Marketing Support Program – FY 2025-26

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Sports Events

USA Beach Running Championships
ESA Surf
Softball Mag Seniors
Softball Mag Spring Training
Space Coast Triathlon
Foil Surfing Race
American Jr Golf Association Championship
Florida Futures Lacrosse
Brevard Soccer Club
Bless the Babies
Boxlite Boxing
7 v 7
Columbia Classic Golf

USA Beach Running Championships

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Space Coast FLORIDA

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

Applicant Organization Name: Smooth Running, LLC

Applicant Event Name: USA Beach Running Championships

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

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

YES | **NO**

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

Peter Cranis 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:35 Data

2. (untitled)

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

Signature of: Mitchell Varnes

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Smooth Running

Organization address

660 Cinnamon Court

State

Florida

City

Satellite Beach

Zip

32937

Primary contact name

Mitch Varnes

Primary contact phone number

3217597200

Primary contact email

mitchvarnes@gmail.com

Secondary contact name

Hannah McClatchey

Secondary contact phone number

3217597200

Secondary contact email

info@thefloridamarathon.com

Organization website address

www.runonthebeach.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

26-3025672

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

USA Beach Running Championships

Event website address (if different from organization website)

www.runonthebeach.com

Event location

Shepard Park, beach from SR-520 to PSFB

9. (untitled)

8. **What is the first date of your event?**

05/10/2026

10. (untitled)

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

1

11. (untitled)

10. **Do you have a second event?**

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)
Direct mail
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: Traditional Marketing Cards and at other events

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : #beachrun
Instagram : n/a
YouTube : n/a

22. (untitled)

13. What hashtags do you currently use?

#runfla

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

Smooth_Running_Articles_of_Incorporation.pdf

26. (untitled)

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

smooth_running_sun_biz.pdf

27. (untitled)

16. Upload your completed W-9 form.

Smooth_Running_w9_updated_late_April_2025.pdf

28. (untitled)

17. Upload your completed Event Income/Expense report.

USA_Beach_Running_Championships_2026_projected_expenses_and_revenues.pdf

29. (untitled)

18. Upload your completed Checklist.

Tourism_Grant_Checklist_updated_2025-2026_cycle.pdf

30. (untitled)

19. **ATTESTATION**

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

Signature of: Mitchell Varnes

31. Thank You!

New Send Email

May 31, 2025 10:20:21 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

L08000066265

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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

(((H08000169408 3)))

H08000169408ABC3

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

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

From:
Account Name : GRAY ROBINSON, P.A.
Account Number : 075154001651
Phone : (321)727-8100
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

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

Electronic Filing Menu Corporate Filing Menu Help

T. HAMPTON
JUL 10 2008
EXAMINER

ARTICLES OF ORGANIZATION

OF

SMOOTH RUNNING, LLC

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

ARTICLE I - NAME

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

ARTICLE II - PRINCIPAL OFFICE

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

ARTICLE III - REGISTERED AGENT AND OFFICE

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

ARTICLE IV – MANAGER

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

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization this 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

(((H08000169408 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

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2024
Secretary of State
4699778325CC

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

DIVISION OF CORPORATIONS

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

Detail by Entity Name

Florida Limited Liability Company
SMOOTH RUNNING, LLC

Filing Information

Document Number	L08000066265
FEI/EIN Number	26-3025672
Date Filed	07/09/2008
State	FL
Status	ACTIVE

Principal Address

660 Cinnamon Ct.
Satellite Beach, FL 32937

Changed: 07/10/2017

Mailing Address

P O BOX 33100
INDIALANTIC, FL 32903

Registered Agent Name & Address

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

Name Changed: 02/17/2011

Address Changed: 07/10/2017

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

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Smooth Running, LLC

2 Business name/disregarded entity name, if different from above.
Smooth Running, LLC

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
660 Cinnamon Ct.

Requester's name and address (optional)

6 City, state, and ZIP code
Satellite Beach, Fl. 32937

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
[2][6] - [3][0][2][5][6][7][2]

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** J M Y **Date** April 28, 2025

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program	USA Beach Running Championships						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
City Permitting and CBPD	**$3,000.00**	**$2,700.00**	**$300.00**	Entry Fees	$32,000.00	$28,000.00	**$4,000.00**
Timing	**$3,500.00**	**$3,200.00**	**$300.00**				**$0.00**
Athlete Shirts and Finisher Medals	**$7,000.00**	**$5,000.00**	**$2,000.00**				**$0.00**
USATF Sanctioning Fees	**$600.00**	**$500.00**	**$100.00**				**$0.00**
Portalets	**$800.00**	**$800.00**	**$0.00**				**$0.00**
Medical Support	**$600.00**	**$600.00**	**$0.00**				**$0.00**
							$0.00
							$0.00
Expenses Subtotal	**$15,500.00**	**$12,800.00**	**$2,700.00**				**$0.00**
Other Expenses							**$0.00**
Ice Trailer	**$500.00**	**$500.00**	**$0.00**				**$0.00**
Beverages/Snacks/Athletes/Vol	**$800.00**	**$800.00**	**$0.00**				**$0.00**
Awards	**$1,600.00**	**$1,600.00**	**$0.00**	**Income Subtotal**	**$32,000.00**	**$28,000.00**	**$4,000.00**
Light Tower Rentals	**$700.00**	**$700.00**	**$0.00**				
Staffing	**$2,000.00**	**$2,000.00**	**$0.00**	*Cash in Bank to start*	$10,000.00	$10,000.00	**$0.00**
DJ/Announcer	**$800.00**	**$800.00**	**$0.00**	**Other Income**			
ATV Rental	**$800.00**	**$800.00**	**$0.00**	TDC grant funding	$6,135.00	$12,350.00	**-$6,215.00**
				Other Income Subtotal	**$6,135.00**	**$12,350.00**	**-$6,215.00**
Other Expenses Subtotal	**$7,200.00**	**$7,200.00**	**$0.00**	**Total Income**	**$38,135.00**	**$40,350.00**	**-$2,215.00**
Marketing - please specify Brevard/Out-of-County							
Billboards in Brevard County	**$1,500.00**	**$1,500.00**	**$0.00**	**Total Expenses Paid**	**$29,700.00**	**$27,000.00**	**$2,700.00**
National Race Calendars	**$2,000.00**	**$2,000.00**	**$0.00**				
Rack Cards & Mailing	**$1,500.00**	**$1,500.00**	**$0.00**	**Profit/Loss**	**$8,435.00**	**$13,350.00**	**-$4,915.00**
Social Media	**$2,000.00**	**$2,000.00**	**$0.00**				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$7,000.00**	**$7,000.00**	**$0.00**				
Total Expenses 2025-2026	**$29,700.00**	**$27,000.00**	**$2,700.00**				
.							

Space Coast
FLORIDA

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

Applicant organization name: Smooth Running, LLC

Applicant event name: USA Beach Running Championships

Applicant name completing this form: Mitch Barnes

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	✓ MV	TP	
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	✓ MV	TP	
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)	n/a	TP	NIA
4.	**Copy of SunBiz.com** - (if applicable, see application for details)	✓ MV	TP	
5.	**Copy of 990 form** (if applicable, see application)	N/A	TP	NIA
6.	**Copy of completed W-9 form** (March 2024)	✓ MV	TP	
7.	**Income/Expense worksheet** (required for all applicants)	✓ MV	TP	
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	✓ MV	TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

June 8, 2025

Applicant signature & date

ESA Surfing Championship

Return to Table of Contents

Space Coast FLORIDA

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

Applicant Organization Name: Eastern Surfing Association, Inc.

Applicant Event Name: ESA 2026 Southeast Regional Surfing Championship

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

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

YES **NO**

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

Peter Cranis 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:18 Data

2. (untitled)

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

Signature of: Michelle Sommers - ESA executive director

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

EASTERN SURFING ASSOCIATION, INC.

Organization address

PO Box 4736

State

MD

City

Ocean City

Zip

21843

Primary contact name

Michelle Sommers

Primary contact phone number

4102518583

Primary contact email

centralhq@surfesa.org

Secondary contact name

Pam Hill

Secondary contact phone number

3862952242

Secondary contact email

surfkittypam@msn.com

Organization website address

www.surfesa.org

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

05-0392315

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

ESA 2026 Southeast Regional Surfing Championship

Event website address (if different from organization website)

www.surfesa.org

Event location

Paradise Beach Park, Indian Harbour Beach, FL

9. (untitled)

8. **What is the first date of your event?**

04/10/2026

10. (untitled)

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

3

11. (untitled)

10. **Do you have a second event?**

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: Live Webcast, Banners, Tshirts

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : Eastern Surfing Association
Instagram : surfesa
YouTube : SurfESA

22. (untitled)

13. What hashtags do you currently use?

#surfesa #ESAregionals

23. (untitled)

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

501(c)3_Status_Letter.pdf

24. (untitled)

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

2023_ESA_form_990.pdf

25. (untitled)

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

26. (untitled)

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

6200454501CC.pdf

27. (untitled)

17. **Upload your completed W-9 form.**

ESA_W-9_Mar2025_(1).pdf

28. (untitled)

18. **Upload your completed Event Income/Expense report.**

Event_Income_Expense_Report_template_FY25-26.pdf

29. (untitled)

19. **Upload your completed Checklist.**

ESA_checklist.pdf

30. (untitled)

20. **ATTESTATION**

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

Signature of: Michelle Sommers - ESA executive director

31. Thank You!

New Send Email

May 21, 2025 12:57:22 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

Internal Revenue Service

Department of the Treasury

P.O. Box 1680, GPO Brooklyn, N.Y. 11202

District
Director

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(DO)(6-77)

Detail by Entity Name

Foreign Not For Profit Corporation
EASTERN SURFING ASSOCIATION, INC.

Filing Information

Document Number	F13000002396
FEI/EIN Number	05-0392315
Date Filed	06/03/2013
State	NJ
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	05/05/2016

Principal Address

37573 JANICE CIRCLE
SELBYVILLE, DE 19975

Changed: 02/09/2022

Mailing Address

PO BOX 4376
OCEAN CITY, MD 21843

Changed: 02/09/2022

Registered Agent Name & Address

HILL, PAMELA
40 OCEAN BREEZE CIR
ORMOND BEACH, FL 32176

Name Changed: 01/08/2022

Address Changed: 01/08/2022

Officer/Director Detail

Name & Address

Title D

PURKEY, HARRY
736 SURFSIDE AVE.
VIRGINIA BEACH, VA 23451

Title D

TORELLI, KRISSY
1016 14TH STREET
NORTH JACKSONVILLE BEACH, FL 32250

Title P

SOMMERS, MICHELLE
37573 JANICE CIRCLE
SELBYVILLE, MD 19975

Title D

Remke, Julie
1415 East Mallory Street
Pensacola, FL 32503

Title Director

Martinez, Paul
2505 Via Del Ray Rd
Fernandina Beach, FL 32034

Title Director

DeLuca, Mario
PO Box 320031
Cocoa Beach, FL 32931

Title D

Eastwood, Jason
6 Hillside Drive
New Smyrna Beach, FL 32169

Title D

Lopes , Darlan
2555 NE 11th Street
802
Ft Lauderdale, FL 33304

Title Director

MCGRAW, RONNIE A, Jr.
4255 A1A SOUTH
SUITE 3
ST. AUGUSTINE, FL 32080

Title Director

HILL, PAMELA
40 Ocean Breeze Cir
Ormond Beach, FL 32176

Title Chairman

Whitt, Oliver Wes
1400 OLDE FARM RD
MOREHEAD CITY, NC 28557

Title OTHER

PHILLIPS, KATHY
12316 W. TORQUAY RD
OCEAN CITY, MD 21842

Title Other

Martin, Mike
220 Big Magnolia Court
St. Augustine, FL 32080

Title Director

Sharpe, Michelle
15 N 19th St
Fernandina Beach, FL 32034

Annual Reports

Report Year	Filed Date
2023	03/24/2023
2024	04/27/2024
2025	05/20/2025

Document Images

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State of Florida
Department of State

I certify from the records of this office that EASTERN SURFING ASSOCIATION, INC. is a New Jersey corporation authorized to transact business in the State of Florida, qualified on June 3, 2013.

