(3) ASSOCIATED MEDICAL SCHOOLS OF NEW YORK 1270 AVE OF THE AMERICAS, NY NY 10020	13-6214887	501(C)(3)	10,000.				PROGRAM SERVICES
(4) BEHIND THE BOOK INC 216 WEST 135TH STREET NEW YORK NY 10030	32-0086097	501(C)(3)	8,500.				PROGRAM SERVICES
(5) BLOOMINGDALE FAMILY PROGRAM INC 987 COLUMBUS AVENUE NEW YORK NY 10025	13-2638566	501(C)(3)	12,000.				PROGRAM SERVICES
(6) BOOMER ESTASON FOUNDATION PO BOX 28819 NEW YORK NY 10087-8819	11-3142753	501(C)(3)	12,000.				PROGRAM SERVICES
(7) BROADWAY COMMUNITY INC 601 W 114TH ST NEW YORK NY 10025	13-3652817	501(C)(3)	10,000.				PROGRAM SERVICES
(8) BROADWAY MALL ASSN 2095 BROADWAY NEW YORK NY 10023	13-3419786	501(C)(3)	21,000.				PROGRAM SERVICES
(9) CATHEDRAL CHURCH OF ST JOHN THE DIVINE 1047 AMSTERDAM AVENUE NEW YORK NY 10025	13-1623934	501(C)(3)	18,000.				PROGRAM SERVICES
(10) CEGAANA 142 N MILPITAS BOULEVARD MILPITAS CA 95035	46-5178306	501(C)(3)	20,000.				PROGRAM SERVICES
(11) CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE NEW YORK NY 10017	13-3634381	501(C)(3)	651,000.				PROGRAM SERVICES
(12) CLINICAL LEGAL EDUCATION ASSOCIATION 210 SCIENCE DRIVE DURHAM NC 27708	01-0670480	501(C)(3)	10,000.				PROGRAM SERVICES

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(1) COLORADO SCHOOL OF MINES FOUNDATION 1812 IL ST, PO BOX 4005 GOLDEN, CO 80402	84-0509064	501(C)(3)	60,000.				PROGRAM SERVICES
(2) COLUMBIA UNIV PRESS 61 WEST 62ND ST 3RD FL NEW YORK NY 10023	13-1623968	501(C)(3)	30,457.				PROGRAM SERVICES
(3) COMMUNITY LEAGUE OF THE HEIGHTS INC 500 W 159TH STREET NY NY 10032	13-2564241	501(C)(3)	20,000.				PROGRAM SERVICES
(4) COUNCIL ON FOREIGN RELATIONS 58 EAST 68TH STREET NEW YORK NY 10065	13-1628168	501(C)(3)	50,000.				PROGRAM SERVICES
(5) DANCE PROJECT OF WASHINGTON HEIGHTS INC 621 W 172ND ST NEW YORK NY 10032	47-1583227	501(C)(3)	8,500.				PROGRAM SERVICES
(6) DOMINICAN WOMENS DEVELOPMENT CENTER 519 WEST 189TH STREET NY NY 10040	13-3593885	501(C)(3)	43,000.				PROGRAM SERVICES
(7) DOMINICANOS PRO AYUDA A LA NINEZ INC 280 FT WASHINGTON AVE STE 45 NY NY 10032	13-3673457	501(C)(3)	10,000.				PROGRAM SERVICES
(8) DOROT INC 171 WEST 85TH ST. NEW YORK NY 10024	13-3264005	501(C)(3)	8,500.				PROGRAM SERVICES
(9) EASTERN NURSING RES SOCIE 673 POTOMAC STATION DRIVE LEESBURG VA 20176	02-0451691	501(C)(3)	5,250.				PROGRAM SERVICES
(10) FRACTURED ATLAS INC PO BOX 55 HARTSDALE NY 10530	11-3451703	501(C)(3)	7,512.				PROGRAM SERVICES
(11) FRESH YOUTH INITIATIVES INC 505 WEST 171 STREET NEW YORK NY 10032	13-3723207	501(C)(3)	9,000.				PROGRAM SERVICES
(12) FRIENDS OF COLUMBIA SECONDARY SCHOOL FOR MA 603 WEST 115TH ST. NEW YORK NY 10025	26-1146491	501(C)(3)	500,000.				PROGRAM SERVICES

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

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

Schedule I (Form 990) 2022

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.
Attach to Form 990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Employer identification number

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

13-5598093

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(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) FRIENDS OF THE NATL INST PO BOX 855 LEXINGTON KY 40588	52-1832014	501 (C) (3)	24,000.				PROGRAM SERVICES
(2) FRIENDS OR RELATIVES WITH AUTISM & RELATED PO BOX 1174 SOUTH DENNIS MA 02660	46-4669648	501 (C) (3)	25,000.				PROGRAM SERVICES
(3) FUND FOR THE CITY OF NEW YORK 121 AVE OF THE AMERICAS NEW YORK NY 10013	13-2612524	501 (C) (3)	6,500.				PROGRAM SERVICES
(4) HARLEM ACADEMY 655 ST. NICHOLAS AVENUE NEW YORK NY 10030	56-2454573	501 (C) (3)	11,000.				PROGRAM SERVICES
(5) HARLEM CHAMBER PLAYERS INC 279 WEST 117TH STREET NEW YORK NY 10026	45-2160791	501 (C) (3)	12,000.				PROGRAM SERVICES
(6) HARLEM CONGREGATIONS FOR COMMUNITY IMPROVEM 256 WEST 153RD STREET NEW YORK NY 10039	13-3516262	501 (C) (3)	13,645.				PROGRAM SERVICES
(7) HIT THE BOOKS INC 145 EAST 57TH STREET NEW YORK NY 10022	84-2795993	501 (C) (3)	10,000.				PROGRAM SERVICES
(8) HOLYROOD CHURCH IGLESIA SANTA CRUZ 715 W 179TH STREET NEW YORK NY 10033	13-1844844	501 (C) (3)	7,500.				PROGRAM SERVICES
(9) I CHALLENGE MYSELF INC 712 W 184TH ST. NEW YORK NY 10033	56-2423423	501 (C) (3)	5,500.				PROGRAM SERVICES
(10) INTERNATIONAL SOCIETY FOR DEVELOPMENT PSYCH 297 KINDERKAMACK ROAD ORADELL NJ 07649	64-0954919	501 (C) (3)	10,500.				PROGRAM SERVICES
(11) INTERNATIONAL SOCIETY FOR EXPERIMENTAL HEMA 330 N WABASH AVENUE CHICAGO IL 60611	23-7282003	501 (C) (3)	10,000.				PROGRAM SERVICES
(12) INWOOD ART WORKS INC 97 PARK TER W NEW YORK NY 10034	81-4379932	501 (C) (3)	27,500.				PROGRAM SERVICES

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

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Schedule I (Form 990) 2022

**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.
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Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

13-5598093

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(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) JONAS PHILANTHROPIES INC P.O. BOX 705 NEW YORK NY 10032	82-1843824	501(C)(3)	10,000.				PROGRAM SERVICES
(2) LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE, RYE BROOK NY 10573	13-5644916	501(C)(3)	12,500.				PROGRAM SERVICES
(3) MOHONK PRESERVE INC PO BOX 715 NEW PALTZ NY 12561	14-1609484	501(C)(3)	100,000.				PROGRAM SERVICES
(4) MOUNT SINAI MEDICAL CENTER FOUNDATION 4300 ALTON RD MIAMI BEACH FL 33140-2948	59-1711400	501(C)(3)	15,000.				PROGRAM SERVICES
(5) MOVING FOR LIFE 954 LEXINGTON AVENUE NEW YORK NY 10021	46-5251831	501(C)(3)	29,900.				PROGRAM SERVICES
(6) MUSEUM OF ARTS AND DESIGN 2 COLUMBUS CIRCLE NEW YORK NY 10019	13-3585408	501(C)(3)	125,000.				PROGRAM SERVICES
(7) NEW YORK COMMON PANTRY INC 8 EAST 109TH STREET NEW YORK NY 10029	13-3127972	501(C)(3)	12,000.				PROGRAM SERVICES
(8) NEW YORKERS TO CURE PARALYSIS INC 1280 FIFTH AVE, PH F NEW YORK NY 10029	46-4135776	501(C)(3)	15,000.				PROGRAM SERVICES
(9) NIDO DE ESPERANZA CHARITABLE SOCIETY 4111 BROADWAY NEW YORK NY 10033	82-5510616	501(C)(3)	8,000.				PROGRAM SERVICES
(10) NORTHERN MANHATTAN IMPROVEMENT CORP 76 WADSWORTH AVENUE NEW YORK NY 10033	13-4167218	501(C)(3)	10,000.				PROGRAM SERVICES
(11) NORTHERN MANHATTAN IMPROVEMENT CORPORATION 45 WADSWORTH AVENUE NEW YORK NY 10033	13-2972415	501(C)(3)	35,000.				PROGRAM SERVICES
(12) NORTHERN MANHATTAN PERINATAL PARTNERSHIP PA 127 W 127TH ST STE 305 NY 10027-3723	13-3782555	501(C)(3)	25,000.				PROGRAM SERVICES

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

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Schedule I (Form 990) 2022

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.
Attach to Form 990.

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Employer identification number

13-5598093

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? ☐ Yes ☐ No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(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) OLIGO NATION 1325 SCHAEFFER RD SEBASTOPOL CA 95472-5540	46-3087590	501 (C) (3)	13,000.				PROGRAM SERVICES
(2) ONE TO WORLD INC 307 SEVENTH AVENUE NEW YORK NY 10001	13-3179151	501 (C) (3)	10,000.				PROGRAM SERVICES
(3) OPUS DANCE THEATRE & COMMUNITY SERVICES 152-11 89TH AVENUE JAMAICA QUEENS NY 11432	13-3548252	501 (C) (3)	8,000.				PROGRAM SERVICES
(4) PALTREK INC 1549 BONAVENTURE DR NAPERVILLE IL 60563	83-1620495	501 (C) (3)	10,000.				PROGRAM SERVICES
(5) PAROLE PREPARATION PROJECT 135 WEST 20TH STREET NEW YORK NY 10011	82-1096572	501 (C) (3)	15,000.				PROGRAM SERVICES
(6) PEOPLES THEATRE PROJECT INC 3135 JOHNSON AVENUE, APT 7G BRONX NY 10463	26-4705999	501 (C) (3)	10,000.				PROGRAM SERVICES
(7) PLANNED PARENTHOOD FED AM INC AMERICA INC 123 WILLIAM STREET NEW YORK NY 10038	13-1644147	501 (C) (3)	651,000.				PROGRAM SERVICES
(8) PRATHAM USA 9703 RICHMOND AVE HOUSTON TX 77042	76-0620808	501 (C) (3)	10,000.				PROGRAM SERVICES
(9) PROJECT ALS 4330 CAMP KAUFMANN RD HUNTINGTOWN MD 20639	13-4019464	501 (C) (3)	110,000.				PROGRAM SERVICES
(10) QUAD PREPARATORY SCHOOL, THE 25 PINE ST FL 4 NEW YORK NY 10005-1001	46-5652622	501 (C) (3)	25,000.				PROGRAM SERVICES
(11) RC CHURCH OF THE ASCENSION 221 WEST 107 STREET NEW YORK NY 10025	13-1628191	501 (C) (3)	10,000.				PROGRAM SERVICES
(12) RIVERDALE COUNTRY SCHOOL 5250 FIELDSTON RD BRONX NY 10471-2935	13-1740483	501 (C) (3)	76,000.				PROGRAM SERVICES

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

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Schedule I (Form 990) 2022

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.
Attach to Form 990.

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

Employer identification number

13-5598093

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(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) RIVERSIDE HAWKS HHHH INC ATTN MARK JEROME 490 RIVERSIDE DRIVE NEW YORK NY 10027	06-1750000	501 (C) (3)	9,000.				PROGRAM SERVICES
(2) RIVERSTONE SENIOR LIFE SERV 99 FT WASHINGTON AVE NY NY 10032	13-3355074	501 (C) (3)	6,500.				PROGRAM SERVICES
(3) SMITH COLLEGE 76 ELM STREET NORTHAMPTON MA 01063	04-1843040	501 (C) (3)	200,000.				PROGRAM SERVICES
(4) SNACK & FRIENDS INC 316 EAST 53RD STREET NEW YORK NY 10022	20-5934666	501 (C) (3)	7,000.				PROGRAM SERVICES
(5) SOCIETY FOR CONSUMER PSYCHOLOGY TCU BOX 298530 FORT WORTH TX 76129	36-3607499	501 (C) (3)	20,000.				PROGRAM SERVICES
(6) SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVENUE MONTGOMERY AL 36104	63-0598743	501 (C) (3)	651,000.				PROGRAM SERVICES
(7) TELECOMMUNICATIONS DEVELOPMENT FUND INC 2 WISCONSIN CIRCLE CHEVY CHASE MD 20815	52-2077863	501 (C) (3)	142,406.				PROGRAM SERVICES
(8) THE ARMORY FOUNDATION 216 FORT WASHINGTON AVE NEW YORK NY 10032	13-3680286	501 (C) (3)	34,000.				PROGRAM SERVICES
(9) THE BOARD OF TRUSTEES OF WHITMAN COLLEGE WH 345 BOYER AVENUE WALLA WALLA WA 99362	91-0567740	501 (C) (3)	10,000.				PROGRAM SERVICES
(10) THE COMMUNITY INITIATIVES OF NC 2293 ADAM CLAYTON POWELL JR NY NY 10030	81-3983435	501 (C) (3)	8,000.				PROGRAM SERVICES
(11) THE CORBIN HILL FOOD PROJECT INC 475 RIVERSIDE DRIVE NEW YORK NY 10115	46-1206478	501 (C) (3)	10,000.				PROGRAM SERVICES
(12) THE GREATER HARLEM CHAMBER OF COMMERCE 200A WEST 136TH STREET NEW YORK NY 10030	13-3662434	501 (C) (3)	25,000.				PROGRAM SERVICES

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.

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Schedule I (Form 990) 2022

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**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.
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Name of the organization

THE TRUSTEES OF COLUMBIA UNIVERSITY

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13-5598093

Part I General Information on Grants and Assistance

- 1** 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 criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ Yes ☐ No

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(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) THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVE NY NY 10028	13-1624086	501(C)(3)	140,000.				PROGRAM SERVICES
(2) THE PARRIS FOUNDATION INC 2237 ADAM CLAYTON POWELL JR NY, NY 10027	27-1408011	501(C)(3)	7,000.				PROGRAM SERVICES
(3) THE PINGRY CORPORATION THE PINGRY SCHOOL 131 MARTINSVILLE RD BASKING RIDGE NJ 07920	22-1493168	501(C)(3)	35,000.				PROGRAM SERVICES
(4) THE REV LINNETTE C WILLIAMSON MEMORIAL PARK 141 WEST 139TH STREET NEW YORK NY 10030	13-3861293	501(C)(3)	6,000.				PROGRAM SERVICES
(5) TOP HONORS INC PO BOX 2009 NEW YORK NY 10163	75-3062601	501(C)(3)	6,000.				PROGRAM SERVICES
(6) TRIBE MEDIA CORP THE JEWISH JOURNAL 1880 CENTURY PARK E, LOS ANGELES CA 90067	95-4019743	501(C)(3)	25,000.				PROGRAM SERVICES
(7) TRINITY COMMUNITY CONNECTION 164 WEST 100TH ST NEW YORK NY 10025	94-3447082	501(C)(3)	10,000.				PROGRAM SERVICES
(8) UNITED HOSPITAL FUND OF NEW YORK INC P.O. BOX 22501 NEW YORK NY 10087-5201	13-1562656	501(C)(3)	15,000.				PROGRAM SERVICES
(9) UNITED JEWISH APPEAL-FEDERATION OF JEWISH P 130 EAST 59TH STREET NEW YORK NY 10022	51-0172429	501(C)(3)	272,800.				PROGRAM SERVICES
(10) VIVIAN BEAUMONT THEATER, INC. 150 W 65TH ST NEW YORK NY 10023-6916	13-3004747	501(C)(3)	150,000.				PROGRAM SERVICES
(11) VOCATIONAL INSTRUCTION PROJECT COMMUNITY 770 EAST 176TH STREET BRONX NY 10460	13-3224700	501(C)(3)	10,000.				PROGRAM SERVICES
(12) VOLCANI INTERNATIONAL PARTNERSHIPS US INC 2000 PENNSYLVANIA, NW WASHINGTON DC 20006	85-3873125	501(C)(3)	29,826.				PROGRAM SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) 2022

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.
Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

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Part I General Information on Grants and Assistance

- 1 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 criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(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) WASHINGTON HEIGHTS AND INWOOD DEVELOPMENT C 611 WEST 177TH STREET NEW YORK NY 10033	13-2950346	501 (C) (3)	8,370.				PROGRAM SERVICES
(2) WE ARE NOT AFRAID COMMUNITY RESOURCE CTR 521 WEST 126TH STREET NEW YORK NY 10027	84-3462208	501 (C) (3)	6,000.				PROGRAM SERVICES
(3) WEST SIDE CENTER FOR COMMUNITY LIFE 263 WEST 86TH STREET NEW YORK NY 10024	71-0908184	501 (C) (3)	12,000.				PROGRAM SERVICES
(4) MGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON MA 02135	04-2104397	501 (C) (3)	42,500.				PROGRAM SERVICES
(5) KNIGHT FIRST AMENDMENT INSTITUTE AT COLUMBI 615 W. 131ST ST. NEW YORK, NY 10027	81-4759386	501 (C) (3)	2,816,735.				CAPITAL CONTRIBUTION
(6) REID HALL INC. 615 W. 131ST ST. NEW YORK, NY 10027	13-1611126	501 (C) (3)	1,370,816.				CAPITAL CONTRIBUTION
(7) COLUMBIA UNIVERSITY HEALTH CARE INC. 615 W. 131ST ST. NEW YORK, NY 10027	13-3948652	501 (C) (3)	13,132,926.				CAPITAL CONTRIBUTION
(8)							
(9)							
(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.