The document number of this corporation is F13000002396.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on May 20, 2025, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of May, 2025

Secretary of State

Tracking Number: 6200454501CC

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Form **990**

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

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization EASTERN SURFING ASSOCIATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) P O BOX 4736 — Room/suite

City or town, state or province, country, and ZIP or foreign postal code OCEAN CITY, MD 21843

D Employer identification number 05-0392315

E Telephone number (410)251-8583

G Gross receipts $ 450,397.

F Name and address of principal officer: MICHELLE SOMMERS, 37573 JANICE CIRCLE, SELBYVILLE, DE 19975

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1967

M State of legal domicile: MD

Part I Summary

Activities & Governance

1	Briefly describe the organization's mission or most significant activities: TO PROMOTE AMATEUR SURFING COMPETITIONS		
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	30
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.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	171,609.	126,533.
9	Program service revenue (Part VIII, line 2g)	251,029.	313,900.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,964.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	580.	
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	423,218.	450,397.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)	11,000.	10,000.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	50,444.	63,399.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	289,505.	288,821.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	350,949.	362,220.
19	Revenue less expenses. Subtract line 18 from line 12	72,269.	88,177.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	543,500.	662,559.
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	543,500.	662,559.

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: 11/15/2024

MICHELLE SOMMERS, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Edward Gibbons CPA	Edward Gibbons CPA	11/15/2024		P00111936

Firm's name Gibbons & O'Neill CPA's — Firm's EIN 22-2947725

Firm's address 1008 Pittsburgh Ave, Cape May, NJ 08204 — Phone no. (609)884-3530

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

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:

TO PROMOTE AMATEUR SURFING COMPETITIONS

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 $ 351,381. including grants of $ 0.) (Revenue $ 323,864.)

ORGANIZATION AND OPERATIONS OF THREE REGIONAL AND ONE CHAMPIONSHIP SURFING COMPETITIONS.

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 351,381.

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		×
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		×
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		×
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		×
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		×
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		×
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		×
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		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		×
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		×
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		
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		
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

				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.	1a	30		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	30		
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			×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			×
6	Did the organization have members or stockholders?	6		×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		×	
b	Each committee with authority to act on behalf of the governing body?	8b		×	
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			×

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	×	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		×
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	×	
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-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.

MICHELLE SOMMERS, 37573 JANICE CIRCLE, SELBYVILLE , DE 19975 (410)251-8583

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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) MICHELLE SOMMERS EXECUTIVE DIRECTOR	40.00	×		×				50,145.	0.	0.
(2) HARRY PURKEY SECRETARY	3.00	×		×				0.	0.	0.
(3) EDWARD GIBBONS TREASURER	3.00	×		×				0.	0.	0.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(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**								50,145.	0.	0.
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								50,145.	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

			Yes	No
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*	3		×
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		×
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		×

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	85,243.				
	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	41,290.				
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			126,533.			
Program Service Revenue			Business Code					
	2a	CONTEST ENTRY FEES	900099		184,517.	184,517.	0.	0.
	b	SPONSORSHIPS	900099		129,283.	129,283.	0.	0.
	c	MISCELLANEOUS	900099		100.	100.	0.	0.
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f			313,900.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			9,964.	9,964.	0.	0.
	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)						
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a					
	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			450,397.	323,864.	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	10,000.	10,000.		
5 Compensation of current officers, directors, trustees, and key employees	57,021.	57,021.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,378.	6,378.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,227.	4,227.	0.	0.
23 Insurance	8,720.	8,720.	0.	0.
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 11g expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	275,874.	265,035.	10,839.	0.
25 **Total functional expenses.** Add lines 1 through 24e	362,220.	351,381.	10,839.	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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check 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		286,883.	1	338,350.
	2	Savings and temporary cash investments		244,920.	2	275,966.
	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 71,803.			
	b	Less: accumulated depreciation	10b 31,711.	3,546.	10c	40,092.
	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		8,151.	15	8,151.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		543,500.	16	662,559.
Liabilities	17	Accounts payable and accrued expenses			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			25	
	26	**Total liabilities.** Add lines 17 through 25			26	
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		543,500.	27	662,559.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		543,500.	32	662,559.
	33	Total liabilities and net assets/fund balances		543,500.	33	662,559.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	450,397.
2	Total expenses (must equal Part IX, column (A), line 25)	2	362,220.
3	Revenue less expenses. Subtract line 2 from line 1	3	88,177.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	543,500.
5	Net unrealized gains (losses) on investments	5	30,882.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	662,559.

Part XII Financial Statements and Reporting

Check 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: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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
EASTERN SURFING ASSOCIATION INC	05-0392315

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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** . . . . . ☐

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 . . . . . ☐

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 . . . . . ☐

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 . . . . . ☐

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 . . . . . ☐

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92,330.	93,664.	94,832.	93,809.	85,243.	459,878.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	22,435.	22,387.	37,700.	77,800.	41,290.	201,612.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	114,765.	116,051.	132,532.	171,609.	126,533.	661,490.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						661,490.

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	114,765.	116,051.	132,532.	171,609.	126,533.	661,490.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,191.	8,298.				20,489.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	12,191.	8,298.				20,489.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	238,014.	131,776.				369,790.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	364,970.	256,125.	132,532.	171,609.	126,533.	1,051,769.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	62.89 %
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	56.22 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	1.95 %
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	2.39 %

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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
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.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
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****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

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.*	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 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.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
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		

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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 ☐ 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.)

Pt III Ln 12: Other Income Part III, Line 12 Description: ENTRY FEES, INSURANCE, SPONSORSHIPS 2019: 238014. 2020: 124121. Description: PPP LOAN PROCEEDS 2020: 7655.

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
EASTERN SURFING ASSOCIATION INC

Employer identification number
05-0392315

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 $

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 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					
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	71,803.		31,711.	40,092.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				40,092.

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)	
(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.

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.

Part XIII Supplemental Information *(continued)*

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

EASTERN SURFING ASSOCIATION INC

Employer identification number

05-0392315

Pt VI, Line 11b: PREPARED BY TREASURER AND REVIEWED BY THE BOARD

Pt VI, Line 6: YEARLY MEMBERSHIPS

Pt VI, Line 15a: DETERMINED IN ACCORDANCE WITH SIMILAR OPERATIONS

Pt VI, Line 15b: DETERMINED IN ACCORDANCE WITH SIMILAR OPERATIONS

Pt IX, Line 24e:

Description: LIVE HEATS FEES

Total: $21,653

Program services: $21,653

Management and general: $0

Fundraising: $0

Description: COMPETITION EXPENSES

Total: $176,036

Program services: $176,036

Management and general: $0

Fundraising: $0

Description: ADDITIONAL COMPETITION EXPENSES

Total: $8,455

Program services: $8,455

Management and general: $0

Fundraising: $0

Description: OFFICE SUPPLIES & EXPENSES

Total: $10,839

Program services: $0

Management and general: $10,839

Fundraising: $0

Name of the organization: EASTERN SURFING ASSOCIATION INC

Employer identification number: 05-0392315

Description: ALL STAR EXPENSE

Total: $58,891

Program services: $58,891

Management and general: $0

Fundraising: $0

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20_____

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

OMB No. 1545-0047

2023

Name of filer
EASTERN SURFING ASSOCIATION INC

EIN or SSN
05-0392315

Name and title of officer or person subject to tax
MICHELLE SOMMERS, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a	**Form 990** check here . . . ☒	**b**	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . .	**1b**	450,397.
2a	**Form 990-EZ** check here . . ☐	**b**	**Total revenue**, if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here . . ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here . . ☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5) .	**4b**	
5a	**Form 8868** check here . . . ☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here . . ☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here . . . ☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here . . . ☐	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here . . . ☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here . . ☐	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize _____ to enter my PIN ☐☐☐☐☐ as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 11/15/2024

Part III Certification and Authentication

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

2	2	6	0	1	1	0	8	2	0	4

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 11/15/2024

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

Form 990
Part IX, Line 24e

All Other Expenses

2023

Name
EASTERN SURFING ASSOCIATION INC

Employer Identification No.
05-0392315

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LIVE HEATS FEES	21,653.	21,653.	0.	0.
COMPETITION EXPENSES	176,036.	176,036.	0.	0.
ADDITIONAL COMPETITION EXPENSES	8,455.	8,455.	0.	0.
OFFICE SUPPLIES & EXPENSES	10,839.	0.	10,839.	0.
ALL STAR EXPENSE	58,891.	58,891.	0.	0.
Total to Form 990, Part IX, line 24e	275,874.	265,035.	10,839.	0.

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Eastern Surfing Association

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) 501(c)3 Nonprofit

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
37573 Janice Cir

6 City, state, and ZIP code
Selbyville, DE 19975

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

0	5	–	0	3	9	2	3	1	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** M Bommes **Date** 5-5-25

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program	ESA SE Regional Surfing Championships						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
Lodging	**$5,500.00**	**$5,018.00**	**$482.00**	Entry fees	$38,000.00	$37,383.00	**$617.00**
Computer Scoring	**$4,000.00**	**$3,558.00**	**$442.00**	T-shirt sales	$200.00	$60.00	**$140.00**
Awards	**$4,000.00**	**$3,756.00**	**$244.00**				**$0.00**
Scaffolding & Infrastructure	**$9,500.00**	**$8,600.00**	**$900.00**				**$0.00**
Officials' salary	**$9,500.00**	**$9,275.00**	**$225.00**				**$0.00**
Food	**$1,500.00**	**$1,286.00**	**$214.00**				**$0.00**
			$0.00				**$0.00**
			$0.00				**$0.00**
Expenses Subtotal	**$34,000.00**	**$31,493.00**	**$2,507.00**				**$0.00**
Other Expenses							**$0.00**
Permits & Insurance	**$1,500.00**	**$1,383.00**	**$117.00**				**$0.00**
Travel Expenses	**$4,100.00**	**$3,988.00**	**$112.00**				**$0.00**
			$0.00	**Income Subtotal**	**$38,200.00**	**$37,443.00**	**$757.00**
			$0.00				
			$0.00	*Cash in Bank to start*			**$0.00**
			$0.00	**Other Income**			
			$0.00	TDC grant funding	$6,795.00	$15,000.00	**-$8,205.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00	**Other Income Subtotal**	**$6,795.00**	**$15,000.00**	**-$8,205.00**
Other Expenses Subtotal	**$5,600.00**	**$5,371.00**	**$229.00**	**Total Income**	**$44,995.00**	**$52,443.00**	**-$7,448.00**
Marketing - please specify Brevard/Out-of-County							
	$4,500.00	**$3,736.00**	**$764.00**	**Total Expenses Paid**	**$48,550.00**	**$43,301.00**	**$5,249.00**
	$1,500.00	**$0.00**	**$1,500.00**				
	$750.00	**$750.00**	**$0.00**	**Profit/Loss**	**-$3,555.00**	**$9,142.00**	**-$12,697.00**
	$2,200.00	**$1,951.00**	**$249.00**				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$8,950.00**	**$6,437.00**	**$2,513.00**				
Total Expenses 2025-2026	**$48,550.00**	**$43,301.00**	**$5,249.00**				
.							