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Schedule I (Form 990) 2022

JSA

2E1288 1.000

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT TUITION AND SCHOLARSHIPS	15,470	681,977,173.		N/A	N/A
2					
3					
4					
5					
6					
7					

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

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

FORM 990, SCHEDULE I, PART I, LINE 2

THE UNIVERSITY MAINTAINS A WRITTEN POLICY THAT GOVERNS THE MONITORING OF

THE USE OF SPONSORED PROJECT GRANT FUNDING BY SUBRECIPIENTS. THE POLICY

MANDATES MONITORING IN TWO AREAS: (A) SUBRECIPIENT INSTITUTION COMPLIANCE

WITH THE AUDITING REQUIREMENTS OF OMB CIRCULAR A-133, AND (B) SUBRECIPIENT

INSTITUTION'S APPROPRIATE MANAGEMENT OF SUBAWARD. THE UNIVERSITY'S

SPONSORED PROJECTS FINANCE GROUP COLLECTS A-133 REPORTS FROM SUBRECIPIENT

INSTITUTIONS, AND THE PRINCIPAL INVESTIGATORS CARRY OUT THE SECOND TYPE

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.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

OF MONITORING, PRINCIPALLY BY:

- ROUTINELY GATHERING AND REVIEWING TECHNICAL PERFORMANCE REPORTS;
- ROUTINELY REVIEWING INVOICES AND EXPENSES RELATIVE TO BUDGET;
- CONDUCTING PERIODIC ON-SITE VISITS, WHEN NECESSARY; AND
- INITIATING AUDITS, WHEN NECESSARY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

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Name of the organization **THE TRUSTEES OF COLUMBIA UNIVERSITY**
IN THE CITY OF NEW YORK

Employer identification number
13-5598093

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 LAWRENCE GERALD LENKE PROFESSOR OF SURGERY	(i) 5,488,624. (ii) NONE	NONE	NONE	NONE	34,589. NONE	32,521. NONE	5,555,734. NONE	NONE NONE
2 LEE C. BOLLINGER PRESIDENT (THROUGH 6/30/23)	(i) 1,704,568. (ii) NONE	700,000.	2,044,768.	NONE	40,500. NONE	504,979. NONE	4,994,815. NONE	NONE NONE
3 RONALD ARTHUR LEHMAN J PROFESSOR OF SURGERY	(i) 3,486,493. (ii) NONE	NONE	NONE	NONE	35,600. NONE	39,549. NONE	3,561,642. NONE	NONE NONE
4 DAVID N. SILVERS CLINICAL PROFESSOR	(i) 1,322,929. (ii) NONE	1,976,763.	NONE	NONE	40,500. NONE	24,447. NONE	3,364,639. NONE	NONE NONE
5 EMILE BACHA PROFESSOR OF SURGERY	(i) 3,185,826. (ii) NONE	NONE	NONE	NONE	35,904. NONE	71,322. NONE	3,293,052. NONE	NONE NONE
6 CRAIG SMITH PROFESSOR OF SURGERY	(i) 3,138,478. (ii) NONE	NONE	NONE	NONE	40,500. NONE	25,141. NONE	3,204,119. NONE	NONE NONE
7 KIM LEW CEO OF IMC	(i) 1,024,686. (ii) NONE	1,900,000.	NONE	NONE	30,720. NONE	27,933. NONE	2,983,339. NONE	NONE NONE
8 AMELIA ALVERSON EXEC VP - UNIV DVLP&ALUM RLTS	(i) 841,307. (ii) NONE	831,071.	NONE	NONE	30,775. NONE	12,261. NONE	1,715,414. NONE	NONE NONE
9 ANIL RUSTGI INT EVP SCI (THROUGH 2/28/22)	(i) 876,031. (ii) NONE	NONE	801,918.	NONE	30,720. NONE	3,833. NONE	1,712,502. NONE	NONE NONE
10 KATRINA ARMSTRONG EVP HEALTH SCIENCES	(i) 1,094,983. (ii) NONE	110,000.	93,587.	NONE	30,720. NONE	2,071. NONE	1,331,361. NONE	NONE NONE
11 LEE GOLDMAN EVP HEALTH SCIENCES (FORMER)	(i) 917,868. (ii) NONE	NONE	114,376.	NONE	46,025. NONE	15,500. NONE	1,093,769. NONE	NONE NONE
12 GERALD M. ROSBERG SENIOR EXEC VICE PRESIDENT	(i) 922,603. (ii) NONE	100,000.	NONE	NONE	33,770. NONE	26,999. NONE	1,083,372. NONE	NONE NONE
13 MARY BOYCE PROVOST (THROUGH 6/30/23)	(i) 866,338. (ii) NONE	50,000.	43,840.	NONE	33,770. NONE	24,703. NONE	1,018,651. NONE	NONE NONE
14 JANE E. BOOTH CHF LEGAL OFF (AS OF 1/1/23)	(i) 857,108. (ii) NONE	100,000.	NONE	NONE	44,068. NONE	12,715. NONE	1,013,891. NONE	NONE NONE
15 ANNE R. SULLIVAN EXECUTIVE VP FOR FINANCE & IT	(i) 915,537. (ii) NONE	NONE	943.	NONE	30,775. NONE	31,299. NONE	978,554. NONE	NONE NONE
16 AMY HUNGERFORD EXEC VP-A&S	(i) 553,712. (ii) NONE	100,000.	240,414.	NONE	30,720. NONE	39,195. NONE	964,041. NONE	NONE NONE

Schedule J (Form 990) 2022

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

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
IRA KATZNELSON	(i)	458,186.	NONE	301,080.	40,500.	824,667.	NONE
1 INT PROVOST (FORMER)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
PETER HOLLAND	(i)	NONE	763,422.	NONE	NONE	787,508.	625,000.
2 CEO/EVP IMC (FORMER)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
JOHN COATSWORTH	(i)	621,060.	NONE	52,774.	46,025.	744,760.	NONE
3 PROVOST (FORMER)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
DAVID GREENBERG	(i)	577,437.	50,000.	3,540.	30,775.	693,708.	NONE
4 EXEC VP FACILITIES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
FELICE ROSAN	(i)	492,152.	NONE	20,000.	45,825.	615,250.	NONE
5 GENERAL COUNSEL (AS OF 1/1/23)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
JEROME DAVIS	(i)	485,226.	NONE	NONE	46,025.	547,514.	NONE
6 SECRETARY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2022

Part III 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.

SUPPLEMENTAL COMPENSATION INFORMATION

NOTES TO PART I, LINE 1A

FIRST CLASS OR CHARTER TRAVEL

IN LIMITED CIRCUMSTANCES, CERTAIN INDIVIDUALS MAY TRAVEL FIRST CLASS WHEN THE TRAVEL IS SUBSTANTIATED AS A REASONABLE EXPENSE TO SUPPORT THE MISSION OF THE UNIVERSITY. THIS IS NOT CONSIDERED TAXABLE INCOME TO ANY INDIVIDUAL. ANY EXCEPTIONS TO THE UNIVERSITY'S POLICY ARE SUBJECT TO REVIEW AND APPROVAL.

TRAVEL FOR COMPANIONS

IN CERTAIN CIRCUMSTANCES, THE SPOUSE OF THE PRESIDENT OR OF ANOTHER OFFICER OR KEY EMPLOYEE MAY TRAVEL FOR UNIVERSITY PURPOSES. EXAMPLES OF SUCH TRAVEL INCLUDE ATTENDANCE AT FUNDRAISING OR ALUMNI EVENTS, AS WELL AS REPRESENTING THE UNIVERSITY AT AWARDS PRESENTATIONS OR OTHER CEREMONIES OR EVENTS. IN ACCORDANCE WITH APPLICABLE LEGAL STANDARDS, THE

Part III 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.

UNIVERSITY WILL PAY FOR SPOUSAL TRAVEL AS A REGULAR BUSINESS EXPENSE IF

THE SPOUSAL TRAVEL SERVES A "BONA FIDE BUSINESS PURPOSE" OF THE

UNIVERSITY.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE/PERSONAL SERVICES

AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED TO LIVE IN A HOME

ON THE UNIVERSITY'S CAMPUS WHICH IS FURNISHED AND MAINTAINED AT THE

UNIVERSITY'S EXPENSE. THE PRESIDENT'S HOUSING HAS BEEN VALUED AT \$473,802

AND IS REPORTED AS A NON-TAXABLE BENEFIT. THE UNIVERSITY ALSO PROVIDES A

CAR AND DRIVER TO BE USED BY THE PRESIDENT IN CONNECTION WITH HIS DUTIES.

THE PRESIDENT IS RESPONSIBLE FOR ANY PERSONAL USE OF THE HOUSEHOLD STAFF

OR CAR AND DRIVER AND OTHER PERSONAL EXPENSES.

NOTE TO PART I, LINE 5A

DR. DAVID SILVERS' COMPENSATION IS COMPRISED OF BASE COMPENSATION AND

INCENTIVE COMPENSATION DETERMINED FROM HIS PERFORMANCE OF, AND REVENUES

Part III 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.

FROM, CLINICAL DUTIES IN THE UNIVERSITY'S DERMATOPATHOLOGY PRACTICE WHERE HE IS THE DIRECTOR, AND IS SUBJECT TO A CAP FOR EACH ACADEMIC YEAR.

NOTE TO PART I, LINE 7

ALL AMOUNTS FOR OFFICERS AND KEY EMPLOYEES ARE REVIEWED AS DESCRIBED IN PART I, LINE 3, AND SCHEDULE O.

NOTE TO PETER HOLLAND'S COMPENSATION

THE ACTUAL AMOUNT EARNED DURING THE REPORTING PERIOD WAS \$162,508 FOR MR. HOLLAND. THE LARGER COMPENSATION FIGURE SHOWN IN COLUMN (E) INCLUDES DOUBLE-REPORTING OF PREVIOUSLY REPORTED DEFERRED COMPENSATION WHICH VESTED AND WAS PAID DURING THE REPORTING PERIOD. THE ACTUAL AMOUNT EARNED BY MR. HOLLAND IS CALCULATED BY SUBTRACTING COLUMN (F) FROM COLUMN (E).

NOTE TO LEE BOLLINGER'S COMPENSATION

Part III 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.

AMOUNTS FOR PRESIDENT BOLLINGER IN COLUMN (B) (II) REFLECT PAYMENTS UNDER

A PERFORMANCE-BASED BONUS AWARD. THE AMOUNT SHOWN IN COLUMN (B) (III) AS

"OTHER REPORTABLE COMPENSATION" REFLECTS PAYMENT OF ACCRUED BENEFITS.

NOTE TO DR. LENKE'S, DR. LEHMAN'S, DR. SMITH'S, AND DR. BACHA'S

COMPENSATION

THE COMPENSATION OF DR. LENKE, DR. LEHMAN, DR. SMITH, AND DR. BACHA IS
SUPPORTED BY THEIR CLINICAL ACTIVITIES, GRANTS, AND SUPPORT FROM THE
UNIVERSITY'S HOSPITAL AFFILIATES.

**SCHEDULE K
(Form 990)**

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.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

Employer identification number
13-5598093

OMB No. 1545-0047

2022

Open to Public
Inspection

Part I 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	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF STATE OF NEW YORK 2003A&B	14-6000293	649901R49	03/05/2003	122,696,491.	FUND NEW QUALIFIED PROJECTS		X		X		X
B DORMITORY AUTHORITY OF STATE OF NEW YORK 2009A	14-6000293	649905DF0	05/14/2009	117,000,000.	FUND NEW QUALIFIED PROJECTS		X		X		X
C DORMITORY AUTHORITY OF STATE OF NEW YORK 2015A	14-6000293	6499077DB	04/23/2015	125,006,199.	FUND NEW QUALIFIED PROJECTS		X		X		X
D DORMITORY AUTHORITY OF STATE OF NEW YORK 2015B	14-6000293	64990BCH0	04/23/2015	56,240,112.	REFUND DASNY 2004B BONDS		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		87,775,000.					38,570,000.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue		123,718,793.		117,067,254.		125,006,199.		56,240,112.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		802,880.		823,388.		482,921.		239,228.
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		122,097,219.		115,269,253.		124,474,161.		
11 Other spent proceeds		818,694.		974,613.		49,116.		56,000,884.
12 Other unspent proceeds								
13 Year of substantial completion		2004		2009		2015		2015
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)?		X		X		X		X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2022

Part III Private Business Use

DORMITORY AUTHORITY OF NEW YORK 2003A&B

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
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?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
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?	X		X		X		X	
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		NONE %		NONE %		NONE %		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 %		NONE %		NONE %		NONE %
6 Total of lines 4 and 5		NONE %		NONE %		NONE %		NONE %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		NONE %		NONE %		NONE %		NONE %
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
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?	X		X		X		X	

Schedule K (Form 990) 2022

Part IV Arbitrage (continued)

DORMITORY AUTHORITY OF NEW YORK 2003A&B

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART II, LINE 3

DIFFERENCES IN AMOUNTS ENTERED IN PART I, COLUMN (E) AND PART II, LINE

3 REPRESENT INVESTMENT EARNINGS.

SCHEDULE K, PART II, LINE 11

OTHER SPENT PROCEEDS AMOUNTS REPORTED REPRESENT THE NEW YORK STATE BOND

TAX ASSOCIATED WITH EACH ISSUE.

SCHEDULE K, PART III, LINES 4-5

FOR ALL ISSUES, THE UNIVERSITY HAS ALLOCATED EQUITY INVESTED IN THE
FINANCED PROPERTIES TO SOURCES OF PRIVATE BUSINESS USE, WITH THE
EXCEPTION OF ISSUANCE COSTS, WITHIN THE REQUIRED TIME FRAME AND HAS
CAREFULLY MANAGED THE TYPES OF ACTIVITIES CONDUCTED IN BOND-FINANCED
FACILITIES. AS SUCH, THE UNIVERSITY HAS REPORTED 0% PRIVATE BUSINESS
USE FOR THE SERIES 2003A&B, SERIES 2009A, SERIES 2015A, SERIES 2015B,
SERIES 2016A&B, SERIES 2017A&B, SERIES 2018A&B, 2020A AND 2023A ISSUES
ON SCHEDULE K.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART IV, LINE 2
FOR ALL SERIES EXCEPT THE 2015A AND 2015B THE BOND PROCEEDS ARE
SLIGHTLY EXCEEDED BY THE TOTAL USES DUE TO EARNINGS IN THE CONSTRUCTION
FUND HELD AT THE TRUSTEE. THE LATEST ARBITRAGE COMPUTATION FOR DASNY
2003A&B, 2009A, 2015A, 2015B, 2016A&B, 2017A&B, 2018A&B, 2020A,
AND 2023A WAS DECEMBER 31, 2022.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

Attach to Form 990.

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Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

Employer identification number
13-5598093

OMB No. 1545-0047

2022

Open to Public
Inspection

Part I 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	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF STATE OF NEW YORK 2016A&B	14-6000293	64990BZK2	04/27/2016	491,547,535.	REFUND 2006AB AND FUND NEW PROJECTS				X		X
B DORMITORY AUTHORITY OF STATE OF NEW YORK 2017A&B	14-6000293	64990CQ64	03/01/2017	240,921,142.	REFUND 2004C AND FUND NEW PROJECTS				X		X
C DORMITORY AUTHORITY OF STATE OF NEW YORK 2018A&B	14-6000293	64990CGP1	05/16/2018	396,803,509.	REFUND 2008A AND FUND NEW PROJECTS				X		X
D DORMITORY AUTHORITY OF STATE OF NEW YORK 2020A	14-6000293	64990G8A5	03/19/2020	247,210,500.	FUND NEW PROJECTS				X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		116,155,000.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		491,760,973.		241,400,663.		399,034,697.		247,210,500.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		1,304,805.		879,101.		1,296,723.		747,279.
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		239,038,664.		191,140,597.		193,167,811.		246,338,221.
11 Other spent proceeds		251,417,504.		49,380,966.		204,570,163.		125,000.
12 Other unspent proceeds								
13 Year of substantial completion	2017		2018		2019		2020	
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)?	X		X		X			X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2022

Part III Private Business Use

DORM AUTH OF THE STATE OF NY 2016A&B

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
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?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
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?	X		X		X		X	
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		NONE %		NONE %		NONE %		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 %		NONE %		NONE %		NONE %
6 Total of lines 4 and 5		NONE %		NONE %		NONE %		NONE %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		NONE %		NONE %		NONE %		NONE %
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
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?		X		X		X		X

Schedule K (Form 990) 2022

Part IV Arbitrage (continued)

DORM AUTH OF THE STATE OF NY 2016A&B

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

**SCHEDULE K
(Form 990)**

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.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

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

Employer identification number

13-5598093

OMB No. 1545-0047

2022

Open to Public
Inspection

Part I 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	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF STATE OF NEW YORK 2023A	14-6000293	65000BE20	06/07/2023	331,835,000.	REFUND 2021CIP AND FUND NEW PROJECT		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		332,056,895.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		1,048,039.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		330,883,856.						
11 Other spent proceeds		125,000.						
12 Other unspent proceeds								
13 Year of substantial completion	2023							
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)?		X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2022

Part III Private Business Use

DORMITORY AUTHORITY OF NEW YORK 2023A

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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?	X							
c Are there any research agreements that may result in private business use of bond-financed property?	X							
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?	X							
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		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		NONE %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		NONE %		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
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?		X						

Schedule K (Form 990) 2022

Part IV Arbitrage (continued) DORMITORY AUTHORITY OF NEW YORK 2023A

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
X								

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2022

Open To Public
Inspection

Name of the organization **THE TRUSTEES OF COLUMBIA UNIVERSITY**
IN THE CITY OF NEW YORK

Employer identification number
13-5598093

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JOHN COATSWORTH	FRMR OFFICER	HOUSING		X	1,475,000.	2,184,781.		X	X		X	
(2) JOHN COATSWORTH	FRMR OFFICER	HOUSING		X	525,000.	624,669.		X	X		X	
(3) AMY HUNGERFORD	KEY EMP	HOUSING		X	171,710.	68,684.		X	X		X	
(4) LEE GOLDMAN	FRMR KEY EMP	HOUSING		X	500,000.	400,000.		X	X		X	
(5) LEE BOLLINGER	OFFICER	HOUSING		X	6,000,000.	6,000,000.		X	X		X	
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 9,278,134.						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2022

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	(e) Sharing of organization's revenues?	
				Yes	No
(1) JILL S. GOLDMAN	SPOUSE OF KEY EMPLOYEE	140,360.	EMPLOYMENT		X
(2) VALERIE J. PURDIE-GREENAWAY	SPOUSE OF TRUSTEE	412,263.	EMPLOYMENT		X
(3)					
(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 AND OF A TRUSTEE 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 AND LEE GOLDMAN IN PART II ARE INTEREST BEARING AND WERE MADE IN CONNECTION WITH A PRIMARY RESIDENCE.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **THE TRUSTEES OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK**

Employer identification number
13-5598093

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	3	NONE	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		NONE	
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	492	58,376,251.	COST/SALES PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	2	547,902.	COST/SALES PRICE
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 ► (EQUIPMENT)	X	1	NONE	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **5**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

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.

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.

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.

NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN (B)

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2022

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THE TRUSTEES OF COLUMBIA UNIVERSITY

13-5598093

SUPPLEMENTAL DISCLOSURES

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
BY VIRTUE OF THE EMPLOYMENT OF THEIR SPOUSE.

FORM 990, PART I, LINE 6

DETAIL REGARDING THE NUMBER OF VOLUNTEERS

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number

13-5598093

DEMOCRATIC REPUBLIC OF THE CONGO

ETHIOPIA

FRANCE

GERMANY

GUATEMALA

INDIA

ITALY

COTE D'IVOIRE (IVORY COAST)

JAPAN

JORDAN

KAZAKHSTAN

KENYA

KYRGYZSTAN

LESOTHO

MALAWI

MOZAMBIQUE

MYANMAR

NIGERIA

PHILIPPINES

RWANDA

SIERRA LEONE

SOUTH AFRICA

SOUTH SUDAN

SWAZILAND

TAJIKISTAN

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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2022

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13-5598093

THE TRUSTEES OF COLUMBIA UNIVERSITY

TANZANIA

TUNISIA

TURKEY

UGANDA

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, 2023, 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
2022 CALENDAR YEAR, SIX EMPLOYEES RECEIVED COMPENSATION OVER \$1 MILLION
THAT IS SUBJECT TO THE EXCISE TAX ON EXCESS REMUNERATION. THE UNIVERSITY
HAS ANSWERED THIS QUESTION "YES" AND HAS COMPLETED AND FILED FORM 4720 IN

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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THE TRUSTEES OF COLUMBIA UNIVERSITY

13-5598093

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). 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 8, 2024. 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2022

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THE TRUSTEES OF COLUMBIA UNIVERSITY

13-5598093

APPROPRIATE, (B) REFRAIN FROM ACTING TO INFLUENCE ANY DECISION WHICH
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
TO THE CHAIR OF THE BOARD OF TRUSTEES.

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

COMPENSATION PROCESS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2022

**Open to Public
Inspection**

Employer identification number

13-5598093

THE TRUSTEES OF COLUMBIA UNIVERSITY

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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THE TRUSTEES OF COLUMBIA UNIVERSITY

13-5598093

FORM 990, PART VI, LINE 19

DOCUMENTS AVAILABILITY TO PUBLIC

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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THE TRUSTEES OF COLUMBIA UNIVERSITY

13-5598093

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 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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13-5598093

CENTRAL ADMINISTRATION. WHILE THESE OFFICERS AND KEY EMPLOYEES SPEND A
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
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 \$45,850,000.

LOANS RECEIVABLE FROM NON-KEY EMPLOYEES TOTAL \$36,376,550.

THE LOANS FROM NON-KEY EMPLOYEES HAVE VARIOUS INTEREST RATES RANGING FROM
0.380% TO 4.79%, WITH MATURITY DATES RANGING FROM 2024 THROUGH 2053. THE
OUTSTANDING BALANCES RANGE FROM \$18,000 TO \$6,000,000, AND A PORTION OF
WHICH ARE SECURED BY A PRINCIPAL RESIDENCE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2022

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THE TRUSTEES OF COLUMBIA UNIVERSITY

13-5598093

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

CHANGE IN FUNDS HELD BY OTHER IN PERPETUITY 11,641,691

PRESENT VALUE ADJUSTMENT TO SPLIT INTEREST AGREEMENTS 14,523,918

NET PERIOD BENEFIT COST 14,468,708

CHANGES IN PENSION AND POST-RETIREMENT OBLIGATIONS 12,041,074

OTHER NON-OPERATING ADJUSTMENTS -134,437,719

TOTAL OTHER CHANGES IN NET ASSETS -81,762,328

FORM 990, PART XII, LINE 2

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.

Name of the organization

Employer identification number

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

Employer identification number

13-5598093

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
CAMPUS OPERATIONS		351,777,398.	
INSTITUTIONAL SUPPORT		337,618,007.	
AUXILIARY ENTERPRISES		216,409,795.	236,523,386.
OTHER SOURCES	8,549,623.	376,856,441.	1,533,607.
	-----	-----	-----
TOTALS	8,549,623.	1,282,661,641.	238,056,993.
	=====	=====	=====

Name of the organization

Employer identification number

THE TRUSTEES OF COLUMBIA UNIVERSITY**13-5598093**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PAVARINI MCGOVERN LLC 330 WEST 34TH STREET NEW YORK, NY 10001	CONSTRUCTION SRVCS	36,302,090.
TURNER CONSTRUCTION CO 375 HUDSON STREET, 6TH FLOOR NEW YORK, NY 10014	CONSTRUCTION SRVCS	34,754,467.
UNIVERSAL PROTECTION SERVICE LP EIGHT TOWER BRIDGE, 161 WASHINGTON ST CONSHOHOCKEN, PA 19103	SECURITY SERVICES	17,028,435.
DEBEVOISE & PLIMPTON LLP 66 HUDSON BLVD E NEW YORK, NY 10001	LEGAL SERVICES	13,821,928.
HUDSON HEART MANAGEMENT LLC 26 INDIAN ROCK SUFFERN, NY 10901	MEDICAL SERVICES	6,867,598.

Name of the organization

THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number

13-5598093

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
PUBLICLY TRADED SECURITIES	784,331,933.	1,966,970,437.	FMV
TOTALS	784,331,933.	1,966,970,437.	



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Eastern Surfing Association

Applicant Event Name: ESA Southeast Regional Surfing Championships - INV - S6 - E

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)	x		
Copy of IRS Articles of Incorporation – (if applicable)		x	NA
Copy of IRS Determination letter – (if applicable)	x		
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter

Digitally signed by Cranis, Peter
Date: 2024.10.18 13:55:00 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:48 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.



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

Organization address

PO Box 4736

State

MD

City

Ocean City

Zip

21843

Primary contact name

Michelle Sommers

Primary contact phone number

410-251-8583

Primary contact email

centralhq@surfesa.org

Secondary contact name

Pam Hill

Secondary contact phone number

386-295-2242

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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

ESA 2025 Southeast Regional Surfing Championship

Event website address (if different from organization website)

www.surfesa.org

Event location

Paradise Beach Park, Indian Harbor Beach

9. (untitled)

8. What is the first date of your event?

04/11/2025

10. (untitled)

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

3

11. (untitled)

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

Social hashtags

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

TV/Video

Other - Please be specific.....: Live webcast, recap videos, social media, email marketing,

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : Eastern Surfing Association, ESA All-Stars

Instagram : @surfesa @esa_allstars

YouTube : SurfESA

14. (untitled)

12. What hashtags do you use?

#surfesa #ESAregionals

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Apparel/promotion items (event t-shirts, giveaways, etc.)
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Social media post
TV/Video
Website/blog
Other - Please be specific.....: Live webcast, recap videos, contest jerseys

17. (untitled)

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

[501\(c\)3_Status_Letter.pdf](#)

18. (untitled)

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

[ESA_2022_Form_990.pdf](#)

19. (untitled)

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

20. (untitled)

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

[ESA_Sunbiz_2024.pdf](#)

21. (untitled)

17. Upload your completed Checklist.

[MSP_applicant_checklist_9-27-2024_\(signed\)_\(edited\).pdf](#)

22. (untitled)

18.

ATTESTATION

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

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

Signature of: Michelle Sommers - ESA executive director

23. Thank You!

New Send Email

Oct 08, 2024 01:33:10 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022**Open to Public Inspection**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.

A For the 2022 calendar year, or tax year beginning		, 2022, and ending		, 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>EASTERN SURFING ASSOCIATION INC</u>			D Employer identification number	
	Doing business as			<u>05-0392315</u>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite			E Telephone number	
	<u>P O BOX 4736</u>			<u>(410) 251-8583</u>	
	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$ <u>423,218.</u>	
<u>OCEAN CITY, MD 21843</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer:			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>MICHELLE SOMMERS, 37573 JANICE CIRCLE, SELBYVILLE, DE 19975</u>			If "No," attach a list. See instructions.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number		
J Website: <u>N/A</u>					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: <u>1967</u> M State of legal domicile: <u>MD</u>		

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE AMATEUR SURFING COMPETITIONS</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>30</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>30</u>
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 <u>2</u>
	6	Total number of volunteers (estimate if necessary)	6 <u>30</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a <u>0.</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b <u>0.</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>133,827.</u> Current Year <u>171,609.</u>
	9	Program service revenue (Part VIII, line 2g)	<u>203,674.</u> <u>251,029.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,630.</u> <u>580.</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>339,133.</u> <u>423,218.</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>7,000.</u> <u>11,000.</u>
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>53,946.</u> <u>50,444.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>234,952.</u> <u>289,505.</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>295,898.</u> <u>350,949.</u>
	19	Revenue less expenses. Subtract line 18 from line 12	<u>43,235.</u> <u>72,269.</u>
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	<u>41,494.</u>
22		Net assets or fund balances. Subtract line 21 from line 20	<u>517,703.</u> <u>543,500.</u>

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer		<u>11/14/2023</u> Date
	<u>MICHELLE SOMMERS, EXECUTIVE DIRECTOR</u> Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<u>Edward Gibbons CPA</u>	<u>Edward Gibbons CPA</u>	<u>11/15/2023</u>
	Firm's name <u>Gibbons & O'Neill CPA's</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00111936</u>
	Firm's EIN <u>22-2947725</u>	Firm's address <u>1008 Pittsburgh Ave, Cape May, NJ 08204</u>	Phone no. <u>(609) 884-3530</u>
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 05/17/23 PRO

Form **990** (2022)

Internal Revenue Service

Department of the Treasury

District
Director

P.O. Box 1680, GPO Brooklyn, N.Y. 11202

Date: **MAY 29 1984**

Eastern Surfing Association, Inc.
11 Adams Point Road
Barrington, R.I. 02806

Person to Contact: ,
E. Birnbaum
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 170(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,



District Director

cc:

Letter 1078(DC)(6-77)

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002396

Entity Name: EASTERN SURFING ASSOCIATION, INC.**Current Principal Place of Business:**37573 JANICE CIRCLE
SELBYVILLE, DE 19975**Current Mailing Address:**PO BOX 4376
OCEAN CITY, MD 21843 US**FEI Number:** 05-0392315**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, PAMELA
40 OCEAN BREEZE CIR
ORMOND BEACH, FL 32176 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:** PAMELA HILL

04/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name PURKEY, HARRY
Address 736 SURFSIDE AVE.
City-State-Zip: VIRGINIA BEACH VA 23451

Title D
Name TORELLI, KRISSY
Address 1016 14TH STREET
City-State-Zip: NORTH JACKSONVILLE BEACH FL 32250

Title P
Name SOMMERS, MICHELLE
Address 37573 JANICE CIRCLE
City-State-Zip: SELBYVILLE MD 19975

Title D
Name REMKE, JULIE
Address 1415 EAST MALLORY STREET
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR
Name MARTINEZ, PAUL
Address 2505 VIA DEL RAY RD
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR
Name DELUCA, MARIO
Address PO BOX 320031
City-State-Zip: COCOA BEACH FL 32931

Title D
Name EASTWOOD, JASON
Address 6 HILLSIDE DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title D
Name LOPES, DARLAN
Address 2555 NE 11TH STREET
802
City-State-Zip: FT LAUDERDALE FL 33304

Continues on page 2

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

SIGNATURE: MICHELLE SOMMERSESA EXECUTIVE
DIRECTOR

04/27/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCGRAW, RONNIE A JR.
Address 4255 A1A SOUTH
SUITE 3
City-State-Zip: ST. AUGUSTINE FL 32080

Title CHAIRMAN
Name WHITT, OLIVER WES
Address 1400 OLDE FARM RD
City-State-Zip: MOREHEAD CITY NC 28557

Title OTHER
Name MARTIN, MIKE
Address 220 BIG MAGNOLIA COURT
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name HILL, PAMELA
Address 40 OCEAN BREEZE CIR
City-State-Zip: ORMOND BEACH FL 32176

Title OTHER
Name PHILLIPS, KATHY
Address 12316 W. TORQUAY RD
City-State-Zip: OCEAN CITY MD 21842



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: University of Louisville Athletic Association - Women's Golf

Applicant Event Name: Moon Golf Invitational - INV - S19

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)	x		
Copy of IRS Articles of Incorporation – (if applicable)		x	NA
Copy of IRS Determination letter – (if applicable)	x		
Copy of SunBiz.org (if applicable)		x	NA
Copy of this MSP checklist	x		

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.18 13:55:38 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:69 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 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--Women's Golf

Organization address

1670 S. Floyd St.

State

KY

City

Louisville

Zip

KY

Primary contact name

Whitney Young

Primary contact phone number

270-779-7367

Primary contact email

whitney@gocards.com

Secondary contact name

Addie Baggaly

Secondary contact phone number

502-974-7883

Secondary contact email

addison@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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Moon Golf Invitational

Event website address (if different from organization website)

www.gocards.com

Event location

Suntree Country Club--- Melbourne, Florida

9. (untitled)

8. What is the first date of your event?

02/16/2025

10. (untitled)

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

3

11. (untitled)

10. 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.)