Space Coast
FLORIDA

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

Applicant organization name: Eastern Surfing Association (ESA)

Applicant event name: ESA 2026 Southeast Regional Surfing Championship

Applicant name completing this form: Michelle Sommers - ESA executive director

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	MBS	TP	
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	N/A	TP	N/A
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)	MBS	TP	
4.	**Copy of SunBiz.com** - (if applicable, see application for details)	MBS	TP	
5.	**Copy of 990 form** (if applicable, see application)	MBS	TP	
6.	**Copy of completed W-9 form** (March 2024)	MBS	TP	
7.	**Income/Expense worksheet** (required for all applicants)	MBS	TP	
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	MBS	TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

MBS June 16, 2025

Applicant signature & date

Softball Magazine Senior Softball Camp

Return to Table of Contents

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

Applicant Organization Name: Brevard Softball Magazine, Inc. DBA Softball Magazine

Applicant Event Name: Softball Magazine Senior Softball Camp

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

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

YES | **NO**

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

Peter Cranis 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:36 Data

2. (untitled)

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

Signature of: Gene Smith

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Brevard Softball Magazine Inc. DBA Softball Magazine

Organization address

400 Nora Ave

State

FL

City

Merritt Island

Zip

32952

Primary contact name

Gene Smith

Primary contact phone number

321-432-4444

Primary contact email

gene.smith@softballmag.com

Secondary contact name

Luann Madison

Secondary contact phone number

321-432-0828

Secondary contact email

luann.madison@softballmag.com

Organization website address

http://softballmag.com/

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

59-3413766

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Softball Magazine's Senior Softball Camp

Event website address (if different from organization website)

https://www.seniorsoftballcamp.com/

Event location

Chain Of Lakes Complex - 2300 Truman Scarborough Way Titusville, FL 32796

9. (untitled)

8. **What is the first date of your event?**

11/13/2025

10. (untitled)

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

3

11. (untitled)

10. **Do you have a second event?**

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: Email blast sends that go directly to a email base that is twenty (20) years strong in building. List has real and active emails of current participants, past participants along with a list of potential attendees that we market to for six (6) months prior to hosting the event here in Brevard County. Note: We have three (3) websites that all promote each other. Our main site "Softballmag.com" promotes the camps, while the specific camp websites promote each other and the main site. We have included TDC Logos along the Florida Sports Foundation Logos on all of websites year round for over twenty years.

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : https://www.facebook.com/SoftballMagazine/about/
YouTube : https://www.youtube.com/user/SoftballMagazineInc

22. (untitled)

13. What hashtags do you currently use?

n/a

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

brevardsoftballmagazine_AOI.pdf

26. (untitled)

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

Softball_Magazine_Florida_For_Profit_Annual_Report.pdf

27. (untitled)

16. Upload your completed W-9 form.

W9_25.pdf

28. (untitled)

17. Upload your completed Event Income/Expense report.

Senior_Camp_Event_Income_Expense_Report_FY25-26.pdf

29. (untitled)

18. Upload your completed Checklist.

Senior_Camp_checklist_5.30.2025.pdf

30. (untitled)

19. **ATTESTATION**

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

Signature of: Gene Smith

31. Thank You!

New Send Email

May 31, 2025 14:55:58 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

State of Florida

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

Sandra B. Mortham

Sandra B. Mortham
Secretary of State

CR2EO22 (2-95)

FILED
96 NOV -7 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

BREVARD SOFTBALL MAGAZINE, INC.

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 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Detail by Entity Name

Florida Profit Corporation
BREVARD SOFTBALL MAGAZINE, INC.

Filing Information

Document Number	P96000091866
FEI/EIN Number	59-3413766
Date Filed	11/07/1996
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Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	11/14/1996
Event Effective Date	NONE

Principal Address

400 Nora Avenue
Merritt Island, FL 32952

Changed: 01/26/2023

Mailing Address

400 Nora Avenue
Merritt Island, FL 32952

Changed: 01/26/2023

Registered Agent Name & Address

SMITH, EUGENE W.
400 Nora Avenue
Merritt Island, FL 32952

Name Changed: 01/28/2024

Address Changed: 01/28/2024

Officer/Director Detail

Name & Address

Title DPVST

SMITH, EUGENE W.
400 Nora Avenue
Merritt Island, FL 32952

Annual Reports

Report Year	Filed Date
2023	01/26/2023
2024	01/28/2024
2025	01/07/2025

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2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2025
Secretary of State
6875800764CC

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 01/07/2025

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 PRES/DIRECTOR 01/07/2025

Electronic Signature of Signing Officer/Director Detail — Date

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Brevard Softball Magazine, Inc.

2 Business name/disregarded entity name, if different from above.

Softball Magazine

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

400 Nora Avenue

Requester's name and address (optional)

6 City, state, and ZIP code

Merritt Island, FL. 32952

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

5	9	–	3	4	1	3	7	6	6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** President **Date** 04.02.25

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program	SB Magazine Sr. Softball Camp						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
Field Rental Cost	**$4,000.00**	**$4,000.00**	**$0.00**	Participant entry fees	$35,000.00	$32,000.00	**$3,000.00**
Event Insurance	**$750.00**	**$1,200.00**	**-$450.00**				**$0.00**
Staff Lodging	**$2,000.00**	**$1,900.00**	**$100.00**				**$0.00**
Staff Contract Labor	**$5,000.00**	**$5,000.00**	**$0.00**				**$0.00**
Trucks & Utility Carts	**$2,000.00**	**$1,800.00**	**$200.00**				**$0.00**
Event & Staff Shirts	**$1,200.00**	**$1,200.00**	**$0.00**				**$0.00**
Tickets and Wristbands	**$150.00**	**$150.00**	**$0.00**				**$0.00**
Awards & Certificates	**$1,250.00**	**$1,250.00**	**$0.00**				**$0.00**
Expenses Subtotal	**$16,350.00**	**$16,500.00**	**-$150.00**				**$0.00**
Other Expenses							**$0.00**
Camp Lunches & Drinks	**$6,000.00**	**$5,500.00**	**$500.00**				**$0.00**
Freight to return event product	**$500.00**	**$250.00**	**$250.00**				**$0.00**
Lodging & Registration Copies	**$125.00**	**$125.00**	**$0.00**	**Income Subtotal**	**$35,000.00**	**$32,000.00**	**$3,000.00**
Truck & Cart Fuel	**$150.00**	**$150.00**	**$0.00**				
				Cash in Bank to start			**$0.00**
				Other Income			
				TDC grant funding	$5,580.00	$12,350.00	**-$6,770.00**
				Other Income Subtotal	**$5,580.00**	**$12,350.00**	**-$6,770.00**
Other Expenses Subtotal	**$6,775.00**	**$6,025.00**	**$750.00**	**Total Income**	**$40,580.00**	**$44,350.00**	**-$3,770.00**
Marketing - please specify Brevard/Out-of-County							
Softball Magazine Promotion	**$5,000.00**	**$5,000.00**	**$0.00**	**Total Expenses Paid**	**$28,125.00**	**$27,525.00**	**$600.00**
			$0.00				
			$0.00	**Profit/Loss**	**$12,455.00**	**$16,825.00**	**-$4,370.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$5,000.00**	**$5,000.00**	**$0.00**				
Total Expenses 2025-2026	**$28,125.00**	**$27,525.00**	**$600.00**				
.							

Space Coast
FLORIDA

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

Applicant organization name: Brevard Softball Magazine Inc.

Applicant event name: Softball Magazine's Senior Softball Camp

Applicant name completing this form: Gene Smith. President

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	GS.	TP	
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	GS.	TP	
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)	N/A	TP	N/A
4.	**Copy of SunBiz.com** - (if applicable, see application for details)	GS	TP	
5.	**Copy of 990 form** (if applicable, see application)	N/A	TP	N/A
6.	**Copy of completed W-9 form** (March 2024)	GS.	TP	
7.	**Income/Expense worksheet** (required for all applicants)	GS	TP	
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	GS	TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

05·31·25

Applicant signature & date

Softball Magazine Adult Spring Training Camp

Return to Table of Contents

Space Coast FLORIDA

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

Applicant Organization Name: Brevard Softball Magazine, Inc. DBA Softball Magazine

Applicant Event Name: Softball Magazine Adult Spring Training Camp

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

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

YES	NO

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

Peter Cranis 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:37 Data

2. (untitled)

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

Signature of: Gene Smith

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Brevard Softball Magazine Inc. DBA Softball Magazine

Organization address

400 Nora Ave

State

FL

City

Merritt Island

Zip

32952

Primary contact name

Gene Smith

Primary contact phone number

321-432-4444

Primary contact email

gene.smith@softballmag.com

Secondary contact name

Luann Madison

Secondary contact phone number

321-432-0828

Secondary contact email

luann.madison@softballmag.com

Organization website address

http://softballmag.com/

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

59-3413766

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Softball Magazine's Adult Spring Training Camp

Event website address (if different from organization website)

https://www.softballspringtraining.com/

Event location

Cocoa Beach Sports Complex - 1450 Minuteman Causeway - Cocoa Beach, FL. 32931

9. (untitled)

8. **What is the first date of your event?**

03/12/2026

10. (untitled)

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

3

11. (untitled)

10. **Do you have a second event?**

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: Email blast sends that go directly to a email base that is twenty (20) years strong in building. List has real and active emails of current participants, past participants along with a list of potential attendees that we market to for six (6) prior to hosting the event here in Brevard County. Note: We have three (3) websites that all promote each other. Our main site "Softballmag.com" promotes the camps, while the specific camp websites promote each other and the main site. We have included TDC Logos along the Florida Sports Foundation Logos on all of websites year round for over twenty years.

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : https://www.facebook.com/SoftballMagazine/about/
YouTube : https://www.youtube.com/user/SoftballMagazineInc

22. (untitled)

13. What hashtags do you currently use?

n/a

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

brevardsoftballmagazine_AOI.pdf

26. (untitled)

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

Softball_Magazine_Florida_For_Profit_Annual_Report.pdf

27. (untitled)

16. Upload your completed W-9 form.

W9_25.pdf

28. (untitled)

17. Upload your completed Event Income/Expense report.

Spring_Training_25_Event_Income_Expense_Report_template_FY25-26.pdf

29. (untitled)

18. Upload your completed Checklist.

Sprg_Training_checklist_5.30.2025.pdf

30. (untitled)

19. **ATTESTATION**

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

Signature of: Gene Smith

31. Thank You!

New Send Email

May 31, 2025 15:02:19 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

State of Florida

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

Sandra B. Mortham

Sandra B. Mortham
Secretary of State

CR2EO22 (2-95)

FILED
96 NOV -7 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

BREVARD SOFTBALL MAGAZINE, INC.

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 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Detail by Entity Name

Florida Profit Corporation
BREVARD SOFTBALL MAGAZINE, INC.

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Merritt Island, FL 32952

Changed: 01/26/2023

Mailing Address

400 Nora Avenue
Merritt Island, FL 32952

Changed: 01/26/2023

Registered Agent Name & Address

SMITH, EUGENE W.
400 Nora Avenue
Merritt Island, FL 32952

Name Changed: 01/28/2024

Address Changed: 01/28/2024

Officer/Director Detail

Name & Address

Title DPVST

SMITH, EUGENE W.
400 Nora Avenue
Merritt Island, FL 32952

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2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2025
Secretary of State
6875800764CC

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 01/07/2025

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 PRES/DIRECTOR 01/07/2025

Electronic Signature of Signing Officer/Director Detail — Date

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Brevard Softball Magazine, Inc.

2 Business name/disregarded entity name, if different from above.

Softball Magazine

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

400 Nora Avenue

Requester's name and address (optional)

6 City, state, and ZIP code

Merritt Island, FL. 32952

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

5	9	–	3	4	1	3	7	6	6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** President **Date** 04.02.25

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program	SB Magazine Adult Spring Training Camp						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
Field Rental Cost	**$4,000.00**	**$3,049.50**	**$950.50**	Participant entry fees	$35,000.00	$31,000.00	**$4,000.00**
Event Insurance	**$750.00**	**$750.00**	**$0.00**				**$0.00**
Staff Lodging	**$2,000.00**	**$1,900.00**	**$100.00**				**$0.00**
Staff Contract Labor	**$5,000.00**	**$5,000.00**	**$0.00**				**$0.00**
Trucks & Utility Carts	**$2,000.00**	**$1,800.00**	**$200.00**				**$0.00**
Event & Staff Shirts	**$1,200.00**	**$1,200.00**	**$0.00**				**$0.00**
Tickets and Wristbands	**$150.00**	**$150.00**	**$0.00**				**$0.00**
Awards & Certificates	**$1,250.00**	**$1,250.00**	**$0.00**				**$0.00**
Expenses Subtotal	**$16,350.00**	**$15,099.50**	**$1,250.50**				**$0.00**
Other Expenses							**$0.00**
Camp Lunches & Drinks	**$6,000.00**	**$5,500.00**	**$500.00**				**$0.00**
Freight to return event product	**$500.00**	**$250.00**	**$250.00**				**$0.00**
Lodging & Registration Copies	**$125.00**	**$125.00**	**$0.00**	**Income Subtotal**	**$35,000.00**	**$31,000.00**	**$4,000.00**
Truck & Cart Fuel	**$150.00**	**$150.00**	**$0.00**				
				Cash in Bank to start			**$0.00**
				Other Income			
				TDC grant funding	$5,310.00	$11,099.50	**-$5,789.50**
				Other Income Subtotal	**$5,310.00**	**$11,099.50**	**-$5,789.50**
Other Expenses Subtotal	**$6,775.00**	**$6,025.00**	**$750.00**	**Total Income**	**$40,310.00**	**$42,099.50**	**-$1,789.50**
Marketing - please specify Brevard/Out-of-County							
Softball Magazine Promotion	**$5,000.00**	**$5,000.00**	**$0.00**	**Total Expenses Paid**	**$28,125.00**	**$26,124.50**	**$2,000.50**
			$0.00				
			$0.00	**Profit/Loss**	**$12,185.00**	**$15,975.00**	**-$3,790.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$5,000.00**	**$5,000.00**	**$0.00**				
Total Expenses 2025-2026	**$28,125.00**	**$26,124.50**	**$2,000.50**				
.							

Space Coast
FLORIDA

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

Applicant organization name: Brevard Softball Magazine Inc.

Applicant event name: Softball Magazine's Softball Spring Training

Applicant name completing this form: Gene Smith - President

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	GS	TP	
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	GS	TP	
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)	N/A	TP	N/A
4.	**Copy of SunBiz.com** - (if applicable, see application for details)	GS	TP	
5.	**Copy of 990 form** (if applicable, see application)	n/a	TP	N/A
6.	**Copy of completed W-9 form** (March 2024)	GS	TP	
7.	**Income/Expense worksheet** (required for all applicants)	GS	TP	
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	GS	TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

05.31.25

Applicant signature & date

Space Coast Triathlon

Return to Table of Contents

Space Coast FLORIDA

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

Applicant Organization Name: Smooth Running

Applicant Event Name: Space Coast Triathlon & Duathlon

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

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

YES **NO**

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

Peter Cranis 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:28 Data

2. (untitled)

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

Signature of: Mitchell Varnes

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Smooth Running

Organization address

660 Cinnamon Court

State

Florida

City

Satellite Beach

Zip

32937

Primary contact name

Mitch Varnes

Primary contact phone number

3217597200

Primary contact email

mitchvarnes@gmail.com

Secondary contact name

Hannah McClatchey

Secondary contact phone number

3217597200

Secondary contact email

info@thefloridamarathon.com

Organization website address

www.spacecoasttri.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

26-3025672

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Space Coast Triathlon & Duathlon

Event website address (if different from organization website)

www.spacecoasttri.com

Event location

Cocoa Village, Rockledge and Cocoa

9. (untitled)

8. **What is the first date of your event?**

10/11/2025

10. (untitled)

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

2

11. (untitled)

10. **Do you have a second event?**

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)
Direct mail
Social media (Facebook, Instagram, YouTube, etc.)

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : #spacecoasttri
Instagram : n/a
YouTube : n/a

22. (untitled)

13. What hashtags do you currently use?

#runfla

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

Smooth_Running_Articles_of_Incorporation.pdf

26. (untitled)

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

smooth_running_sun_biz.pdf

27. (untitled)

16. **Upload your completed W-9 form.**

Smooth_Running_w9_updated_late_April_2025.pdf

28. (untitled)

17. **Upload your completed Event Income/Expense report.**

Space_Coast_Tri_2025_updated_revenues_and_expenses.pdf

29. (untitled)

18. **Upload your completed Checklist.**

Tourism_Grant_Checklist_updated_2025-2026_cycle.pdf

30. (untitled)

19. **ATTESTATION**

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

Signature of: Mitchell Varnes

31. Thank You!

New Send Email

May 28, 2025 08:16:18 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

Jul. 9. 2008 4:47PM No. 247 P. 1/3

L08000066265

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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

(((H08000169408 3)))

H08000169408ABC3

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

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

From:
Account Name : GRAY ROBINSON, P.A.
Account Number : 075154001651
Phone : (321)727-8100
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

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

Electronic Filing Menu Corporate Filing Menu Help

T. HAMPTON
JUL 10 2008
EXAMINER

ARTICLES OF ORGANIZATION

OF

SMOOTH RUNNING, LLC

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

ARTICLE I - NAME

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

ARTICLE II - PRINCIPAL OFFICE

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

ARTICLE III - REGISTERED AGENT AND OFFICE

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

ARTICLE IV – MANAGER

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

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization this 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

(((H08000169408 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

DIVISION OF CORPORATIONS

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

Detail by Entity Name

Florida Limited Liability Company
SMOOTH RUNNING, LLC

Filing Information

Document Number	L08000066265
FEI/EIN Number	26-3025672
Date Filed	07/09/2008
State	FL
Status	ACTIVE

Principal Address

660 Cinnamon Ct.
Satellite Beach, FL 32937

Changed: 07/10/2017

Mailing Address

P O BOX 33100
INDIALANTIC, FL 32903

Registered Agent Name & Address

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

Name Changed: 02/17/2011

Address Changed: 07/10/2017

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
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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

FILED
Feb 09, 2024
Secretary of State
4699778325CC

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

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Smooth Running, LLC

2 Business name/disregarded entity name, if different from above.
Smooth Running, LLC

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
660 Cinnamon Ct.

6 City, state, and ZIP code
Satellite Beach, Fl. 32937

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
26 - 3025672

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** [signature] **Date** April 28, 2025

General Instructions

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

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

What's New

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

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Purpose of Form

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

Marketing Support Program	Space Coast Triathlon & Duathlon						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
Timing	**$4,400.00**	**$4,000.00**	**$400.00**	Entry fees	$38,000.00	$35,000.00	**$3,000.00**
City Permitting and Park Fees	**$3,000.00**	**$3,000.00**	**$0.00**	Sponsors	$4,000.00	$3,000.00	**$1,000.00**
Police Fees	**$1,500.00**	**$1,200.00**	**$300.00**				**$0.00**
Athlete Shirts and Medals	**$11,000.00**	**$9,600.00**	**$1,400.00**				**$0.00**
USA Triathlon Sancioning Fees	**$700.00**	**$600.00**	**$100.00**				**$0.00**
Traffic Control and Barricading	**$3,400.00**	**$3,000.00**	**$400.00**				**$0.00**
Portalets	**$700.00**	**$700.00**	**$0.00**				**$0.00**
Medical Support	**$600.00**	**$600.00**	**$0.00**				**$0.00**
Expenses Subtotal	**$25,300.00**	**$22,700.00**	**$2,600.00**				**$0.00**
Other Expenses							
Ice Trailer	**$340.00**	**$300.00**	**$40.00**				**$0.00**
Beverages/Snacks for athletes	**$1,200.00**	**$1,000.00**	**$200.00**				**$0.00**
Awards	**$2,200.00**	**$1,800.00**	**$400.00**				**$0.00**
Light tower rentals	**$700.00**	**$700.00**	**$0.00**	**Income Subtotal**	**$42,000.00**	**$38,000.00**	**$4,000.00**
Lifeguards	**$800.00**	**$700.00**	**$100.00**				
Advertising/Signage	**$4,500.00**	**$4,000.00**	**$500.00**	*Cash in Bank to start*			**$0.00**
Staffing	**$2,400.00**	**$2,000.00**	**$400.00**	**Income Other**			
			$0.00	TDC grant funding	$5,250.00	$0.00	**$5,250.00**
			$0.00				**$0.00**
			$0.00				
			$0.00				
			$0.00				
Other Expenses Subtotal			**$0.00**				
Marketing - please specify Brevard/Out-of-County	**$12,140.00**	**$10,500.00**	**$1,640.00**	**Total Income**	**$47,250.00**	**$38,000.00**	**$9,250.00**
Social Media	**$2,500.00**	**$2,500.00**	**$0.00**				
Traditional Rack Cards	**$700.00**	**$700.00**	**$0.00**	**Total Expenses Paid**	**$40,640.00**	**$36,400.00**	**$4,240.00**
			$0.00				
			$0.00	**Profit/Loss**	**$6,610.00**	**$1,600.00**	**$5,010.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$3,200.00**	**$3,200.00**	**$0.00**				
Total Expenses 2025-2026	**$40,640.00**	**$36,400.00**	**$4,240.00**				
.							