TV/Video

Other - Please be specific.....: programs on site

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : louisville women's golf

Instagram : louisvillewlgolf

YouTube : n/a

14. (untitled)

12. What hashtags do you use?

#MoonGolfInvitational

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing

materials, what elements could you include us in?

Event banners/signage
Event brochures/program (Playbill, etc.)
Social media post

17. (untitled)

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

[ULAA_Articles_of_Incorporation.pdf](#)

18. (untitled)

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

[ULAA_990_Form_.pdf](#)

19. (untitled)

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

20. (untitled)

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

21. (untitled)

17. Upload your completed Checklist.

[MSP_applicant_checklist_.pdf](#)

22. (untitled)

18.

ATTESTATION

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

A handwritten signature in black ink, appearing to read 'WY', with a long, sweeping horizontal stroke extending to the right.

Signature of: Whitney Young

23. Thank You!

New Send Email

Oct 10, 2024 22:31:53 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation.) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545- 0047 2022 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization University of Louisville Athletic Association	D Employer identification number 31-1106941
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2215 S Brook Street	E Telephone number (502) 852-7072
	City or town, state or province, country, and ZIP or foreign postal code Louisville, KY 402082772	G Gross receipts \$ 137,009,046
	F Name and address of principal officer: Kim E Schatzel PhD 2215 S Brook Street Louisville, KY 402082772	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ http://www.gocards.com/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1984		M State of legal domicile: KY

Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	624		
	6 Total number of volunteers (estimate if necessary)	6	121		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	391,889		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	391,889			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	36,767,130	Current Year	38,545,944
	9 Program service revenue (Part VIII, line 2g)		46,932,228		47,440,204
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24,434		24,702
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54,133,035		50,954,406
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		137,856,827		136,965,256
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		17,670,370		19,916,667
	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)		53,583,004		51,523,589
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,494,395				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		75,231,128		69,587,686
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		146,484,502		141,027,942
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12		-8,627,675		-4,062,686
		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)		329,843,287		352,949,635
	21 Total liabilities (Part X, line 26)		221,785,725		249,575,937
	22 Net assets or fund balances. Subtract line 21 from line 20		108,057,562		103,373,698

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer				2024-05-15
	Date				
Paid Preparer Use Only	NICK BOWES DEPUTY ATHLETIC DIRECTOR				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00520729	
	Firm's name ▶ CROWE LLP	Firm's EIN ▶ 35-0921680			
	Firm's address ▶ 9600 Brownsboro Road Suite 400			Phone no. (502) 326-3996	
	Louisville, KY 402413902				

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **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 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.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e **Total program service expenses** **135,468,504****1491**

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	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	
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		No
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		No
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		
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		No
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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
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		No
c 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		No
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		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
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)?		No
12a If "Yes," complete Schedule D, Part X. Did the organization prepare separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
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	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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	Yes	
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		No
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		No
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.		No
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		No
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		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	Yes	1492

Part IV 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	Yes	
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	Yes	
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		No
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		No
25b 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		No
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?		No
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		No
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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		No
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		No
28c 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		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
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?		No
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	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b 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		
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		No
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		No
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.	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	258	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	1493

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

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	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes			
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)? Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4a		No		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
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		No		
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).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
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 sponsoring organization have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a 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.	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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	Yes			
16 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?	16		No		
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 that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17				1494

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 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 in Schedule O.	29	
1b Enter the number of voting members included in line 1a, above, who are independent.	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6 Did the organization have members or stockholders?		No
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?		No
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	Yes	
b Each committee with authority to act on behalf of the governing body?	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **KY**
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 ►Michelle Comer Service Complex-Univ of Louisville Louisville, KY 40292 (502) 852-6164

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, or 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) Daniel A Durbin Asst. Treasurer	0.5 49.5	X		X				0	433,919	52,259
(2) Dorain Brown Secretary	0.5 10.5	X		X				0	1,900	0
(3) Dr Kim Schatzel Pres/Chair from 2/1/23	0.5 49.5	X		X				0	0	0
(4) Kevin Ledford Treasurer	0.5 49.5	X		X				0	61,285	20,440
(5) Lori Gonzalez PhD Pres/Chair to 1/31/23	0.5 49.5	X		X				0	834,244	48,556
(6) Robert K Detmering Vice Chair	0.5 49.5	X		X				0	70,688	26,651
(7) Amy S Lingo Director	0.5 49.5	X						0	271,764	44,552
(8) Carolyn Klinge PhD Director	0.5 49.5	X						0	149,294	33,993
(9) Claudia Angeli PhD Director	0.5 49.5	X						0	147,335	29,872
(10) Dennis P Heishman Director	0.5 0	X						0	0	0
(11) Douglas Craddock Director	0.5 49.5	X						0	170,821	41,093
(12) Dr Krista B Wallace-Boaz Director	0.5 49.5	X						0	128,231	33,390
(13) Dr Thomas Gerard Bradley Director	0.5 49.5	X						0	583,531	52,303
(14) Gayle Saunders Director	0.5 0	X						0	0	0
(15) James M Rogers Director	0.5 0.5	X						0	0	0
(16) Jeremy D Clark Director	0.5 49.5	X						0	122,683	23,172
(17) Laurence Benz Director	0.5 0.5	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) Lee A Gill JD Director	0.5 49.5	X					0	184,555	19,341
(19) Margaret Hancock PhD Director	0.5 49.5	X					0	102,982	26,015
(20) Michael Brandon McCormack Director	0.5 49.5	X					0	96,468	21,719
(21) Prof Lars S Smith Director	0.5 49.5	X					0	256,746	47,967
(22) Prof Sharon Moore Director	0.5 49.5	X					0	111,740	27,334
(23) Robert Kohn Director	0.5	X					0	0	0
(24) Ronald L Wright Director	0.5	X					0	0	0
(25) Ryan Bridgeman Director	0.5	X					0	0	0
(26) Sam Rechter Director	0.5	X					0	0	0
(27) Shannon I Rickett Director	0.5 49.5	X					0	158,968	31,028
(28) Sherril Zimmerman Director	0.5 49.5	X					0	0	0
(29) Steve Jones Director	0.5	X					0	0	0
(30) Taylor Hart-Norden Director	0.5	X					0	0	0
(31) Joshua Heird Athletic Director	50.0				X		844,410	0	159,705
(32) Kyle J Beamer Assistant Secretary	0.5 49.5				X		0	84,348	22,736
(33) Amy M Calabrese Deputy Athletic Director	50.0				X		181,726	0	38,268
(34) Marvin Mitchell Deputy Athletic Director	50.0				X		234,270	0	37,314
(35) Daniel S McDonnell Men's Baseball Coach	50.0					X	1,618,421	0	150,076
(36) Fredric Scott Satterfield Head Football Coach	50.0					X	3,241,608	0	50,328
(37) Jeff Walz Women's Basketball Coach	50.0					X	1,952,678	0	45,478
(38) Kenneth Payne Men's BB Coach from 3/18/22	50.0					X	2,750,005	0	217,059
(39) Christopher L Mack FORMER HCE AS Men's BB Coach to 1/31/22	50.0					X	5,105,691	0	1,774
(40) Dr Neeli Bendapudi Former Pres/Chair	50.0					X	0	318,001	20,898
(41) Eugene G Mueller Former Vice Chair	50.0					X	0	134,441	28,102
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A							15,928,809	4,423,947	1,281,443
d Total (add lines 1b and 1c)									

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7 9**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 069042203	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 those listed above) who received more than \$100,000 of compensation from the organization		4 6

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts					
1a Federated campaigns			1a		
b Membership dues			1b		
c Fundraising events			1c		
d Related organizations			1d		
e Government grants (contributions)			1e	991,300	
f All other contributions, gifts, grants, and similar amounts not included above			1f	37,554,644	
g Noncash contributions included in lines 1a - 1f: \$			1g	178,000	
h Total. Add lines 1a-1f					38,545,944
Program Service Revenue					
2a Total Sports Revenue	Business Code	46,540,204	46,148,315	391,889	
	711210				
b Student Athletic Fees and Related	713940	900,000	900,000		
c					
d					
e					
f All other program service revenue		0	0	0	0
g Total. Add lines 2a-2f.		47,440,204			
Other Revenue					
3 Investment income (including dividends, interest, and other income from investments)		68,492			68,492
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		48,960,142			48,960,142
6a Gross rents	(i) Real (ii) Personal				
b Less: rental expenses					
c Rental income or (loss)		0	0		
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		43,790			
c Gain or (loss)		-43,790	0		
d Net gain or (loss)		-43,790			-43,790
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
b Less: direct expenses					
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19					
b Less: direct expenses					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory					
Other Revenue					
11a Administrative Support Services	Business Code	1,850,801	1,850,801		
	561990				
b Marketing and Development Revenue	711320	143,463	143,463		
c					
d All other revenue		0	0	0	0
e Total. Add lines 11a-11d		1,994,264			
12 Total revenue. See instructions		136,965,256	49,042,579	391,889	48,984,844

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	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)				
7 Other salaries and wages	40,725,429	38,814,553	961,100	949,776
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
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 (non-employees):				
a Management				
b Legal	240,925	240,925		
c Accounting	44,522	10,787	26,800	6,935
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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)	6,959,769	6,601,723	273,148	84,898
12 Advertising and promotion	642,792	609,717	5,300	27,775
13 Office expenses	238,153	226,886	5,294	5,973
14 Information technology	1,332,227	1,275,497	12,416	44,314
15 Royalties				
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 Interest	2,543,125	2,543,125		
21 Payments to affiliates				
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 in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Athletic event fees and expenses	3,348,237	3,330,049	8,824	9,364
b Repairs and maintenance	3,737,004	3,630,924		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	
e 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	51,500	1	51,500
	2 Savings and temporary cash investments	24,272,306	2	11,043,895
	3 Pledges and grants receivable, net	9,279,214	3	8,948,229
	4 Accounts receivable, net	34,604,358	4	70,241,413
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,838,215	8	5,400,451
	9 Prepaid expenses and deferred charges	821,499	9	1,543,051
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 361,591,073		
	b Less: accumulated depreciation	10b 111,296,767	250,451,565	10c 250,294,306
	11 Investments—publicly traded securities	3,961,002	11	3,907,852
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,563,628	15	1,518,938
16 Total assets. Add lines 1 through 15 (must equal line 33)	329,843,287	16	352,949,635	
Liabilities	17 Accounts payable and accrued expenses	25,619,562	17	21,836,554
	18 Grants payable		18	
	19 Deferred revenue	31,111,297	19	70,378,248
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	34,777,313	23	32,348,965
	24 Unsecured notes and loans payable to unrelated third parties		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 of Schedule D	130,277,553	25	125,012,170
	26 Total liabilities. Add lines 17 through 25	221,785,725	26	249,575,937
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> 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	108,057,562	31	103,373,698
	32 Total net assets or fund balances	108,057,562	32	103,373,698
33 Total liabilities and net assets/fund balances	329,843,287	33	352,949,635	

Part XI Reconciliation of Net AssetsCheck 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	136,965,256
2	Total expenses (must equal Part IX, column (A), line 25)		2	141,027,942
3	Revenue less expenses. Subtract line 2 from line 1		3	-4,062,686
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	108,057,562
5	Net unrealized gains (losses) on investments		5	821,175
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 in Schedule O)		9	-1,442,353
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))		10	103,373,698

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
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 compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		No
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 in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID: 22016089

Software Version: 2022v5.0

Form 990, Special Condition Description:

Special Condition Description

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

2022**Open to Public
Inspection****Name of the organization**
University of Louisville Athletic Association**Employer identification number**

31-1106941

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) UNIVERSITY OF LOUISVILLE	611014882	6	Yes		0	0
Total	1				0	0

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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 grant.") . . .	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.						191,892,656

Section B. Total Support

Calendar 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						418,801,916
12 Gross receipts from related activities, etc. (see instructions)						12 210,875,819
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	45.82 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	46.82 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						

5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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.						
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.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- b 33 1/3% support tests-2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **1505**
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 box 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.		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		

Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?

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

	Yes	No
11a		No
11b		No
11c		No

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1	Yes	
2		No

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
2a		
2b		
3a		
3b		

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

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (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	

Section C - Distributable Amount

	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1
2 Enter 85% of line 1	2
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4 Enter greater of line 2 or line 3	4
5 Income tax imposed in prior year	5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - 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 the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
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.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is 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:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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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).

Facts And Circumstances Test**Return Reference**

Schedule A, Part IV, Section A, Line
2 Supported Org. Without IRS Status
509(a)1 or (2)

Explanation

The University of Louisville Athletics Association supports the University of Louisville, a State
university exempt under IRC Sec 115.

Additional Data

Return to Form

Software ID: 22016089

Software Version: 2022v5.0

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

2022Name of the organization
University of Louisville Athletic Association**Employer identification number**

31-1106941

Organization type (check one):**Filers of:****Section:**

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 foundationCheck 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
University of Louisville Athletic Association

Employer identification number
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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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization University of Louisville Athletic Association	Employer identification number 31-1106941
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(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
-		\$	

Name of organization
University of Louisville Athletic Association

Employer identification number

31-1106941

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Additional Data

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Software ID: 22016089
Software Version: 2022v5.0

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

2022**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ **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.****Name of the organization**
University of Louisville Athletic Association**Employer identification number**

31-1106941

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other
- c** ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,399,568	3,468,200	5,459,918	11,148,321	12,229,757
b Contributions	20,878	0	339,000	15,091	21,334
c Net investment earnings, gains, and losses	163,638	25,325	740,747	420,662	2,802,971
d Grants or scholarships	20,878	60,000	1,492,944	476,275	1,061,273
e Other expenditures for facilities and programs	0	0	1,528,552	5,544,637	2,575,413
f Administrative expenses	26,013	33,957	49,969	103,244	269,055
g End of year balance	3,537,193	3,399,568	3,468,200	5,459,918	11,148,321

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ 39.1 %
- b** Permanent endowment ☐ 60.9 %
- c** Term endowment ☐ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4 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		5,150,911		5,150,911
b Buildings		286,646,320	93,850,793	192,795,527
c Leasehold improvements		799,301	675,600	123,701
d Equipment		14,154,976	8,182,121	5,972,855
e Other		54,839,565	8,588,253	46,251,312
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				250,437,300

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	125,012,170

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	135,939,446
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	821,175
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	821,175
3	Subtract line 2e from line 1	3	135,118,271
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.)	4b	1,846,985
c	Add lines 4a and 4b	4c	1,846,985
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	136,965,256

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	139,180,957
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	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-1,846,985
e	Add lines 2a through 2d	2e	-1,846,985
3	Subtract line 2e from line 1	3	141,027,942
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.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	141,027,942

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	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The University of Louisville Athletic Association's main endowment investments are intended for athletic scholarships.
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	RECLASS REVENUE NETTED WITH OTHER NONOPERATING EXPENSES ON FINANCIAL STATEMENTS - 1891300 RECLASS LOSS ON ASSET DISPOSAL TO PART VIII - -44315
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	RECLASS REVENUE NETTED WITH OTHER NONOPERATING EXPENSES ON FINANCIAL STATEMENTS - -1891300 RECLASS LOSS ON ASSET DISPOSAL TO PART VIII - 44315

Additional Data

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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

► **Complete if the organization answered "Yes" to 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.**

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional 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 region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) South America	0	0	Program Services	Student Athlete 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 Sub-total	0	0			93,567
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			93,567

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Cat. No. 50082W

Schedule F (Form 990) 2022

Part II **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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **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.