Space Coast
FLORIDA

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

Applicant organization name: Smooth Running, LLC

Applicant event name: Space Coast Triathlon + Duathlon

Applicant name completing this form: Mitch Varnes

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	✓ MV	TP	
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	✓ MV	TP	
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)	n/a	TP	N/A
4.	**Copy of SunBiz.com** - (if applicable, see application for details)	✓ MV	TP	
5.	**Copy of 990 form** (if applicable, see application)	N/A	TP	N/A
6.	**Copy of completed W-9 form** (March 2024)	✓ MV	TP	
7.	**Income/Expense worksheet** (required for all applicants)	✓ MV	TP	
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	✓ MV	TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

MV June 8, 2025

Applicant signature & date

Foil Surf Contest

Return to Table of Contents

Space Coast FLORIDA

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

Applicant Organization Name: Foil Surfing Race League LLC

Applicant Event Name: Foil Surf Contest

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

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

YES | **NO**

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

Peter Cranis 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:52 Data

2. (untitled)

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

Signature of: Billy Bosch

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

Foil Surfing Race League LLC

Organization address

110 Dixie Ln

State

FL

City

Cocoa Beach

Zip

32931

Primary contact name

Billy Bosch

Primary contact phone number

3862359804

Primary contact email

billy@goodbreezekiteboarding.com

Secondary contact name

Brian Grubb

Secondary contact phone number

4077589934

Secondary contact email

briangrubb@gmail.com

Organization website address

https://foiloutlet.com/foil-surf-racing-league/

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

88-1590137

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Foil Surf Contest

Event website address (if different from organization website)

299 E Cocoa Beach Causeway, Cocoa Beach, FL 32931

Event location

Shepard Park- Cocoa Beach

9. (untitled)

8. **What is the first date of your event?**

03/06/2026

10. (untitled)

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

3

11. (untitled)

10. **Do you have a second event?**

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)
Search advertising (pay-per-click, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: Magazine Ads

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Instagram : @foilsurfracingleague
YouTube : https://www.youtube.com/@FoilOutlet

22. (untitled)

13. What hashtags do you currently use?

#FSRL

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

FSRL_Articles_of_Incorporation.pdf

26. (untitled)

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

FSRL_Sunbiz_Detail_by_Entity_Name.pdf

27. (untitled)

16. Upload your completed W-9 form.

FSRL_fw9.pdf

28. (untitled)

17. Upload your completed Event Income/Expense report.

FSRL_Grant_Event_Income_Expense_Report_template_FY25-26.pdf

29. (untitled)

18. Upload your completed Checklist.

FRSRL_applicant_checklist_4.30.2025_copy.pdf

30. (untitled)

19. **ATTESTATION**

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

Signature of: Billy Bosch

31. Thank You!

New Send Email

Jun 05, 2025 12:53:51 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

Electronic Articles of Organization
For
Florida Limited Liability Company

L22000137111
FILED 8:00 AM
March 21, 2022
Sec. Of State
hleblanc

Article I

The name of the Limited Liability Company is:

FOIL SURFING RACE LEAGUE LLC

Article II

The street address of the principal office of the Limited Liability Company is:

110 DIXIE LANE
COCOA BEACH, FL. 32931

The mailing address of the Limited Liability Company is:

110 DIXIE LANE
COCOA BEACH, FL. 32931

Article III

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

WILLIAM J BOSCH IV
110 DIXIE LN
COCOA BEACH, FL. 329313542

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: WILLIAM BOSCH

L22000137111
FILED 8:00 AM
March 21, 2022
Sec. Of State
hleblanc

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
WILLIAM J BOSCH IV
110 DIXIE LANE
COCOA BEACH, FL. 32931

Title: MGR
BRIAN K GRUBB
5802 SHELBURN CT
ORLANDO, FL. 32839

Article V

The effective date for this Limited Liability Company shall be:

03/20/2022

Signature of member or an authorized representative

Electronic Signature: WILLIAM BOSCH

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

Detail by Entity Name

Florida Limited Liability Company
FOIL SURFING RACE LEAGUE LLC

Filing Information

Document Number	L22000137111
FEI/EIN Number	88-1590137
Date Filed	03/21/2022
Effective Date	03/20/2022
State	FL
Status	ACTIVE

Principal Address

110 DIXIE LANE
COCOA BEACH, FL 32931

Mailing Address

110 DIXIE LANE
COCOA BEACH, FL 32931

Registered Agent Name & Address

BOSCH, WILLIAM J, IV
110 DIXIE LN
COCOA BEACH, FL 32931-3542

Authorized Person(s) Detail

Name & Address

Title MGR

BOSCH, WILLIAM J, IV
110 DIXIE LANE
COCOA BEACH, FL 32931

Title MGR

GRUBB, BRIAN K
5802 SHELBURN CT
ORLANDO, FL 32839

Annual Reports

Report Year	Filed Date
2023	01/22/2023
2024	02/27/2024
2025	04/24/2025

Document Images

04/24/2025 -- ANNUAL REPORT View image in PDF format

02/27/2024 -- ANNUAL REPORT	View image in PDF format
01/22/2023 -- ANNUAL REPORT	View image in PDF format
03/21/2022 -- Florida Limited Liability	View image in PDF format

Florida Department of State, Division of Corporations

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Foil Surfing Race League LLC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☑ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . P

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

110 Dixie Ln

6 City, state, and ZIP code

Cocoa Beach FL 32931

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

8	8	–	1	5	9	0	1	3	7

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date** 6/25/25

General Instructions

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

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

What's New

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

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

Purpose of Form

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

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid).

• Form 1099-DIV (dividends, including those from stocks or mutual funds).

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).

• Form 1099-NEC (nonemployee compensation).

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).

• Form 1099-S (proceeds from real estate transactions).

• Form 1099-K (merchant card and third-party network transactions).

• Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).

• Form 1099-C (canceled debt).

• Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);

2. Certify that you are not subject to backup withholding; or

3. Claim exemption from backup withholding if you are a U.S. exempt payee; and

4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and

5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien;

• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;

• An estate (other than a foreign estate); or

• A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.

• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.

• In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the instructions for Part II for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid).

• Form 1099-DIV (dividends, including those from stocks or mutual funds).

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).

• Form 1099-NEC (nonemployee compensation).

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).

• Form 1099-S (proceeds from real estate transactions).

• Form 1099-K (merchant card and third-party network transactions).

• Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).

• Form 1099-C (canceled debt).

• Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);

2. Certify that you are not subject to backup withholding; or

3. Claim exemption from backup withholding if you are a U.S. exempt payee; and

4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and

5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien;

• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;

• An estate (other than a foreign estate); or

• A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.

• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.

• In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the instructions for Part II for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

Marketing Support Program	Foil Surf Contest						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
Judges	**$1,500.00**	**$1,200.00**	**$300.00**	Entry Fees	$9,000.00	$8,140.00	**$860.00**
Personnel	**$4,000.00**	**$3,000.00**	**$1,000.00**	Raffle	$1,500.00	$1,200.00	**$300.00**
Hotels for staff	**$2,500.00**	**$1,500.00**	**$1,000.00**				**$0.00**
Jet ski rental	**$1,800.00**	**$1,200.00**	**$600.00**				**$0.00**
Drown Zero Safety	**$1,000.00**	**$1,000.00**	**$0.00**				**$0.00**
Meals for staff	**$2,000.00**	**$1,500.00**	**$500.00**				**$0.00**
			$0.00				**$0.00**
			$0.00				**$0.00**
Expenses Subtotal	**$12,800.00**	**$9,400.00**	**$3,400.00**				**$0.00**
Other Expenses							**$0.00**
Fuel	**$300.00**	**$200.00**	**$100.00**				**$0.00**
Good Breeze Registration	**$1,500.00**	**$1,200.00**	**$300.00**				**$0.00**
Rider Jerseys	**$1,600.00**	**$1,500.00**	**$100.00**	**Income Subtotal**	**$10,500.00**	**$9,340.00**	**$1,160.00**
Park Permit	**$520.00**	**$310.00**	**$210.00**				
Parking	**$120.00**	**$120.00**	**$0.00**	*Cash in Bank to start*	$0.00	$0.00	**$0.00**
Registration party food	**$2,000.00**	**$1,500.00**	**$500.00**	**Other Income**			
Cash prizes	**$15,000.00**	**$10,000.00**	**$5,000.00**	TDC grant funding	$4,500.00	$0.00	**$4,500.00**
Credit card fees	**$200.00**	**$180.00**	**$20.00**	Sponsors	$22,000.00	$21,700.00	**$300.00**
Web design	**$4,000.00**	**$2,000.00**	**$2,000.00**				
Buoys	**$0.00**	**$1,200.00**	**-$1,200.00**				
Graphic design	**$1,000.00**	**$0.00**	**$1,000.00**				
				Other Income Subtotal	**$26,500.00**	**$21,700.00**	**$4,800.00**
Other Expenses Subtotal	**$26,240.00**	**$18,210.00**	**$8,030.00**	**Total Income**	**$37,000.00**	**$31,040.00**	**$5,960.00**
Marketing - please specify Brevard/Out-of-County							
Ikitesurf ads	**$720.00**	**$120.00**	**$600.00**	**Total Expenses Paid**	**$48,760.00**	**$30,130.00**	**$18,630.00**
Instagram Meta etc. - Both	**$1,500.00**	**$500.00**	**$1,000.00**				
Foiling Magazine Ad - OOC	**$2,000.00**	**$0.00**	**$2,000.00**	**Profit/Loss**	**-$11,760.00**	**$910.00**	**-$12,670.00**
Drone footabe - used for both	**$1,500.00**	**$1,400.00**	**$100.00**				
Youtube and Social Media edits	**$1,500.00**	**$500.00**	**$1,000.00**				
Live_Stream	**$2,500.00**	**$0.00**	**$2,500.00**				
			$0.00				
			$0.00				
Marketing Subtotal	**$9,720.00**	**$2,520.00**	**$7,200.00**				
Total Expenses 2025-2026	**$48,760.00**	**$30,130.00**	**$18,630.00**				
.							

Space Coast
FLORIDA

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

Applicant organization name: Foil Surfing Race League LLC

Applicant event name: Foil Surf Races

Applicant name completing this form: Billy Bosch

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	BB	TP	
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	BB	TP	
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)		TP	N/A
4.	**Copy of SunBiz.com** - (if applicable, see application for details)	BB	TP	
5.	**Copy of 990 form** (if applicable, see application)		TP	N/A
6.	**Copy of completed W-9 form** (March 2024)	BB	TP	
7.	**Income/Expense worksheet** (required for all applicants)	BB	TP	
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	BB	TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

BB

Applicant signature & date

American Junior Golf Association Championship

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

Applicant Organization: American Junior Golf Association Championship

Applicant Event Name: AIGA Junior Championship

	Yes	No	Comment
1. Completed application	X		
2. Copy of IRS Articles of Incorporation – (if applicable)		X	**N/A**
3. Copy of IRS Determination letter – (if applicable)	X		
4. Copy of SunBiz.org (if applicable)	X		
5. Copy of 990 (if applicable)	X		
6. Copy of completed W-9 (March 2024)	X		
7. Income/Expense worksheet (required for all applicants)	X		**FY 24-25 event was canceled**
8. Copy of the Applicant checklist	X		

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

YES	NO

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

7/7/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:16 Data

2. (untitled)

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

772-834-1590

Primary contact email

memmi@ajga.org

Secondary contact name

Patrick Cansfield

Secondary contact phone number

810-488-6650

Secondary contact email

pcansfield@ajga.org

Organization website address

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 application for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

AJGA Junior Championship

Event website address (if different from organization website)

ajga.org

Event location

Viera East Golf Club

9. (untitled)

8. **What is the first date of your event?**

05/01/2026

10. (untitled)

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

4

11. (untitled)

10. **Do you have a second event?**

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : American Junior Golf Association (AJGA)
Instagram : ajgagolf
YouTube : ajgavideos

22. (untitled)

13. What hashtags do you currently use?

TBD

23. (untitled)

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

IRS_Determination_Letter_-_Association.pdf

24. (untitled)

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

AJGA_2023_990.pdf

25. (untitled)

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

26. (untitled)

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

Sunbiz.pdf

27. (untitled)

17. **Upload your completed W-9 form.**

2025_AJGA_W9.pdf

28. (untitled)

18. **Upload your completed Event Income/Expense report.**

2026_Viera_East_Budget.pdf

29. (untitled)

19. **Upload your completed Checklist.**

AJGA_TDO_Checklist.pdf

30. (untitled)

20. **ATTESTATION**

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

Signature of: Matt Emmi

31. Thank You!

New Send Email

May 21, 2025 09:31:23 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

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

Janna K. Skufca, Director, TE/GE
Customer Account Services

Detail by Entity Name

Foreign Not For Profit Corporation
AMERICAN JUNIOR GOLF ASSOCIATION, INC.

Filing Information

Document Number	F10000004661
FEI/EIN Number	58-1433914
Date Filed	10/21/2010
State	GA
Status	ACTIVE

Principal Address

1980 SPORTS CLUB DRIVE
BRASELTON, GA 30517

Mailing Address

1980 SPORTS CLUB DRIVE
BRASELTON, GA 30517

Registered Agent Name & Address

PALM BEACH COUTY SPOTS COMMISSION
1555 PALM BEACH LAKES BLVD STE 1410
WEST PALM BEACH, FL 33401

Officer/Director Detail

Name & Address

Title President

RHO, ANGELA
1980 SPORTS CLUB DRIVE
BRASELTON, GA 30517

Title CEO

HAMBLIN, STEPHEN A
1980 SPORTS CLUB DRIVE
BRASELTON, GA 30517

Title VCFO

MILLER, JASON
1980 SPORTS CLUB DRIVE
BRASELTON, GA 30517

Annual Reports

Report Year	Filed Date
2023	01/19/2023
2024	01/05/2024
2025	01/15/2025

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Florida Department of State, Division of Corporations

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 01-01-2023 , and ending 12-31-2023

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ 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) 1980 SPORTS CLUB DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BRASELTON, GA 30517

D Employer identification number
58-1433914

E Telephone number
(770) 868-4200

G Gross receipts $ 19,605,005

F Name and address of principal officer:
STEPHEN HAMBLIN
1980 SPORTS CLUB DRIVE
BRASELTON,GA 30517

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.AJGA.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1980

M State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
GOLF TOURNAMENTS - A PROGRAM PROMOTING JUNIOR GOLF COMPETITIONS AND SERVING OVER 9,099 MEMBERS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	**5**	169
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**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,262,946	14,794,291
9	Program service revenue (Part VIII, line 2g)	4,143,739	4,143,230
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,139	332,231
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,267	51,462
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,492,091	19,321,214
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,249,400	1,957,169
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)	5,892,652	7,082,520
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 912,595		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,776,596	10,210,476
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,918,648	19,250,165
19	Revenue less expenses. Subtract line 18 from line 12	573,443	71,049

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	10,810,273	12,604,292
21	Total liabilities (Part X, line 26)	3,016,642	4,517,998
22	Net assets or fund balances. Subtract line 21 from line 20	7,793,631	8,086,294

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

2025-05-01
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2025-05-01		P01372980

Firm's name SMITH & HOWARD ADVISORY LLC — Firm's EIN

Firm's address 271 17TH STREET NW SUITE 2100
ATLANTA, GA 30363 — Phone no. (404) 874-6244

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

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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:

GOLF TOURNAMENTS - A PROGRAM PROMOTING JUNIOR GOLF COMPETITIONS AND SERVING OVER 9,099 MEMBERS.

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 $ 16,128,916 including grants of $ 1,957,169) (Revenue $ 4,143,230)

PROMOTE AND OPERATE JUNIOR GOLF TOURNAMENTS FOR OVER 9,099 MEMBERS IN ORDER FOR AMATEURS TO COMPETE AGAINST EACH OTHER IN HOPES OF IMPROVING THEIR PLAYING STATUS AND BUILDING ENOUGH STATUS TO GAIN THE ATTENTION OF NCAA COLLEGE GOLF COACHES AND POSSIBLY EARN A SCHOLARSHIP AT A COLLEGE/UNIVERSITY. THESE TOURNAMENTS ARE THE MAIN PROGRAM SERVICE OF THE AJGA AND ARE OPERATED MAINLY BY AJGA STAFF WITH HELP FROM VOLUNTEERS AT EACH TOURNAMENT. REVENUE IS RAISED VIA FUNDRAISING FOR CORPORATE SPONSORSHIP AND SALES OF JUNIOR-AMATEUR TEAM MEMBERSHIPS TO INDIVIDUALS AND ORGANIZATIONS.

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 $ 1503

4e **Total program service expenses** 16,128,916

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	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*	3		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*	4		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*	5		No
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		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		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*	9		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*	10		No
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	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*	11b		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*	11c		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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		No
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	Yes	
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	Yes	
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		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*	18		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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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	Yes	

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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*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	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*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		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? *If "Yes," complete Schedule L, Part II*	26		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	27		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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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? *If "Yes," complete Schedule R, Part I*	33		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*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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*	37		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.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	16		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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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**	169		
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**	No
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**	
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**	No
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**	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? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
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**	No
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**	1506

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.	**1a**	17		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
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**		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?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
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**	Yes	
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	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*		**9**		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?	**10a**		No
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**	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*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**		No
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**	Yes	
b	Other officers or key employees of the organization	**15b**	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?	**16a**		No
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**		

Section C. Disclosure

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

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: 1507
JASON MILLER CFO 1980 SPORTS CLUB DRIVE BRASELTON,GA 30517 (770) 868-4200

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) Stephen Hamblin EXECUTIVE DIRECTOR	50.0 0.5			X				772,020	0	111,907
(2) Jason Etzen CBO	50.0 0.5			X				381,080	0	54,664
(3) Jason Miller CFO	50.0 0.5			X				372,829	0	60,826
(4) Mark Oskarson COO	50.0 0.5			X				353,832	0	59,884
(5) Jason Ross Chief Tournament Business Offi	50.0 0.5			X				267,389	0	35,294
(6) Kevin Rinker Sr. VP Development	0.5 45.0					X		0	193,594	32,633
(7) Andrew Greenfield Sr. VP Tournament Operations	45.0 0.0					X		139,953	0	38,916
(8) Riley Tracy VP, Player Services	45.0 0.0					X		103,280	0	35,729
(9) Patricia Register Sr. Manager, Business Relation	40.0 0.0					X		100,404	0	23,141
(10) Adam Rogers Sr. Regional Director, West	40.0 0.0					X		101,767	0	15,832
(11) JR Digger Smith Chairman	0.5 0.0	X						0	0	0
(12) James E Nugent III President	0.5 0.5	X						0	0	0
(13) Joseph E Quirk III Vice President	0.5 0.0	X						0	0	0
(14) Gayle Champagne Vice President	0.5 0.0	X						0	0	0
(15) CA Roberts III Secretary	0.5 0.0	X						0	0	0
(16) Joe Louis Barrow Jr Director	0.5 0.0	X						0	0	0
(17) Vicki Goetze-Ackerman Director	0.5 0.0	X						0	0	0

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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			
(18) James M Hinckley Director	0.5 0.0	X						0	0	0
(19) David Leadbetter Director	0.5 0.0	X						0	0	0
(20) Rob Ohno Director	0.5 0.0	X						0	0	0
(21) Angela Rho TREASURER	0.5 0.0	X						0	0	0
(22) Candy Hannemann Director	0.5 0.0	X						0	0	0
(23) Dan Fireman Director	0.5 0.0	X						0	0	0
(24) Scott Langley Director	0.5 0.0	X						0	0	0
(25) Courtney Myhrum Director	0.5 0.0	X						0	0	0
(26) Pat Saunders Director	0.5 0.5	X						0	0	0
(27) Charles Zink Director	0.5 0.0	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,592,554	193,594	468,826

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 10

			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**		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*	**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
PWC, PO BOX 932011 ATLANTA, GA 31193	SOFTWARE DEVELOPMENT	172,665

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 1

1509

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 OtherAmt Similar Amounts				
1a Federated campaigns . .	1a			
b Membership dues . .	1b	1,974,945		
c Fundraising events . .	1c	10,876		
d Related organizations	1d	38,160		
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f	12,770,310		
g Noncash contributions included in lines 1a - 1f:$	1g	1,229,206		
h **Total.** Add lines 1a-1f				14,794,291
Program Service Revenue — 2a PLAYER FEES	Business Code	4,143,230	4,143,230	
b				
c				
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f.	4,143,230			
3 Investment income (including dividends, interest, and other similar amounts)		345,374		345,374
4 Income from investment of tax-exempt bond proceeds		0		
5 Royalties		0		
	(i) Real	(ii) Personal		
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c	0	0		
d Net rental income or (loss)		0		
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	270,547	101		
b Less: cost or other basis and sales expenses 7b	283,791			
c Gain or (loss) 7c	-13,244	101		
d Net gain or (loss)		-13,143		-13,143
8a Gross income from fundraising events (not including $ 10,876 of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	0			
b Less: direct expenses 8b	0			
c Net income or (loss) from fundraising events . .		0		
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a	0			
b Less: direct expenses 9b	0			
c Net income or (loss) from gaming activities . .		0		
10a Gross sales of inventory, less returns and allowances . . 10a	0			
b Less: cost of goods sold . . 10b	0			
c Net income or (loss) from sales of inventory . .		0		
Other Revenue —	Business Code			
11a MISCELLANEOUS INCOME		51,462		51,462
b				
c				
d All other revenue				
e **Total.** Add lines 11a–11d		51,462		
12 **Total revenue.** See instructions		19,321,214	4,143,230	383,693

OtherRevenueMiscAmt

1510

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	1,949,669	1,949,669		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	7,500	7,500		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,469,725	1,478,133	697,693	293,899
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,650,592	2,184,883	1,031,286	434,423
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,503	14,665	6,922	2,916
9 Other employee benefits	593,838	355,413	167,758	70,667
10 Payroll taxes	343,862	205,802	97,140	40,920
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	50,090		50,090	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	404		404	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	125,738	111,323	10,872	3,543
14 Information technology	0			
15 Royalties	0			
16 Occupancy	461,667	332,880	83,187	45,600
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	285,851	253,081	24,716	8,054
23 Insurance	180,654	159,944	15,620	5,090
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 TOURNAMENT COSTS	8,044,572	8,044,572		
b OTHER EXPENSES	743,657	743,657		
c DUES & SUBSCRIPTIONS	265,569	235,120	22,966	7,483
d TRAINING & EDUCATION	52,274	52,274		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	19,250,165	16,128,916	2,208,654	912,595
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				1511

Part X Balance Sheet

Check 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		2,511,672	1	1,492,963
	2	Savings and temporary cash investments		4,748,217	2	5,501,849
	3	Pledges and grants receivable, net		223,205	3	995,243
	4	Accounts receivable, net		0	4	0
	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		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		54,442	9	105,755
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,740,530			
	b	Less: accumulated depreciation	10b 2,022,698	732,314	10c	717,832
	11	Investments—publicly traded securities		3,287,405	11	3,333,021
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		-746,982	15	457,629
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		10,810,273	16	12,604,292
Liabilities	17	Accounts payable and accrued expenses		538,779	17	519,337
	18	Grants payable		0	18	0
	19	Deferred revenue		1,969,128	19	2,536,573
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	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		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		508,735	25	1,462,088
	26	**Total liabilities.** Add lines 17 through 25		3,016,642	26	4,517,998
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		7,793,631	27	8,086,294
	28	Net assets with donor restrictions		0	28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		7,793,631	32	8,086,294
	33	Total liabilities and net assets/fund balances		10,810,273	33	12,604,292

1512

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,321,214
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,250,165
3	Revenue less expenses. Subtract line 2 from line 1	3	71,049
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,793,631
5	Net unrealized gains (losses) on investments	5	221,614
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	8,086,294

Part XII Financial Statements and Reporting

Check 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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		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.	3b		

1513

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description: 1514

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

2023

Open to Public Inspection

Name of the organization
American Junior Golf Association Inc

Employer identification number
58-1433914

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						1515

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.") . .	11,775,282	10,699,886	12,579,443	13,262,946	14,794,291	63,111,848
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	11,775,282	10,699,886	12,579,443	13,262,946	14,794,291	63,111,848
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) . .						10,925,550
6 **Public support.** Subtract line 5 from line 4.						52,186,298

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. .	11,775,282	10,699,886	12,579,443	13,262,946	14,794,291	63,111,848
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	9,811	9,505	8,285	6,449	345,374	379,424
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	63,816	31,422	42,963	43,267	51,462	232,930
11 **Total support.** Add lines 7 through 10						63,724,202

12	Gross receipts from related activities, etc. (see instructions)	12	19,136,280

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 2023 (line 6, column (f) divided by line 11, column (f))	14	81.894 %
15	Public support percentage for 2022 Schedule A, Part II, line 14	15	81.373 %

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 . . . . . ▶ ☑

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . 1516 ▶ ☐

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.") .						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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**. . . . . ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 1517. ▶☐

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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
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.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
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.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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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** ☐ 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.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 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**		

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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)

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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 e			
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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2023. 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 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.			