(a) Type of grant or assistance	(b) Region	(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)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part 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

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); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

[illegible]

Additional Data

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**Schedule I
(Form 990)**

OMB No. 1545-0047

2022

Open to Public
Inspection

**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.

▶ Attach to Form 990.

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
University of Louisville Athletic Association

Employer identification number

31-1106941

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash 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	61-1014882	115	3,731,006				STUDENT RETENTION AND GENERAL OPERATIONS SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1**

3 Enter total number of other organizations listed in the line 1 table **0**

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

Cat. No. 50055P

Schedule I (Form 990) 2022

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	778	16,185,661			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	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.

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.**

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

Part I Questions Regarding Compensation

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.

☒ First-class or charter travel

☒ Travel for companions

☐ Tax idemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b Yes

2 Yes

4a No

4b No

4c No

5a No

5b No

6a No

6b No

7 No

8 No

9

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

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 are not 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.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Dr Neeli Bendapudi Former Pres/Chair	(i)	0	0	0	0	0	0	0
	(ii)	311,614	0	6,387	16,023	4,875	338,899	0
2 Eugene G Mueller Former Vice Chair	(i)	0	0	0	0	0	0	0
	(ii)	133,667	0	774	12,809	15,293	162,543	0
3 Daniel A Durbin Asst. Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	432,731	0	1,188	30,500	21,759	486,178	0
4 Lori Gonzalez PhD Pres/Chair to 1/31/23	(i)	0	0	0	0	0	0	0
	(ii)	831,958	0	2,286	30,500	18,056	882,800	0
5 Dr Krista B Wallace-Boaz Director	(i)	0	0	0	0	0	0	0
	(ii)	127,817	0	414	13,258	20,132	161,621	0
6 Dr Thomas Gerard Bradley Director	(i)	0	0	0	0	0	0	0
	(ii)	582,757	0	774	29,000	23,303	635,834	0
7 Shannon I Rickett Director	(i)	0	0	0	0	0	0	0
	(ii)	158,788	0	180	16,086	14,942	189,996	0
8 Claudia Angeli PhD Director	(i)	0	0	0	0	0	0	0
	(ii)	146,921	0	414	14,902	14,970	177,207	0
9 Carolyn Klinge PhD Director	(i)	0	0	0	0	0	0	0
	(ii)	147,008	0	2,286	15,285	18,708	183,287	0
10 Amy S Lingo Director	(i)	0	0	0	0	0	0	0
	(ii)	271,350	0	414	27,545	17,007	316,316	0
11 Lee A Gill JD Director	(i)	0	0	0	0	0	0	0
	(ii)	183,113	0	1,442	10,938	8,403	203,896	0
12 Prof Lars S Smith Director	(i)	0	0	0	0	0	0	0
	(ii)	255,974	0	774	26,436	21,551	304,735	0
13 Douglas Craddock Director	(i)	0	0	0	0	0	0	0
	(ii)	170,659	0	162	18,077	23,016	211,914	0
14 Joshua Heird Athletic Director	(i)	825,436	0	18,974	141,829	17,876	1,004,115	0
	(ii)	0	0	0	0	0	0	0
15 Amy M Calabrese Deputy Athletic Director	(i)	175,204	0	6,522	17,740	20,528	219,994	0
	(ii)	0	0	0	0	0	0	0
16 Marvin Mitchell Deputy Athletic Director	(i)	231,656	0	2,614	22,692	14,622	271,584	0
	(ii)	0	0	0	0	0	0	0
17 Christopher L Mack FORMER HCE AS Men's BB Coach to 1/31/22	(i)	353,420	0	4,752,271	0	1,774	5,107,465	0
	(ii)	0	0	0	0	0	0	0
18 Jeff Walz Women's Basketball Coach	(i)	1,647,879	250,000	54,799	24,240	21,238	1,998,156	0
	(ii)	0	0	0	0	0	0	0
19 Daniel S McDonnell Men's Baseball Coach	(i)	1,267,894	331,000	19,527	130,103	19,973	1,768,497	180,357
	(ii)	0	0	0	0	0	0	0
20 Fredric Scott Satterfield Head Football Coach	(i)	3,008,066	199,000	34,542	29,646	20,682	3,291,936	0
	(ii)	0	0	0	0	0	0	0
21 Kenneth Payne Men's BB Coach from 3/18/22	(i)	2,726,644	0	23,361	200,000	17,059	2,967,064	0
	(ii)	0	0	0	0	0	0	0

Part III 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	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 J (Form 990) 2022

Software ID: 22016089

Software Version: 2022v5.0

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 the latest information.**

Name of the organization
University of Louisville Athletic Association

Employer identification number

31-1106941

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
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				
Other (MATERIALS & SUPPLIES	X	2	178,000	Cost
25 ▶)				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	Yes	
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
------------	--	----

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

1535		
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Schedule M (Form 990) (2022)

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	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other - MATERIALS & SUPPLIES MULTIPLE CONTRIBUTIONS OF MATERIALS AND SUPPLIES USED IN CONSTRUCTION PROJECT

Additional Data

[Return to Form](#)

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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
University of Louisville Athletic Association

Employer identification number

31-1106941

Return Reference	Explanation
Form 990, Part VI, Line 18 TAX RETURN DISCLOSURE	COPIES OF THE ORGANIZATION'S MOST RECENT FORMS 990 AND 990-T ARE AVAILABLE UPON REQUEST.
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	The organization's bylaws provide for an executive committee. 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 ahead of the meeting, and a copy of the information will be maintained in the board member's file.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The process for determining compensation of the organization's Athletic Director, the top management official, involved all of the following elements: - Data gathering and analysis of compensation at comparably sized organizations by an independent third-party consulting firm along with benchmarking against other qualified officials in similarly situated positions; - Review and approval of the third-party firm's analysis by the organization's independent personnel committee; - Review and approval by the organization's board of directors pursuant to feedback from the personnel and the third-party consulting firm; and - Contemporaneous documentation of the compensation determination process by the third-party consulting firm and by both the personnel committee and the board of directors in each body's respective minutes.
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE PROCESS FOR DETERMINING COMPENSATION OF THE DEPUTY ATHLETIC DIRECTOR INVOLVED ALL OF THE FOLLOWING ELEMENTS: - 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 determination process by the organization's administration and by the personnel committee and the board of directors in each body's respective minutes.
Form 990, Part VI, Line 19 Required documents available to the public	Copies of the organization's financial statements, articles of incorporation, and conflict of interest policy are available at www.louisville.edu or upon request.
Form 990, Part XI, Line 8 PRIOR PERIOD ADJUSTMENTS	Net prior period adjustments pertain to (1) \$5.3 million reduction in loss relating to understated balance due to the University for debt service, and (2) \$600 thousand reduction in net invested in capital assets due to implementation of GASB Statement No. 87, Leases.
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Adjust for GASB Statement No. 94 (P3 arrangements) change in accounting - -1332403; Adjust for GASB Statement No. 96 (subscription-based arrangements) change in accounting - -109950;

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Louisville Athletic Association

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Employer identification number

31-1106941

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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.

(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?	
						Yes	No
(1) UNIVERSITY OF LOUISVILLE UNIVERSITY OF LOUISVILLE LOUISVILLE, KY 40292 61-1014882	EDUCATION	KY			NA		No
(2) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC UNIVERSITY OF LOUISVILLE LOUISVILLE, KY 40292 61-1029626	RESEARCH	KY	501(c)(3)	5	UNIVERSITY OF LOUISVILLE		No
(3) UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL PRACTICE ASSOC 550 SOUTH JACKSON STREET LOUISVILLE, KY 40202 61-1250153	MEDICAL CARE	KY	501(c)(3)	7	UNIVERSITY OF LOUISVILLE		No
(4) UNIVERSITY PHYSICIANS GROUP INC 323 EAST CHESTNUT STREET LOUISVILLE, KY 402021823 61-1346817	MEDICAL CARE	KY	501(c)(3)	3	UNIVERSITY OF LOUISVILLE		No
(5) UNIVERSITY MEDICAL CENTER INC 250 E LIBERTY ST LOUISVILLE, KY 40202 61-1293786	MEDICAL CARE	KY	501(c)(3)	3	UNIVERSITY OF LOUISVILLE		No

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, tax excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity **1a** ☐ **No**
- b** Gift, grant, or capital contribution to related organization(s) **1b** ☐ **Yes**
- c** Gift, grant, or capital contribution from related organization(s) **1c** ☐ **Yes**
- d** Loans or loan guarantees to or for related organization(s) **1d** ☐ **No**
- e** Loans or loan guarantees by related organization(s) **1e** ☐ **Yes**
- f** Dividends from related organization(s) **1f** ☐ **No**
- g** Sale of assets to related organization(s) **1g** ☐ **No**
- h** Purchase of assets from related organization(s) **1h** ☐ **No**
- i** Exchange of assets with related organization(s) **1i** ☐ **No**
- j** Lease of facilities, equipment, or other assets to related organization(s) **1j** ☐ **No**
- k** Lease of facilities, equipment, or other assets from related organization(s) **1k** ☐ **No**
- l** Performance of services or membership or fundraising solicitations for related organization(s) **1l** ☐ **No**
- m** Performance of services or membership or fundraising solicitations by related organization(s) **1m** ☐ **Yes**
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **1n** ☐ **Yes**
- o** Sharing of paid employees with related organization(s) **1o** ☐ **Yes**
- p** Reimbursement paid to related organization(s) for expenses **1p** ☐ **Yes**
- q** Reimbursement paid by related organization(s) for expenses **1q** ☐ **Yes**
- r** Other transfer of cash or property to related organization(s) **1r** ☐ **No**
- s** Other transfer of cash or property from related organization(s) **1s** ☐ **No**

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2021

Additional Data

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Software ID: 22016089

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ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION
OF THE
UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION, INC.

Pursuant to the provisions of KRS 273.263 and KRS 273.267, the University of Louisville Athletic Association, Inc., a Kentucky non-stock, not for profit corporation (the "Corporation") hereby adopts the following Articles of Amendment to its Articles of Incorporation:

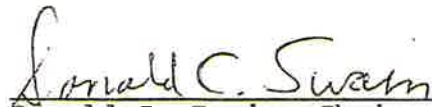
FIRST: The name of the Corporation is University of Louisville Athletic Association, Inc.


SECOND: The Corporation's Articles of Incorporation were amended by the addition of Article XII by the affirmative vote of more than two-thirds of the members of the Corporation on February 27, 1989, at a meeting held pursuant to the By-laws of the Corporation as provided in the Kentucky Nonprofit Corporation Act.

THIRD: Article XII of the Corporation's Articles of Incorporation shall read as follows:

ARTICLE XII

Indemnification of directors, officers, members and agents of the Corporation may be as provided for in the By-Laws effective upon filing of this Article with the Secretary of State; provided, however, such indemnification is not otherwise in conflict with the provisions of Article III of these Articles of Incorporation, and shall not limit liability for (a) any transaction in which a director's personal financial interest is in conflict with the financial interest of the Corporation; (b) for acts or omissions not in good faith or which involve intentional misconduct, or are known to the director to be a violation of law; or (c) or for any transaction from which the director derives an improper personal benefit.


Donald C. Swain, Chairman
Board of Directors
University of Louisville
Athletic Association,
Inc.


Karen R. Howe
Assistant Secretary
Board of Directors
University of Louisville Athletic Association, Inc.

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AMOUNT

BREMER EHRLER

SECRETARY OF STATE

COMMONWEALTH OF KENTUCKY

BY

2/28/84

ARTICLES OF INCORPORATION
OF
UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION, INC.

I, the undersigned incorporator of University of Louisville Athletic Association, Inc., of Jefferson County, Kentucky, do hereby incorporate a non-profit corporation without capital stock or shareholders, under the provisions of KRS 273.161 to 273.390, and for that purpose adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation is University of Louisville Athletic Association, Inc.

ARTICLE II

The period of duration of the Corporation is perpetual.

ARTICLE III

Any provision of these Articles to the contrary notwithstanding, the Corporation shall not have any purpose or object, nor have or exercise any power, nor engage in any activity which in any way contravenes or is in conflict with the provisions of Section 1 of this Article III of these Articles of Incorporation.

1. The Corporation shall conduct and carry on its work, not for profit, but exclusively for charitable, educational and scientific purposes including but not limited to, in such manner that no part of its income or property shall inure to the private benefit of any donor, director or individual having a personal or private interest in the activities of the Corporation and in such a manner that it shall not directly or indirectly engage in carrying on propaganda or otherwise attempting to influence legislation.

2. The Corporation shall qualify as and remain classified as an affiliated corporation of the University of Louisville pursuant to the provisions of KRS 164A.610 and exercise all rights and perform the duties as such.

2/28/84

3. The Corporation shall engage in any other activities as, in the opinion of the Board of Directors, may be incidental to, in furtherance of, or appropriate to effectuate the purposes hereinbefore expressed.

4. Subject to the limitations above stated in this Article III, the purposes for which the corporation is organized and its objects are:

(a) To develop intercollegiate athletic teams composed of students of the University of Louisville and to schedule and manage intercollegiate athletic contests, all in harmony with and in subjection to the general educational policy of the University of Louisville.

(b) To collect and own the receipts from subcontracts and such other moneys and goods as may be given or granted to the Corporation.

(c) To expend and disburse such receipts, gifts, and grants in the interest of the intercollegiate athletic program at the University of Louisville.

(d) To have authority to make contracts of employment, fix salaries, and establish personnel policies with respect to the Intercollegiate Athletics Program at the University of Louisville.

5. The Corporation shall engage in any and all lawful activities or pursuits for which a corporation may be incorporated under Chapter 273 of the Kentucky Revised Statutes dealing with non-stock, non-profit corporations and to exercise any and all powers that such corporations may now or hereafter exercise, whether or not specifically set forth herein, and insofar as such may not be inconsistent with Section 1 hereof.

ARTICLE IV

Notwithstanding any provision heretofore stated herein, if at any time the Corporation is determined to be a private foundation or private operating foundation as defined in Section 509 or Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent Federal tax laws, then:

2/28/84

1. The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or by corresponding provisions of any subsequent Federal tax laws.

2. The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent Federal tax laws.

3. The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent Federal tax laws.

4. The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or under corresponding provisions of any subsequent Federal tax laws.

5. The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent Federal tax laws.

ARTICLE V

In the event of a dissolution and liquidation the assets of the Corporation shall be applied and distributed as follows:

1. All liabilities and obligations of the Corporation shall be paid and discharged, or adequate provisions shall be made therefor;

2. Assets held by the Corporation upon condition requiring return, transfer or conveyance, which condition occurs by reason of the dissolution, shall be returned, transferred or conveyed in accordance with such requirements;

3. All other assets which are not held upon a condition requiring return, transfer or conveyance by reason of dissolution, shall be transferred or conveyed to the University of Louisville Foundation, Inc., if that organization at the time of transfer or conveyance is

2/28/84

described in Section 170(b)(1)(A) (other than in clauses (vii) and (viii)) and in Section 501(c)(3) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent Federal tax laws or, if that organization is not (a) in existence, or (b) so described, then to the University of Louisville, if that organization is described in Section 170(b)(1)(A) (other than in clauses (vii) and (viii)) and Section 501(c)(3) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent Federal tax laws or, if that organization is not (a) in existence, or (b) so described, then to the Commonwealth of Kentucky, for charitable purposes, pursuant to a plan of distribution adopted as provided by law.