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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

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Return Reference	Explanation

Additional Data

Return to Form

1523

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization
American Junior Golf Association Inc

Employer identification number
58-1433914

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 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 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).

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Name of organization
American Junior Golf Association Inc

Employer identification number
58-1433914

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
American Junior Golf Association Inc

Employer identification number
58-1433914

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
		$	

Name of organization
American Junior Golf Association Inc

Employer identification number
58-1433914

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

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
	1527

Additional Data

Return to Form

Software ID:	1528
Software Version:	

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
American Junior Golf Association Inc

Employer identification number
58-1433914

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e.g., recreation or education)
☐ Preservation of an 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 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 ▶ $ 1529

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
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **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 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					
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 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		1,435,996	1,104,548	331,448
e Other		1,304,534	918,150	386,384
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				717,832

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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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED COMPENSATION PAY	288,950
DUE TO FOUNDATION	1,173,138
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,462,088

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	
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 lV, 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 X, LINE 2	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS SUBJECT TO FEDERAL AND STATE INCOME TAXES ON INCOME WHICH IS DETERMINED TO BE UNRELATED TO ITS EXEMPT PURPOSE, IF ANY. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITY, BASED ON THE TECHNICAL MERITS OF THE POSITION. AS OF DECEMBER 31, 2023 AND 2022, THERE ARE NO KNOWN ITEMS WHICH WOULD RESULT IN A MATERIAL ACCRUAL RELATED TO WHERE THE ORGANIZATION HAS UNCERTAIN FEDERAL OR STATE TAX POSITIONS. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS DATE BACK TO THE YEAR ENDED DECEMBER 31, 2020.

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Additional Data

Return to Form

Software ID:

Software Version:

1533

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **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.**

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
American Junior Golf Association Inc

Employer identification number
58-1433914

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 Activites 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)	Central America and the Caribbean	0	0	Program Services	JR. GOLF COMPETITION	213,719
(2)	Central America and the Caribbean	0	0	Grantmaking	TRAVEL STIPEND	7,500
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			221,219
b	Total from continuation sheets to Part I . . .					1534
c	**Totals** (add lines 3a and 3b)	0	0			221,219

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 . . . . . ▶ 1535

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)	TRAVEL STIPEND	Central America and the Caribbean	1	7,500	CHECK			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

1536

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

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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.

ReturnReference	Explanation

1538

Additional Data

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
American Junior Golf Association Inc

Employer identification number
58-1433914

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) AMERICAN JUNIOR GOLF FOUNDATION 1980 SPORTS CLUB DRIVE BRASELTON,GA 30517	58-1447686	501(C)(3)	1,944,669				Purpose & Grants

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 . . . . . ▶ 1540

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)						
(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	FUNDS ARE GIVEN TO OUR RELATED FOUNDATION FOR USE TO MEET OUR JOINT PURPOSES. ALL ACTIVITY IS CLOSELY MONITORED. FUNDS ARE ALSO PROVIDED TO SUPPORT GOLF ACTIVITIES AND ARE MONITORED TO ENSURE PROPER USE OF FUNDS AS INTENDED.

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Additional Data

Return to Form

Software ID:	
Software Version:	1542

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

2023

Open to Public Inspection

Name of the organization
American Junior Golf Association Inc

Employer identification number
58-1433914

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**	Yes	
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?	**2**	Yes	
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	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**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 Stephen Hamblin EXECUTIVE DIRECTOR	**(i)**	417,786	125,000	229,234	80,250	31,657	883,927	219,402
	(ii)							
2 Jason Miller CFO	**(i)**	257,990	70,000	44,839	29,180	31,646	433,655	40,212
	(ii)							
3 Jason Etzen CBO	**(i)**	250,948	72,000	58,132	26,072	28,592	435,744	53,521
	(ii)							
4 Mark Oskarson COO	**(i)**	237,997	65,000	50,835	28,245	31,639	413,716	46,294
	(ii)							
5 Jason Ross Chief Tournament Business Offi	**(i)**	217,389	50,000	0	24,348	10,946	302,683	0
	(ii)							
6 Kevin Rinker Sr. VP Development	**(i)**							
	(ii)	169,444	23,000	1,150	9,762	22,871	226,227	0
7 Andrew Greenfield Sr. VP Tournament Operations	**(i)**	119,753	19,000	1,200	7,321	31,595	178,869	0
	(ii)							
								1544

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	AMERICAN JUNIOR GOLF ASSOCIATION PAYS UP TO ONE HALF OF MEMBERSHIP DUES TO A GOLF CLUB IN ORDER TO FACILITATE BUSINESS MEETINGS AND ORGANIZATIONAL SOCIAL EVENTS RELATED TO GOLF, WHICH IS THE ORGANIZATION'S TAX EXEMPT PURPOSES.
SCHEDULE J, PART I, LINE 4(B)	THE FOLLOWING PERSONS PARTICIPATED IN A 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN: 1. STEPHEN HAMBLIN 2. JASON MILLER 3. JASON ETZEN 4. MARK OSKARSON 5. JASON ROSS ACCRUALS TO THE PLAN AND 401(K) MATCHING CONTRIBUTIONS ARE REPORTED IN PART II COLUMN (C). A TOTAL $359,429 WAS PAID OUT OF THE PLAN IN 2023, AS FOLLOWS: $219,402 PAID OUT TO STEPHEN HAMBLIN $ 40,212 PAID OUT TO JASON MILLER $ 53,521 PAID OUT TO JASON ETZEN $ 46,294 PAID OUT TO MARK OSKARSON
SCHEDULE J, PART I, LINE 7	STEPHEN HAMBLIN, EXECUTIVE DIRECTOR'S REPORTABLE COMPENSATION FOR 2023 INCLUDES AN ANNUAL PERFORMANCE-BASED BONUS OF $125,000. JASON MILLER, CHIEF FINANCIAL OFFICER'S REPORTABLE COMPENSATION FOR 2023 INCLUDES AN ANNUAL PERFORMANCE-BASED BONUS OF $70,000. JASON ETZEN, CHIEF BUSINESS OFFICER'S REPORTABLE COMPENSATION FOR 2023 INCLUDES AN ANNUAL PERFORMANCE-BASED BONUS OF $72,000. MARK OSKARSON, CHIEF OPERATING OFFICER'S REPORTABLE COMPENSATION FOR 2023 INCLUDES AN ANNUAL PERFORMANCE-BASED BONUS OF $65,000. JASON ROSS, CHIEF TOURNAMENT BUSINESS OFFICER'S REPORTABLE COMPENSATION FOR 2023 INCLUDES AN ANNUAL PERFORMANCE-BASED BONUS OF $50,000. OTHER EMPLOYEES' REPORTABLE COMPENSATION INCLUDES CAR ALLOWANCE, ADDITIONAL GIFT CARD COMPENSATION, LIFE INSURANCE PREMIUMS PAID AND OTHER MISCELLANEOUS COMPENSATION.

1545

Additional Data

Return to Form

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Software ID:

Software Version:

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 the latest information.**

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
American Junior Golf Association Inc

Employer identification number
58-1433914

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	X		252,000	FMV
5 Clothing and household goods	X		977,206	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

			Yes	No
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		
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?	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		No
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.			

1547

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.

1548

Return Reference	Explanation

Additional Data

Return to Form

1549

Software ID:

Software Version:

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

2023

Open to Public Inspection

Name of the organization
American Junior Golf Association Inc

Employer identification number
58-1433914

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE AJGA HAS JUNIORS WHO ARE MEMBERS OF THE AJGA. THEY ELECT THE GOVERNING BOARD OF DIRECTORS AT THE THANKSGIVING TOURNAMENT AND LEAVE SIGNIFICANT DECISIONS TO THE BOARD. THEY DO NOT RECEIVE ANY SHARE OF PROFITS, EXCESS DUES, ETC. SINCE THE AJGA IS A 501(C)(3).
FORM 990, PART VI, SECTION A, LINE 7A	JUNIOR MEMBERS ELECT THE BOARD OF DIRECTORS AT THE THANKSGIVING TOURNAMENT.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND PROVIDED ELECTRONICALLY TO THE BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	COMPLIANCE FORMS ARE COMPLETED AND REVIEWED BY STAFF ANNUALLY.
FORM 990, PART VI, SECTION B, LINES 15A & 15B	COMPENSATION/EXECUTIVE COMMITTEE APPROVES COMPENSATION WITH INFORMATION PROVIDED BY COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEYS OR STUDIES, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19	TAX RETURNS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. IN ADDITION, TAX RETURNS FOR NON-PROFIT ORGANIZATIONS ARE AVAILABLE ON GUIDESTAR.ORG.

1550

Additional Data

Return to Form

1551

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Employer identification number
58-1433914

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	(g) No
(1) AMERICAN JUNIOR GOLF FOUNDATION INC 1980 SPORTS CLUB DRIVE BRASELTON, GA 30517 58-1447686	SUPPORT AJGA	GA	501(C)(3)	7	NA		No
					1552		

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, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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	(i) Section 512(b)(13) controlled entity? No
								1553	

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.