ARTICLE VI

The Corporation shall have members, who shall be the individuals who are members of the Board of Trustees of the University of Louisville. Membership in the Corporation shall be co-terminous with membership on the Board of Trustees of the University of Louisville. The members shall be entitled only to vote to amend the Articles of Incorporation of the Corporation and/or to amend the By-Laws of the Corporation. The members shall amend the Articles or alter, amend or repeal the By-Laws of the Corporation at a special meeting called by the Chair of the Corporation by a vote of a two-thirds majority of all of the members. Ten days' notice in writing shall be given by the Chair to each member.

ARTICLE VII

Until otherwise changed, the registered office of the Corporation shall be located at the University of Louisville, Office of University Counsel, Louisville, Kentucky 40292, and the name of its registered agent at such address is David L. Baker, University Counsel.

ARTICLE VIII

The business and affairs of the Corporation shall be under the supervision, management and control of a Board of Directors, which shall exercise the Corporation's power and authority. The Board of Directors shall consist of not less than three (3) persons and of such members in addition as may be provided in the Corporation's By-Laws.

12/28/84

The number of directors constituting the initial Board of Directors shall be three and the names and addresses of the persons who are to serve as initial directors are as follows:

Dr. Donald C. Swain	President University of Louisville Louisville, Kentucky 40292
Mr. Steven B. Bing	Vice President for University Relations University of Louisville Louisville, Kentucky 40292
Dr. Burt L. Monroe	Chairman and Professor Department of Political Science University of Louisville Louisville, Kentucky 40292

The members of the Board of Directors may be removed from office as provided in the Corporation's By-Laws.

ARTICLE IX

Indemnification of directors, officers, employees and agents of the Corporation may be as provided for in the By-Laws; provided, however, such indemnification is not otherwise in conflict with the provisions of Article III of these Articles of Incorporation.

ARTICLE X

1. The Corporation's Articles of Incorporation may be amended in the manner provided by law and in Article VI.

2. The Board of Directors may adopt By-laws for the Corporation, and may amend such By-Laws subject to the action of the Members as provided in Article VI.

ARTICLE XI

The name and address of the sole incorporator is as follows:

Donald C. Swain	Office of the President University of Louisville Louisville, Kentucky 40292
-----------------	---

Donald C. Swain
Donald C. Swain

My notarial commission will expire January 12, 1961

Notary Public

Thomas A Lyons
Thomas H. Lyons
Assistant University Counsel
University of Louisville
Louisville, Kentucky 40292
(502) 588-6981



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Brevard Softball Magazine

Applicant Event Name: Softball Magazine's Adult Senior Softball Camp - OPEN - S4 - E

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)		x	NA
Copy of IRS Articles of Incorporation – (if applicable)	x		
Copy of IRS Determination letter – (if applicable)		x	NA
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter

Digitally signed by Cranis, Peter
Date: 2024.10.18 13:56:16 -04'00'

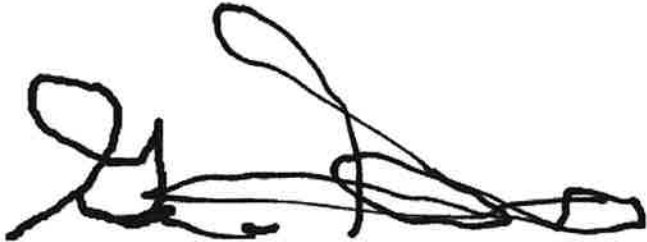
Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:38 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 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

Organization address

398 Barton Blvd.

State

FL

City

Rockledge

Zip

32955

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

321-453-3711

Secondary contact email

luann.madison@softballmag.com

Organization website address

www.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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Softball Magazine's Adult Senior Softball Camp

Event website address (if different from organization website)

<https://www.seniorsoftballcamp.com/>

Event location

Space Coast Stadium - 5800 Stadium Parkway - Melbourne, FL 32940

9. (untitled)

8. What is the first date of your event?

11/12/2024

10. (untitled)

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

3

11. (untitled)

10. 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) 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.

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : <https://www.facebook.com/SoftballMagazine/about/>

YouTube : <https://www.youtube.com/user/SoftballMagazineInc>

14. (untitled)

12. What hashtags do you use?

na

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Event banners/signage

Email blast (e-newsletter, promotional, etc.)

Event brochures/program (Playbill, etc.)

Social media post

Website/blog

Other - Please be specific.....: We have included TDC Logos along the Florida Sports Foundation Logos on all of websites year round for over twenty years. We also include the TDC logo on all of our email correspondences with the registered camper attending the events.

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

[brevardsoftballmagazine_state_articles.pdf](#)

20. (untitled)

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

21. (untitled)

16. Upload your completed Checklist.

[MSP_applicant_checklist_9-27-2024_Senior_Signed.pdf](#)

22. (untitled)

17.

ATTESTATION

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

A handwritten signature in black ink, appearing to read 'Gene Smith', with a large loop at the top and a horizontal line across the middle.

Signature of: Gene Smith

23. Thank You!

New Send Email

Oct 06, 2024 15:07:36 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of BREVARD SOFTBALL MAGAZINE, INC., a Florida corporation, filed on November 7, 1996, as shown by the records of this office.

The document number of this corporation is P96000091866.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Eighth day of November, 1996



CR2EO22 (2-95)

Sandra B. Northam
Secretary of State

ARTICLES OF INCORPORATION
OF
BREVARD SOFTBALL MAGAZINE, INC.

FILED
96 NOV -7 PM 10:22
1300 1/10/97

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

BREVARD SOFTBALL MAGAZINE, INC.

The address of the principal office of this corporation shall be P.O. Box 320877, Cocoa Beach, Florida 32932-0877, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Gene Smith
Dir.

400 Nora Avenue,
Merritt Island, Florida 32952

David M. Brubaker
Dir.

7570 Patti Drive,
Merritt Island, Florida 32952

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporate Agents, Inc.
1201 Hays Street
Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on November 7, 1996.



Its Agent, Karen B. Rozar
Incorporator

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By 

Its Agent, Karen B. Rozar
Authorized Service Representative
Corporation Service Company

LH/THW

FILED
NOV 7 1996
TALLAHASSEE, FL

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091866

Entity Name: BREVARD SOFTBALL MAGAZINE, INC.

Current Principal Place of Business:

400 NORA AVENUE
MERRITT ISLAND, FL 32952

Current Mailing Address:

400 NORA AVENUE
MERRITT ISLAND, FL 32952 US

FEI Number: 59-3413766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, EUGENE W.
400 NORA AVENUE
MERRITT ISLAND, FL 32952 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: EUGENE SMITH

01/28/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPVST
Name SMITH, EUGENE W.
Address 400 NORA AVENUE
City-State-Zip: MERRITT ISLAND FL 32952

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EUGENE W SMITH

PRESIDENT

01/28/2024

Electronic Signature of Signing Officer/Director Detail

Date



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Smooth Running

Applicant Event Name: USA Beach Running Championships - OPEN - S13

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)		x	NA
Copy of IRS Articles of Incorporation – (if applicable)	x		
Copy of IRS Determination letter – (if applicable)		x	NA
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter

Digitally signed by Cranis, Peter
Date: 2024.10.18 13:56:36 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:61 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 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

3213617748

Secondary contact email

info@thefloridamarathon.com

Organization website address

<https://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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

USA Beach Running Championships

Event website address (if different from organization website)

<https://www.runonthebeach.com>

Event location

Potentially Lori Wilson Park / Historically Shepard Park

9. (untitled)

8. What is the first date of your event?

05/03/2025

10. (untitled)

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

1

11. (untitled)

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

Digital advertising (banner ads, etc.)

Direct mail

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

Other - Please be specific.....: Expos, marketing at other races

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : #beachrun

Instagram : #beachrun

YouTube : n/a

14. (untitled)

12. What hashtags do you use?

#beachrun

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Apparel/promotion items (event t-shirts, giveaways, etc.)
Billboards
Direct mail
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
Other - Please be specific.....: TDC is already included in these items

17. (untitled)

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

18. (untitled)

Upload a copy of your organization's 990 form.

19. (untitled)

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

[Smooth_Running_Articles_of_Incorporation.pdf](#)

20. (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](#)

21. (untitled)

16. Upload your completed Checklist.

[Beach_Run_TDC_checklist_2025.pdf](#)

22. (untitled)

17.

ATTESTATION

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



Signature of: Mitchell Varnes

23. Thank You!

New Send Email

Oct 08, 2024 15:56:27 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

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.

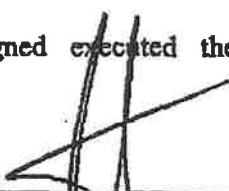
ARTICLE III - REGISTERED AGENT AND OFFICE

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 8th day of July, 2008.



JACK A. KIRSCHENBAUM, a person
authorized by a member to sign these
Articles of Organization

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jul. 9. 2008. 4:27PM
((H08000169408 3))

No. 2470 P. 3/3

**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

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

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



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: American Junior Golf Association

Applicant Event Name: AJGA Junior Championship - INV - S1 - E

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)	x		
Copy of IRS Articles of Incorporation – (if applicable)		x	NA
Copy of IRS Determination letter – (if applicable)	x		
Copy of SunBiz.org (if applicable)		x	NA
Copy of this MSP checklist	x		

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.18 13:56:58 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:21 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.



Signature of: Matt Emmi

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

American Junior Golf Association

Organization address

1980 Sports Club Drive

State

GA

City

Braselton

Zip

30517

Primary contact name

Matt Emmi

Primary contact phone number

7708684200

Primary contact email

memmi@ajga.org

Secondary contact name

Patrick Cansfield

Secondary contact phone number

7708684200

Secondary contact email

pcansfield@ajga.org

Organization website address

<https://www.ajga.org/>

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

581433914

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION

Name of event

AJGA Junior Championship

Event website address (if different from organization website)

<https://www.ajga.org/>

Event location

Viera East Golf Club

9. (untitled)

8. What is the first date of your event?

05/23/2025

10. (untitled)

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

4

11. (untitled)

10. 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.....: bid fee

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

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

Instagram : ajgagolf

YouTube : AJGAVideos

14. (untitled)

12. What hashtags do you use?

#MoonGolfJAS

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Apparel/promotion items (event t-shirts, giveaways, etc.)
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
Website/blog

17. (untitled)

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

[2023_AJGA_W9.pdf](#)

18. (untitled)

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

[AJGA_990.pdf](#)

19. (untitled)

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

20. (untitled)

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

21. (untitled)

17. Upload your completed Checklist.

[AJGA_Checklist.pdf](#)

22. (untitled)

18.

ATTESTATION

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

A handwritten signature in black ink, appearing to read 'Matt Emmi', with a stylized, flowing script.

Signature of: Matt Emmi

23. Thank You!

New Send Email

Oct 01, 2024 09:18:30 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

990 Form Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations). Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2022 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization American Junior Golf Association Inc % JASON MILLER CFO Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1980 SPORTS CLUB DRIVE City or town, state or province, country, and ZIP or foreign postal code BRASELTON, GA 30517 F Name and address of principal officer: STEPHEN HAMBLIN 1980 SPORTS CLUB DRIVE BRASELTON, GA 30517
D Employer identification number 58-1433914	
E Telephone number (770) 868-4200	
G Gross receipts \$ 17,904,574	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.AJGA.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1980 M State of legal domicile: GA	

Part I Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GOLF TOURNAMENTS - A PROGRAM PROMOTING JUNIOR GOLF COMPETITIONS AND SERVING OVER 7,924 MEMBERS.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) 3 16	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 162	
	6 Total number of volunteers (estimate if necessary) 6 1,800	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b	
	Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 12,579,443 Current Year 13,262,946
9 Program service revenue (Part VIII, line 2g) 3,772,233 4,143,739		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,410 42,139		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 42,963 43,267		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,403,049 17,492,091		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,802,029 1,249,400	
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 5,811,255 5,892,652	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶941,911	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 7,851,120 9,776,596	
Net Assets or Fund Balances	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 16,464,404 16,918,648	
	19 Revenue less expenses. Subtract line 18 from line 12 -61,355 573,443	
	20 Total assets (Part X, line 16) Beginning of Current Year 10,685,034 End of Year 10,810,273	
21 Total liabilities (Part X, line 26) 3,045,276 3,016,642		
22 Net assets or fund balances. Subtract line 21 from line 20 7,639,758 7,793,631		

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer JASON MILLER CFO Type or print name and title
	Date 2023-11-15
Paid Preparer Use Only	Print/Type preparer's name Firm's name ▶ SMITH & HOWARD ADVISORY LLC Firm's address ▶ 271 17TH STREET NW SUITE 1600 ATLANTA, GA 30363
	Preparer's signature Date 2023-11-15
	Check <input type="checkbox"/> if self-employed Firm's EIN ▶ Phone no. (404) 874-6244
	PTIN P01372980

Internal Revenue Service

Date: June 10, 2005

AMERICAN JUNIOR GOLF ASSOCIATION
1980 SPORTS CLUB DR
BRASELTON GA 30517

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Michelle Jones 31-07675
Customer Service Specialist

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

58-1433914

Dear Sir or Madam:

This is in response to your request of March 15, 2005, regarding your organization's tax-exempt status.

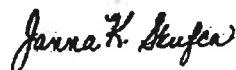
In July 1981 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services



**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Space Coast United Soccer

Applicant Event Name: Florida Cup Juniors - INV - S21

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)	x		
Copy of IRS Articles of Incorporation – (if applicable)		x	NA
Copy of IRS Determination letter – (if applicable)	x		
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter

Digitally signed by Cranis, Peter
Date: 2024.10.18 13:57:23 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:57 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 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

PO Box 410301

State

Florida

City

Melbourne

Zip

32941

Primary contact name

Space Coast United Soccer Club

Primary contact phone number

3214030750

Primary contact email

Kelly.Rogers@spacecoastsoccer.org

Secondary contact name

Allie Goff

Secondary contact phone number

3219177785

Secondary contact email

President@spacecoastsoccer.org

Organization website address

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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Florida Cuo Juniors 2024-2025

Event website address (if different from organization website)

<https://floridacclubleague.com/florida-cup-juniors/>

Event location

Viera Regional Park

9. (untitled)

8. What is the first date of your event?

12/07/2024

10. (untitled)

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

2

11. (untitled)

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

Direct mail

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

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : spacecoastunitedsoccerclub

Instagram : @spacecoastsoccer

YouTube : @SpaceCoastSoccer

14. (untitled)

12. What hashtags do you use?

NA

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Apparel/promotion items (event t-shirts, giveaways, etc.)

Direct mail

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

[IRS_Exempt_Organization_Letter.pdf](#)

18. (untitled)

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

[2023_Tax_Return_990_\(Space_Coast_United_Soc_-_Client_Copy\)_UL.pdf](#)

19. (untitled)

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

20. (untitled)

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

[DIVISION_OF_CORPORATIONS.pdf](#)

21. (untitled)

17. Upload your completed Checklist.

[Tourism_Development_Office_Florida_Cup_Junior.pdf](#)

22. (untitled)

18.

ATTESTATION

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

A handwritten signature in black ink that reads "Kelly Rogers". The script is cursive and fluid, with the first name "Kelly" and last name "Rogers" clearly distinguishable.

Signature of: Kelly Rogers

23. Thank You!

New Send Email

Oct 08, 2024 14:33:11 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

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

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

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

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Space Coast United Soccer Club, Inc	D Employer identification number 59-2377476
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 410301	
	City or town, state or province, country, and ZIP or foreign postal code Melbourne, FL 32941	
	F Name and address of principal officer:	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		E Telephone number (321) 288-0449
J Website: www.spacecoastsoccer.org		G Gross receipts \$ 2,172,448
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
L Year of formation: 1984		M State of legal domicile: FL

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Promote youth physcial activity through the sport of soccer</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	60	
	6 Total number of volunteers (estimate if necessary)	6	120	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	1,447,232	1,730,922	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	395,715	441,379	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138	147	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,970,065	2,172,448	
Expenses	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)	916,123	1,066,353	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25)	0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	783,879	1,025,340	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,700,002	2,091,693	
19 Revenue less expenses. Subtract line 18 from line 12	270,063	80,755		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	1,176,775	1,253,949	
	22 Net assets or fund balances. Subtract line 21 from line 20	85,259	81,792	
		1,091,516	1,172,157	

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Brad Oxley	Date	
	Signature of officer		
Paid Preparer Use Only	Brad Oxley, Treasurer	Type or print name and title	
	Print/Type preparer's name	Preparer's signature	Date
	Jacquelyn Boehm	04-25-2024	Check <input type="checkbox"/> if PTIN self-employed P01367298
	Firm's name Boehm & Associates, Inc.	Firm's EIN	
	Firm's address 1934 Dairy Road	Phone no. 321-956-1800	
	W Melbourne FL 32904		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission: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 prior Form 990 or 990-EZ? ☐ Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,985,318 including grants of \$) (Revenue \$ 2,172,448)
To provide educational, cultural, recreational, and/or social benefits to youth. The organization serves over 1450 youths annually through soccer training and competition.

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,985,318

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	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
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	X
c 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	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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b 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

Part IV 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.		X
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.		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.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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.		X
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.		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.		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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.		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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.		X
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.		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
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.		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.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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.		
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.		X
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.		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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	60		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	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.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

	1a	13	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.		13		
b Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
Brad Oxley (321) 288-0449, PO Box 410301, Melbourne, FL 32941

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Todd Olson Director	5.00	X						0	0	0
(2) Kellie McGuire Director	5.00	X						0	0	0
(3) Kevin Koegel Director	5.00	X						0	0	0
(4) Stephen Young Director	5.00	X						0	0	0
(5) David Trout Director	5.00	X						0	0	0
(6) Matt Shannon Director	5.00	X						0	0	0
(7) Kara Ehrhardt Director	5.00	X						0	0	0
(8) Adam Ferguson Director	5.00	X						0	0	0
(9) Brad Oxley Treasurer	20.00			X				0	0	0
(10) Allie Goff President	20.00			X				0	0	0
(11) Mike Perry Vice President	20.00			X				0	0	0
(12) Dana Chesser Secretary	20.00			X				0	0	0
(13) Scott Armstrong Exec Dir Coaching	60.00				X			0	0	0
(14)										

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

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

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	1,730,922			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		1,730,922			
Program Service Revenue	Business Code					
	2a Concessions Commission	722210	551	551		
	b Field Hosting Commission	900099	2,459	2,459		
	c Teams Income	711210	420,464	420,464		
	d Rebates	711210	17,905	17,905		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		441,379			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		147	147		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		2,172,448	441,526	0	0	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,818	208,818		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	783,642	738,642	45,000	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits				
10 Payroll taxes	73,893	73,893		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,300		1,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17. .				
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.) . .				
12 Advertising and promotion	2,657	2,657		
13 Office expenses	2,741		2,741	
14 Information technology				
15 Royalties				
16 Occupancy	77,324	77,324		
17 Travel	7,795	7,795		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,148	8,148		
23 Insurance	38,088		38,088	
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.)				
a Soccer Program Expenses	279,240	279,240		
b Continuing Education	7,008	7,008		
c Business License and Permits	19,132	19,132		
d Teams Accounts	406,563	406,563		
e All other expenses	175,344	156,098	19,246	
25 Total functional expenses. Add lines 1 through 24e. .	2,091,693	1,985,318	106,375	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	366,228	1	493,370
	2 Savings and temporary cash investments	788,834	2	738,981
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 120,377		
	b Less: accumulated depreciation	10b 98,779	21,845	10c 21,598
	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 Intangible assets		14	
	15 Other assets. See Part IV, line 11	(132)	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,176,775	16	1,253,949	
Liabilities	17 Accounts payable and accrued expenses	1,897	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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 of Schedule D	83,362	25	81,792
	26 Total liabilities. Add lines 17 through 25	85,259	26	81,792
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,091,516	27	1,172,157
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	
	32 Total net assets or fund balances	1,091,516	32	1,172,157
33 Total liabilities and net assets/fund balances	1,176,775	33	1,253,949	

Part XI Reconciliation of Net AssetsCheck 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	2,172,448
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,091,693
3	Revenue less expenses. Subtract line 2 from line 1	3	80,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,091,516
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	(114)
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	1,172,157

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

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?
 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.

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.

☐ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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?

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

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

**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

2023

**Open to Public
Inspection**

Name of the organization

Employer identification number

Space Coast United Soccer Club, Inc

59-2377476

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

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

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

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

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

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	992,542	896,953	1,142,890	1,447,232	1,730,924	6,210,541
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	366,211	247,368	357,311	4,520	20,915	996,325
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	1,358,753	1,144,321	1,500,201	1,451,752	1,751,839	7,206,866
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						7,206,866

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	1,358,753	1,144,321	1,500,201	1,451,752	1,751,839	7,206,866
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	277	981	277	138	147	1,820
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	277	981	277	138	147	1,820
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,359,030	1,145,302	1,500,478	1,451,890	1,751,986	7,208,686
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.97 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.97 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	0.00 %
19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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.)		

Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in 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 the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Space Coast United Soccer Club, Inc

Employer identification number

59-2377476

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c, acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 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				
b Buildings				
c Leasehold improvements				
d Equipment	120,377		98,779	21,598
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).) 21,598

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll	81,792
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))	

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

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
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:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	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 XII		Reconciliation of Expenses per Audited Financial Statements With Expenses per 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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
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

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.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Space Coast United Soccer Club, Inc

Employer identification number

59-2377476

01. Form 990 governing body review (Part VI, line 11)

The form is provided electronically to all board members for review prior to filing.

02. Governing documents, etc, available to public (Part VI, line 19)

The public may obtain a copy of the Form 990 or other governing documents

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

2023

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Space Coast United Soccer Club,

FORM 990 - 1

59-2377476

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	6,568
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	#567					1,580
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	8,148
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2023)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service**File a separate application for each return.**
Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Part I - Identification

Type or print	Name of exempt organization, employer, or other filer, see instructions. Space Coast United Soccer Club, Inc	Taxpayer identification number (TIN) 59-2377476
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 410301	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Melbourne FL 32941	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

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

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

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)The books are in the care of **Brad Oxley, PO Box 410301 Melbourne FL 32941**Telephone No. **321-288-0449**

Fax No. _____

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

- 1 I request an automatic 6-month extension of time until **11-15**, 20 **24**, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 **23** or☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

Space Coast United Soccer Club, Inc

59-2377476

Form 4562 - Line 19b

Statement #567

Basis	RP	CV	Method	Deduction
1,420	5	HY	200 DB	284
1,420	5	HY	200 DB	284
1,412	5	HY	200 DB	282
1,149	5	HY	200 DB	230
2,500	5	HY	200 DB	500
Total				1,580

Client Copy

990

Overflow Statement

2023

Page 1

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

Name(s) as shown on return

FEIN

Space Coast United Soccer Club, Inc

59-2377476

Membership Dues

Description	Amount
Competitive Programs	\$ 1,020,575
Recreational Programs	402,065
Fees - Other Programs	8,397
Space Coast Tournament	83,795
SC Clash Tournament	73,662
Summer Camp	43,752
Spring Camp	3,791
Winter Camp	10,125
Refunds	(253)
College ID Camp	13,416
Goal Keeping Camp	5,795
Comp Program Camp	32,918
Other Income	23,425
Team Fees	8,060
FYSA Scholarship Grant	1,399
Total:	\$ 1,730,922

Part IX, Line 24e, Other Expenses Program Services

Description	Amount
Deminimus Equipment	\$ 21,399
Repairs and Maintenance	5,702
Leased Equipment	800
Telephone	6,090
Uniforms and Tshirts	53,387
Fuel for Golf Carts	210
Tryout Expense	1,440
Facilities and Field Rentals	576
Payroll Processing Fees	7,081
Camp Expense	46,568
Team Expense	12,845
Total:	\$ 156,098

Pt IX, Line 24e Other Expenses Mgmt and General

Description	Amount
Directors Discretionary Budget	\$ 2,604
Merchant Services	2,698
Miscellaneous	13,560
Postage and Delivery	384
Total:	\$ 19,246

2023

PAGE 1

Depreciation Detail Listing

Program Services

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

Name(s) as shown on return

Social security number/EIN

Space Coast United Soccer Club, Inc

59-2377476

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Trailer 2	07-24-2021	799		100.00			799	7	200 DB HY	17.49	799		799	
2	Aed	08-18-2021	650		100.00			650	7	200 DB HY	17.49	650		650	
3	Aed-2	08-18-2021	650		100.00			650	7	200 DB HY	17.49	650		650	
4	4x16 Forza Goal	09-15-2021	1,067		100.00			1,067	7	200 DB HY	17.49	1,067		1,067	
5	4x16 Forza Goal-2	09-15-2021	1,067		100.00			1,067	7	200 DB HY	17.49	1,067		1,067	
6	Goals	08-24-2012	4,000		100.00			4,000	7		0	4,000		4,000	
7	Golf Cart	10-19-2014	2,000		100.00			2,000	7		0	2,000		2,000	
8	Pop Up Goals	02-26-2015	4,500		100.00			4,500	7		0	4,500		4,500	
9	Pop Up Goals	06-04-2015	3,786		100.00			3,786	7		0	3,786		3,786	
10	Shed	09-10-2015	15,050		100.00			15,050	7		0	15,049		15,049	
11	Field Security Netting	09-22-2015	6,750		100.00			6,750	7		0	6,750		6,750	
12	8x24 Soccer Goal	08-22-2017	2,650		100.00			2,650	7	200 DB HY	8.93	2,295	237	2,532	
13	6.5x18.5 Soccer Goal	08-22-2017	2,400		100.00			2,400	7	200 DB HY	8.93	2,079	214	2,293	
14	Computer {New in 2017	08-30-2017	2,000		100.00			2,000	7	200 DB HY	8.93	2,000		2,000	
15	7.5' Aluminum Bench	10-02-2018	709		100.00			709	7	200 DB MQ	8.73	531	62	593	
16	8'x24' Soccer Goal 2	10-23-2018	2,825		100.00			2,825	7	200 DB MQ	8.73	2,116	247	2,363	
17	15' Aluminum Bench	11-12-2018	908		100.00			908	7	200 DB MQ	8.73	680	79	759	
18	15' Aluminum Bench 2	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
19	15' Aluminum Bench 3	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
20	15' Aluminum Bench 4	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
21	15' Aluminum Bench 5	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
22	7.5" Aluminum Bench 3	01-16-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
23	7.5" Aluminum Bench 2	01-16-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
24	7.5" Aluminum Bench 4	01-16-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
25	7' x 21' Soccer Goal	03-13-2019	2,800		100.00			2,800	7	200 DB HY	8.93	2,800		2,800	
26	8'x24' Soccer Goal 3	03-13-2019	2,950		100.00			2,950	7	200 DB HY	8.93	2,950		2,950	
27	7.5' Aluminum Bench 5	03-25-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
28	15' Aluminum Bench 7	03-25-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
29	15' Aluminum Bench 8	03-25-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
30	15' Aluminum Bench 6	03-25-2019	908		100.00			908	7	200 DB HY	8.93	908		908	

2023

PAGE 2

Name(s) as shown on return

Social security number/EIN

98, 77.
ST ADJ:

1618

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: December 11, 2000

Person to Contact:
Tonya Martin 31-07387
Customer Service Representative

Space Coast United Soccer Club, Inc.
P.O. Box 410301
Melbourne, FL 32941

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:
59-2377476

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](#) /

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

Gibbs, Beverly T
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Name Changed: 01/12/2017

Address Changed: 06/06/2014

Officer/Director Detail

Name & Address

Title President

GOTT, 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

Gibbs, Beverly
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Secretary

Chesser, Dana
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Annual Reports

Report Year	Filed Date
2022	01/18/2022
2023	01/03/2023
2024	01/03/2024

Document Images

01/03/2024 - ANNUAL REPORT	View Image in PDF format
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04/03/2015 - ANNUAL REPORT	View image in PDF format

<u>06/06/2014 – AMENDED ANNUAL REPORT</u>	View image in PDF format
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<u>01/24/2013 – ANNUAL REPORT</u>	View image in PDF format
<u>01/13/2012 – ANNUAL REPORT</u>	View image in PDF format
<u>03/15/2011 – ANNUAL REPORT</u>	View image in PDF format
<u>01/07/2010 – ANNUAL REPORT</u>	View image in PDF format
<u>01/15/2009 – ANNUAL REPORT</u>	View image in PDF format
<u>01/19/2008 – ANNUAL REPORT</u>	View image in PDF format
<u>01/21/2007 – ANNUAL REPORT</u>	View image in PDF format
<u>01/09/2005 – ANNUAL REPORT</u>	View image in PDF format
<u>04/14/2005 – ANNUAL REPORT</u>	View image in PDF format
<u>01/16/2004 – ANNUAL REPORT</u>	View image in PDF format
<u>01/16/2003 – ANNUAL REPORT</u>	View image in PDF format
<u>02/07/2002 – ANNUAL REPORT</u>	View image in PDF format
<u>03/13/2001 – ANNUAL REPORT</u>	View image in PDF format
<u>03/15/2000 – ANNUAL REPORT</u>	View image in PDF format
<u>03/04/1999 – ANNUAL REPORT</u>	View image in PDF format
<u>06/11/1998 – REINSTATEMENT</u>	View image in PDF format

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**Tourism Development Office
FY 2024-2025 Marketing Support Program
checklist**

Applicant Organization Name: Space Coast United Soccer

Applicant Event Name: Florida Cup - INV - S22

	Yes	No	Comment
Completed questionnaire	x		
Copy of 990 form (if applicable)	x		
Copy of IRS Articles of Incorporation – (if applicable)		x	NA
Copy of IRS Determination letter – (if applicable)	x		
Copy of SunBiz.org (if applicable)	x		
Copy of this MSP checklist	x		

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

Cranis, Peter

Digitally signed by Cranis, Peter
Date: 2024.10.18 13:57:50 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:56 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2024-2025 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 Club

Organization address

PO Box 410301

State

Florida

City

Melbourne

Zip

32941

Primary contact name

Space Coast United Soccer Club

Primary contact phone number

3214030750

Primary contact email

kelly.rogers@spacecoastsoccer.org

Secondary contact name

Allie Goff

Secondary contact phone number

3219177785

Secondary contact email

Preseident@spacecoastsoccer.org

Organization website address

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 questionnaire for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION

Name of event

Florida Cup 2025

Event website address (if different from organization website)

<https://floridaclubleague.com/florida-cup/>

Event location

Viera Regional Park

9. (untitled)

8. What is the first date of your event?

05/10/2025

10. (untitled)

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

2

11. (untitled)

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

Direct mail

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

12. (untitled)

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

13. (untitled)

11. What are your social media handles?

Facebook : spacecoastunitedsoccerclub

Instagram : @spacecoastsoccer

YouTube : @SpaceCoastSoccer

14. (untitled)

12. What hashtags do you use?

NA

15. (untitled)

As a cultural organization how would you like us to spend your support?

16. (untitled)

13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?

Apparel/promotion items (event t-shirts, giveaways, etc.)

Direct mail

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

[IRS_Exempt_Organization_Letter.pdf](#)

18. (untitled)

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

[2023_Tax_Return_990_\(Space_Coast_United_Soc_-_Client_Copy\)_UL.pdf](#)

19. (untitled)

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

20. (untitled)

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

[DIVISION_OF_CORPORATIONS.pdf](#)

21. (untitled)

17. Upload your completed Checklist.

[Tourism_Development_Office_Florida_Cup_2025.pdf](#)

22. (untitled)

18.

ATTESTATION

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

A handwritten signature in black ink that reads "Kelly Rogers". The signature is written in a cursive, flowing style.

Signature of: Kelly Rogers

23. Thank You!

New Send Email

Oct 08, 2024 14:28:25 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

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

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

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

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Space Coast United Soccer Club, Inc	D Employer identification number 59-2377476
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 410301	
	City or town, state or province, country, and ZIP or foreign postal code Melbourne, FL 32941	
	F Name and address of principal officer:	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 2,172,448
J Website: www.spacecoastsoccer.org		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1984 M State of legal domicile: FL

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Promote youth physical activity through the sport of soccer		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	60
	6 Total number of volunteers (estimate if necessary)	6	120
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,447,232	1,730,922
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	395,715	441,379
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138	147
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,970,065	2,172,448
Expenses	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)	916,123	1,066,353
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	783,879	1,025,340
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,700,002	2,091,693
19 Revenue less expenses. Subtract line 18 from line 12	270,063	80,755	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,176,775	1,253,949
	22 Net assets or fund balances. Subtract line 21 from line 20	85,259	81,792
		1,091,516	1,172,157

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Brad Oxley		
	Signature of officer	Date	
Paid Preparer Use Only	Brad Oxley, Treasurer		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Jacquelyn Boehm		04-25-2024
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if PTIN self-employed
	Boehm & Associates, Inc.		P01367298
	Firm's address	Phone no.	
	1934 Dairy Road		
	W Melbourne FL 32904	321-956-1800	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission: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 prior Form 990 or 990-EZ? ☐ Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,985,318 including grants of \$) (Revenue \$ 2,172,448)To provide educational, cultural, recreational, and/or social benefits to youth. The organization serves over 1450 youths annually through soccer training and competition.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,985,318

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
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	X
c 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	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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b 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

Part IV 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.		X
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.		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.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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.		X
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.		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.		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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.		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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.		X
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.		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
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.		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.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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.		
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.		X
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.		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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	60		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	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.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

	1a	13	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.		13		
b Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
Brad Oxley (321) 288-0449, PO Box 410301, Melbourne, FL 32941

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Todd Olson Director	5.00	X						0	0	0
(2) Kellie McGuire Director	5.00	X						0	0	0
(3) Kevin Koegel Director	5.00	X						0	0	0
(4) Stephen Young Director	5.00	X						0	0	0
(5) David Trout Director	5.00	X						0	0	0
(6) Matt Shannon Director	5.00	X						0	0	0
(7) Kara Ehrhardt Director	5.00	X						0	0	0
(8) Adam Ferguson Director	5.00	X						0	0	0
(9) Brad Oxley Treasurer	20.00			X				0	0	0
(10) Allie Goff President	20.00			X				0	0	0
(11) Mike Perry Vice President	20.00			X				0	0	0
(12) Dana Chesser Secretary	20.00			X				0	0	0
(13) Scott Armstrong Exec Dir Coaching	60.00				X			0	0	0
(14)										

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

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

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

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

Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b 1,730,922				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		1,730,922			
Program Service Revenue	Business Code					
	2a Concessions Commission	722210	551	551		
	b Field Hosting Commission	900099	2,459	2,459		
	c Teams Income	711210	420,464	420,464		
	d Rebates	711210	17,905	17,905		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		441,379			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		147	147		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		2,172,448	441,526	0	0	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,818	208,818		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	783,642	738,642	45,000	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits				
10 Payroll taxes	73,893	73,893		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,300		1,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17. .				
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.) . .				
12 Advertising and promotion	2,657	2,657		
13 Office expenses	2,741		2,741	
14 Information technology				
15 Royalties				
16 Occupancy	77,324	77,324		
17 Travel	7,795	7,795		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,148	8,148		
23 Insurance	38,088		38,088	
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.)				
a Soccer Program Expenses	279,240	279,240		
b Continuing Education	7,008	7,008		
c Business License and Permits	19,132	19,132		
d Teams Accounts	406,563	406,563		
e All other expenses	175,344	156,098	19,246	
25 Total functional expenses. Add lines 1 through 24e. .	2,091,693	1,985,318	106,375	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	366,228	1	493,370
	2 Savings and temporary cash investments	788,834	2	738,981
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 120,377		
	b Less: accumulated depreciation	10b 98,779	21,845	10c 21,598
	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 Intangible assets		14	
	15 Other assets. See Part IV, line 11	(132)	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,176,775	16	1,253,949	
Liabilities	17 Accounts payable and accrued expenses	1,897	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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 of Schedule D	83,362	25	81,792
	26 Total liabilities. Add lines 17 through 25	85,259	26	81,792
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,091,516	27	1,172,157
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	
	32 Total net assets or fund balances	1,091,516	32	1,172,157
33 Total liabilities and net assets/fund balances	1,176,775	33	1,253,949	

Part XI Reconciliation of Net AssetsCheck 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	2,172,448
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,091,693
3	Revenue less expenses. Subtract line 2 from line 1	3	80,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,091,516
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	(114)
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	1,172,157

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

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.

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**b** Were the organization's financial statements audited by an independent accountant? ☒

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.

☐ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ☒

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

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? ☒**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 ☒

	Yes	No
2a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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

2023

**Open to Public
Inspection**

Name of the organization

Space Coast United Soccer Club, Inc

Employer identification number

59-2377476

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

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

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

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

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

Schedule A (Form 990) 2023

EEA

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	992,542	896,953	1,142,890	1,447,232	1,730,924	6,210,541
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	366,211	247,368	357,311	4,520	20,915	996,325
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	1,358,753	1,144,321	1,500,201	1,451,752	1,751,839	7,206,866
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						7,206,866

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	1,358,753	1,144,321	1,500,201	1,451,752	1,751,839	7,206,866
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	277	981	277	138	147	1,820
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	277	981	277	138	147	1,820
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,359,030	1,145,302	1,500,478	1,451,890	1,751,986	7,208,686
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.97 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.97 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	0.00 %

- 19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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.		
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.		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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.)		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in 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 the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Space Coast United Soccer Club, Inc

Employer identification number

59-2377476

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c, acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 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				
b Buildings				
c Leasehold improvements				
d Equipment	120,377		98,779	21,598
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 21,598

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll	81,792
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))	81,792

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per 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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
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	

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.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Space Coast United Soccer Club, Inc

Employer identification number

59-2377476

01. Form 990 governing body review (Part VI, line 11)

The form is provided electronically to all board members for review prior to filing.

02. Governing documents, etc, available to public (Part VI, line 19)

The public may obtain a copy of the Form 990 or other governing documents

Form **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

2023Attachment
Sequence No. **179**

Name(s) shown on return

Space Coast United Soccer Club,

Business or activity to which this form relates

FORM 990 - 1

Identifying number

59-2377476

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	6,568
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	#567					1,580
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	8,148
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

EEA

1655

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service**File a separate application for each return.**
Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Part I - Identification

Type or print	Name of exempt organization, employer, or other filer, see instructions. Space Coast United Soccer Club, Inc	Taxpayer identification number (TIN) 59-2377476
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 410301	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Melbourne FL 32941	

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

0	1
---	---

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

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

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)The books are in the care of Brad Oxley, PO Box 410301 Melbourne FL 32941Telephone No. 321-288-0449

Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11-15, 20 24, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 23 or☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Federal Supporting Statements**2023 PG01**

Name(s) as shown on return

Tax ID Number

Space Coast United Soccer Club, Inc

59-2377476

Form 4562 - Line 19b

Statement #567

Basis	RP	CV	Method	Deduction
1,420	5	HY	200 DB	284
1,420	5	HY	200 DB	284
1,412	5	HY	200 DB	282
1,149	5	HY	200 DB	230
2,500	5	HY	200 DB	500
Total				1,580

990

Overflow Statement

2023

Page 1

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

Name(s) as shown on return

FEIN

Space Coast United Soccer Club, Inc

59-2377476

Membership Dues

Description	Amount
Competitive Programs	\$ 1,020,575
Recreational Programs	402,065
Fees - Other Programs	8,397
Space Coast Tournament	83,795
SC Clash Tournament	73,662
Summer Camp	43,752
Spring Camp	3,791
Winter Camp	10,125
Refunds	(253)
College ID Camp	13,416
Goal Keeping Camp	5,795
Comp Program Camp	32,918
Other Income	23,425
Team Fees	8,060
FYSA Scholarship Grant	1,399
Total:	\$ 1,730,922

Part IX, Line 24e, Other Expenses Program Services

Description	Amount
Deminimus Equipment	\$ 21,399
Repairs and Maintenance	5,702
Leased Equipment	800
Telephone	6,090
Uniforms and Tshirts	53,387
Fuel for Golf Carts	210
Tryout Expense	1,440
Facilities and Field Rentals	576
Payroll Processing Fees	7,081
Camp Expense	46,568
Team Expense	12,845
Total:	\$ 156,098

Pt IX, Line 24e Other Expenses Mgmt and General

Description	Amount
Directors Discretionary Budget	\$ 2,604
Merchant Services	2,698
Miscellaneous	13,560
Postage and Delivery	384
Total:	\$ 19,246

Depreciation Detail Listing

Program Services

* Item is included in UBIA

for Section 199A calculations.

See "UBIA" in lower right corner.

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

Name(s) as shown on return

Social security number

Space Coast United Soccer Club, Inc

59-2377476

No.	Description	Date	Cost	Basis Adjustment	Business Percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Trailer 2	07-24-2021	799		100.00			799	7	200 DB HY	17.49	799		799	
2	Aed	08-18-2021	650		100.00			650	7	200 DB HY	17.49	650		650	
3	Aed-2	08-18-2021	650		100.00			650	7	200 DB HY	17.49	650		650	
4	4x16 Forza Goal	09-15-2021	1,067		100.00			1,067	7	200 DB HY	17.49	1,067		1,067	
5	4x16 Forza Goal-2	09-15-2021	1,067		100.00			1,067	7	200 DB HY	17.49	1,067		1,067	
6	Goals	08-24-2012	4,000		100.00			4,000	7		0	4,000		4,000	
7	Golf Cart	10-19-2014	2,000		100.00			2,000	7		0	2,000		2,000	
8	Pop Up Goals	02-26-2015	4,500		100.00			4,500	7		0	4,500		4,500	
9	Pop Up Goals	06-04-2015	3,786		100.00			3,786	7		0	3,786		3,786	
10	Shed	09-10-2015	15,050		100.00			15,050	7		0	15,049		15,049	
11	Field Security Netting	09-22-2015	6,750		100.00			6,750	7		0	6,750		6,750	
12	8x24 Soccer Goal	08-22-2017	2,650		100.00			2,650	7	200 DB HY	8.93	2,295	237	2,532	
13	6.5x18.5 Soccer Goal	08-22-2017	2,400		100.00			2,400	7	200 DB HY	8.93	2,079	214	2,293	
14	Computer (New in 2017)	08-30-2017	2,000		100.00			2,000	7	200 DB HY	8.93	2,000		2,000	
15	7.5' Aluminum Bench	10-02-2018	709		100.00			709	7	200 DB MQ	8.73	531	62	593	
16	8'x24' Soccer Goal 2	10-23-2018	2,825		100.00			2,825	7	200 DB MQ	8.73	2,116	247	2,363	
17	15' Aluminum Bench	11-12-2018	908		100.00			908	7	200 DB MQ	8.73	680	79	759	
18	15' Aluminum Bench 2	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
19	15' Aluminum Bench 3	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
20	15' Aluminum Bench 4	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
21	15' Aluminum Bench 5	01-16-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
22	7.5' Aluminum Bench 3	01-16-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
23	7.5' Aluminum Bench 2	01-16-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
24	7.5' Aluminum Bench 4	01-16-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
25	7' x 21' Soccer Goal	03-13-2019	2,800		100.00			2,800	7	200 DB HY	8.93	2,800		2,800	
26	8'x24' Soccer Goal 3	03-13-2019	2,950		100.00			2,950	7	200 DB HY	8.93	2,950		2,950	
27	7.5' Aluminum Bench 5	03-25-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
28	15' Aluminum Bench 7	03-25-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
29	15' Aluminum Bench 8	03-25-2019	908		100.00			908	7	200 DB HY	8.93	908		908	
30	15' Aluminum Bench 6	03-25-2019	908		100.00			908	7	200 DB HY	8.93	908		908	

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

Depreciation Detail Listing

Program Services

2023

PAGE 2

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

Name(s) as shown on return

Social security number/EIN

Space Coast United Soccer Club, Inc

59-2377476

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	7.5' Aluminum Bench 7	03-25-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
32	7.5' Aluminum Bench 6	03-25-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
33	Drinks Cooler	05-06-2019	975		100.00			975	7	200 DB HY	8.93	975		975	
34	7.5' Aluminum Bench 8	09-12-2019	709		100.00			709	7	200 DB HY	8.93	709		709	
35	Trailer	09-18-2019	731		100.00			731	7	200 DB HY	8.93	731		731	
36	6.5 x 18.5 Shooting G	10-04-2019	500		100.00			500	7	200 DB HY	8.93	500		500	
37	6.5 x 18.5 Shooting G	10-04-2019	500		100.00			500	7	200 DB HY	8.93	500		500	
38	8x24 Shooting Goal 2	10-04-2019	600		100.00			600	7	200 DB HY	8.93	600		600	
39	8x24 Shooting Goal	10-04-2019	600		100.00			600	7	200 DB HY	8.93	600		600	
40	Lightning Detector	03-09-2020	3,396		100.00			3,396	7	200 DB MQ	10.93	3,396		3,396	
41	7x12 Soccer Goal 2	04-28-2020	2,800		100.00			2,800	7	200 DB MQ	11.97	2,800		2,800	
42	Video Camera	08-25-2020	600		100.00			600	7	200 DB MQ	13.02	600		600	
43	Ipad	09-05-2020	1,099		100.00			1,099	7	200 DB MQ	13.02	1,099		1,099	
44	6.5 x 18.5 Soccer Goa	10-26-2020	2,800		100.00			2,800	7	200 DB MQ	14.06	2,800		2,800	
45	6.5 x 18.5 Soccer Goa	10-26-2020	2,800		100.00			2,800	7	200 DB MQ	14.06	2,800		2,800	
46	7x12 Soccer Goal 3	11-05-2020	2,800		100.00			2,800	7	200 DB MQ	14.06	2,800		2,800	
47	2 Soccer Goal Dollies	05-31-2022	1,318		100.00			1,318	7	200 DB HY	24.49	188	323	511	
48	2013 Yamaha Golf Cart	09-23-2022	3,000		100.00			3,000	7	200 DB HY	24.49	429	735	1,164	
49	7 x 21 Soccer Goas	04-30-2022	626		100.00			626	7	200 DB HY	24.49	89	153	242	
50	4 - 7 x 21 Soccer Goa	06-01-2022	6,975		100.00			6,975	7	200 DB HY	24.49	997	1,708	2,705	
51	4 - 8 x 24 Soccer Goa	06-30-2022	7,525		100.00			7,525	7	200 DB HY	24.49	1,075	1,843	2,918	
52	6.5 x 18.5 Soccer Goa	11-30-2022	3,150		100.00			3,150	7	200 DB HY	24.49	450	771	1,221	
53	iPad Pro 10.5 in 256	01-01-2022	800		100.00			800	7	200 DB HY	24.49	114	196	310	
54	Zoll AED Plus - 3	01-31-2023	1,420		100.00			1,420	5	200 DB HY	20		284	284	
55	Zoll AED Plus - 4	01-31-2023	1,420		100.00			1,420	5	200 DB HY	20		284	284	
56	Laptop - MacBook Air	01-31-2023	1,412		100.00			1,412	5	200 DB HY	20		282	282	
57	iPad Pro 12.9 in Wi-F	07-19-2023	1,149		100.00			1,149	5	200 DB HY	20		230	230	
58	Utility Cart	08-15-2023	2,500		100.00			2,500	5	200 DB HY	20		500	500	
Totals			120,376					120,376				90,631	8,148	98,779	

1660

Land Amount
Net Depreciable Cost

120,376

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

8,148

ST ADJ:

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: December 11, 2000

Person to Contact:
Tonya Martin 31-07387
Customer Service Representative

Space Coast United Soccer Club, Inc.
P.O. Box 410301
Melbourne, FL 32941

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:
59-2377476

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](#) /

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

Gibbs, Beverly T
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Name Changed: 01/12/2017

Address Changed: 06/06/2014

Officer/Director Detail

Name & Address

Title President

Goff, Anne
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

Gibbs, Beverly
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Secretary

Chesser, Dana
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Annual Reports

Report Year	Filed Date
2022	01/18/2022
2023	01/03/2023
2024	01/03/2024

Document Images

[01/03/2024 - ANNUAL REPORT](#)
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<u>06/11/1998 – REINSTATEMENT</u>	View image in PDF format