			Yes	No
1	During the tax year, did the orgranization 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		No
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	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
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		No
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p		No
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

1554

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

American Junior Golf Association

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) 501(c)(3) Non-profit corporation

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

1980 Sports Club Drive

6 City, state, and ZIP code

Braselton, GA 30517

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

5	8	–	1	4	3	3	9	1	4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** [signature] **Date** 1/7/2025

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program	AJGA Junior Championship						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
Staff Expenses	**$3,960.00**	**$0.00**	**$3,960.00**	TDC grant funding	$4,275.00	$0.00	**$4,275.00**
Site Fees	**$12,000.00**	**$0.00**	**$12,000.00**				**$0.00**
Food & Beverage	**$2,500.00**	**$0.00**	**$2,500.00**				**$0.00**
Awards	**$814.00**	**$0.00**	**$814.00**				**$0.00**
Gifting	**$4,491.00**	**$0.00**	**$4,491.00**				**$0.00**
Equipment & Rentals	**$3,800.00**	**$0.00**	**$3,800.00**				**$0.00**
Operations	**$3,150.00**	**$0.00**	**$3,150.00**				**$0.00**
							$0.00
Expenses Subtotal	**$30,715.00**	**$0.00**	**$30,715.00**				**$0.00**
Other Expenses							**$0.00**
			$0.00				**$0.00**
			$0.00				**$0.00**
			$0.00	**Income Sponsors**	**$4,275.00**	**$0.00**	**$4,275.00**
			$0.00				
			$0.00	*Cash in Bank to start*	$0.00	$0.00	**$0.00**
			$0.00	**Income Other**			
			$0.00				**$0.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Other Expenses Subtotal				**Total Income**	**$4,275.00**	**$0.00**	**$4,275.00**
Marketing - please specify Brevard/Out-of-County							
Signage & Marketing	**$2,000.00**	**$0.00**	**$2,000.00**	**Total Expenses Paid**	**$32,715.00**	**$0.00**	**$32,715.00**
			$0.00				
			$0.00	**Profit/Loss**	**-$28,440.00**	**$0.00**	**-$28,440.00**
			$0.00				
			$0.00	**NOTE: FY 2024-2025 event was canceled**			
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$2,000.00**	**$0.00**	**$2,000.00**				
Total Expenses 2025-2026	**$32,715.00**	**$0.00**	**$32,715.00**				
.							

Space Coast
FLORIDA

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

Applicant organization name: American Junior Golf Association

Applicant event name: AJGA Junior Championship

Applicant name completing this form: Matt Emmi

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	ME	TP	
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	ME	TP	N/A
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)	ME	TP	
4.	**Copy of SunBiz.com** - (if applicable, see application for details)	ME	TP	
5.	**Copy of 990 form** (if applicable, see application)	ME	TP	
6.	**Copy of completed W-9 form** (March 2024)	ME	TP	
7.	**Income/Expense worksheet** (required for all applicants)	ME	TP	
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	ME	TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

Matt Emmi 6/23/25

Applicant signature & date

Florida Futures Lacrosse

Return to Table of Contents

Space Coast FLORIDA

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

Applicant Organization Name: Backyard Sports Enterprises, LLC

Applicant Event Name: Florida Futures

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

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

YES	NO

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

Peter Cranis 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:48 Data

2. (untitled)

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

Signature of: Brian Saulsberry

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

Brian Saulsberry

Organization address

3513 Pavilion Palms Circle

State

FL

City

Riverview

Zip

33578

Primary contact name

Brian Saulsberry

Primary contact phone number

9015748878

Primary contact email

brian@bysathletics.com

Secondary contact name

Brian Saulsberry

Secondary contact phone number

9015910807

Secondary contact email

brian.saulsberry07@gmail.com

Organization website address

www.bysathletics.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

92-1599335

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Florida Futures

Event website address (if different from organization website)

www.bysathletics.com

Event location

Viera Regional Park

9. (untitled)

8. **What is the first date of your event?**

06/01/2025

10. (untitled)

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

1

11. (untitled)

10. **Do you have a second event?**

Yes

12. (untitled)

11. **EVENT INFORMATION - #2**

Name of event

Florida Future Fall

Event website address (if different from organization website)

www.bysathletics.com

Event location

Viera Regional Park

13. (untitled)

12. **What is the first date of your event?**

10/18/2025

14. (untitled)

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

2

15. (untitled)

14. **Do you have a third event?**

No

16. (untitled)

1. EVENT INFORMATION - #3

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)
Direct mail
Search advertising (pay-per-click, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)

20. (untitled)

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

21. (untitled)

16. What are your social media handles?

Facebook : Backyard Sports
Instagram : BackyardSportss

22. (untitled)

17. What hashtags do you currently use?

#TogetherWeGetBetter

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

BACKYARD_SPORTS-_FF25.pdf

26. (untitled)

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

27. (untitled)

20. Upload your completed W-9 form.

FedEx_Scan_2024-05-14_13-38-06.pdf

28. (untitled)

21. Upload your completed Event Income/Expense report.

Screen_Shot_2025-06-04_at_1.04.02_PM.pdf

29. (untitled)

22. Upload your completed Checklist.

Terry_Event_Income_Expense_Report_template_FY25-26.pdf

30. (untitled)

23. **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: Brian Saulsberry

31. Thank You!

New Send Email

Jun 04, 2025 13:11:42 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

ARTICLES OF ORGANIZATION

FOR

BACKYARD SPORTS ENTERPRISES, LLC

The undersigned, acting as organizer of BACKYARD SPORTS ENTERPRISES, LLC (the "LLC"), a limited liability company organized pursuant to the Tennessee Revised Limited Liability Company Act, §48-249-101, et seq, hereby adopts the following Articles of Organization for the LLC:

1. The name of the LLC is BACKYARD SPORTS ENTERPRISES, LLC

2. The purpose of the LLC is to operate a for-profit business in the State of Tennessee.

3. The LLC has one or more qualified persons as members and no disqualified persons as members or holders.

4. (a) The complete address of the LLC's initial registered office in Tennessee is:

   8268 Whispering View Drive,
   Memphis, Tennessee 38125

   (b) The name of the LLC's initial registered agent to be located at such office is:

   BRIAN SAULSBERRY

5. The complete address of the LLC's principal registered office in Tennessee is:

   8268 Whispering View Drive,
   Memphis, Tennessee 38125

6. The complete address of the LLC's principal executive office is:

   8268 Whispering View Drive,
   Memphis, Tennessee 38125

7. The LLC will be MEMBER managed.

8. At the date of the filing of these Articles the LLC has ONE (1) member.

9. No members are personally liable for any debts, obligations, or liabilities of the LLC.

10. The LLC shall have the power to expel a member.

11. The LLC has no dissolution date.

Dated as of December 28, 2022

BRIAN SAULSBERRY, Organizer

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Foil Surfing Race League LLC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☑ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . P

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

110 Dixie Ln

6 City, state, and ZIP code

Cocoa Beach FL 32931

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

8	8	–	1	5	9	0	1	3	7

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date** 6/24/25

General Instructions

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

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

What's New

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

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

Purpose of Form

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

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);

2. Certify that you are not subject to backup withholding; or

3. Claim exemption from backup withholding if you are a U.S. exempt payee; and

4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and

5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the instructions for Part II for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

Marketing Support Program	Florida Future Fall						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
Coaches	**$10,000.00**	**$7,500.00**	**$2,500.00**	Attendees	$35,625.00	$22,837.00	**$12,788.00**
Media	**$1,000.00**	**$500.00**	**$500.00**	Merchandise	$1,000.00	$0.00	**$1,000.00**
Trainer	**$500.00**	**$400.00**	**$100.00**	Film	$2,000.00	$600.00	**$1,400.00**
Camera	**$500.00**	**$299.00**	**$201.00**				**$0.00**
Hotel	**$500.00**	**$429.00**	**$71.00**				**$0.00**
Field managers	**$1,000.00**	**$718.00**	**$282.00**				**$0.00**
Jerseys	**$1,166.00**	**$1,166.00**	**$0.00**				**$0.00**
Venue	**$256.00**	**$256.00**	**$0.00**				**$0.00**
Expenses Subtotal	**$14,922.00**	**$11,268.00**	**$3,654.00**				**$0.00**
Other Expenses							**$0.00**
Balls	**$345.00**	**$345.00**	**$0.00**				**$0.00**
Merchandise Design Cost	**$500.00**	**$464.50**	**$35.50**				**$0.00**
			$0.00	**Income Subtotal**	**$38,625.00**	**$23,437.00**	**$15,188.00**
			$0.00				
			$0.00	*Cash in Bank to start*	$0.00	$0.00	**$0.00**
			$0.00	**Other Income**			
			$0.00	TDC grant funding	$3,825.00	$0.00	**$3,825.00**
			$0.00				**$0.00**
			$0.00				
			$0.00				
			$0.00				
				Other Income Subtotal	**$3,825.00**	**$0.00**	**$3,825.00**
Other Expenses Subtotal	**$845.00**	**$809.50**	**$35.50**	**Total Income**	**$42,450.00**	**$23,437.00**	**$19,013.00**
Marketing - please specify Brevard/Out-of-County							
			$0.00	**Total Expenses Paid**	**$15,767.00**	**$12,077.50**	**$3,689.50**
			$0.00				
			$0.00	**Profit/Loss**	**$26,683.00**	**$11,359.50**	**$15,323.50**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$0.00**	**$0.00**	**$0.00**				
Total Expenses 2025-2026	**$15,767.00**	**$12,077.50**	**$3,689.50**				
.							

Space Coast
FLORIDA

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

Applicant organization name: Backyard Sports Enterprises LLC

Applicant event name: Florida Futures

Applicant name completing this form: Brian Saulsberry

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	BY	TP	
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	BY	TP	
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)		TP	N/A
4.	**Copy of SunBiz.com** - (if applicable, see application for details)		TP	N/A
5.	**Copy of 990 form** (if applicable, see application)		TP	N/A
6.	**Copy of completed W-9 form** (March 2024)	BY	TP	
7.	**Income/Expense worksheet** (required for all applicants)	BY	TP	
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)		TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

BY

Applicant signature & date

Brevard Soccer Club

Return to Table of Contents

Space Coast FLORIDA

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

Applicant Organization: Brevard Soccer Club

Applicant Event Name: Brevard SC Tournament Winter Edition, Brevard SC Tournament Spring Edition

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

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

YES	NO

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

7/8/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:84 Data

2. (untitled)

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

Signature of: Wudson Fenelon

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 Soccer Club

Organization address

253 Wading Bird Circle Southwest

State

Florida

City

PALM BAY

Zip

32908

Primary contact name

WUDSON FENELON

Primary contact phone number

3213945085

Primary contact email

Wudson@brevardfiresoccer.com

Secondary contact name

Gerline Fenelon

Secondary contact phone number

9172928453

Secondary contact email

gerline@aol.com

Organization website address

Www.brevardsoccerclub.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

86-3641705

7. (untitled)

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

Event

8. (untitled)

1. EVENT INFORMATION - #1

Name of event - Brevard SC Tournament Winter Edition

Event website address (if different from organization website) - BrevardSoccerClub.com

Event location - Fred Poppe Regional Park

9. (untitled)

What is the first date of your event? - December 20, 2025

10. (untitled)

In total, how many days will your event be held? - 2

11. (untitled)

7. Do you have a second event?

Yes

12. (untitled)

4. EVENT INFORMATION - #2

Name of event - Brevard SC Tournament Spring Edition

Event website address (if different from organization website) - BrevardSoccerClub.com

Event location - Fred Poppe Regional Park

13. (untitled)

What is the first date of your event? - May 30, 2026

14. (untitled)

In total, how many days will your event be held? - 2

15. (untitled)

Do you have a third event? - No

16. (untitled)

8. EVENT INFORMATION - #3

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

20. (untitled)

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

Billboards
Digital advertising (banner ads, etc.)
Search advertising (pay-per-click, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)

21. (untitled)

9. What are your social media handles?

Facebook : Brevardsc
Instagram : https://www.threads.net/@brevardsc
YouTube : Brevardsc

22. (untitled)

10. What hashtags do you currently use?

@brevardsc

23. (untitled)

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

501-c3.pdf

24. (untitled)

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

2024-form990n-brevard-fire-soccer-inc.pdf

25. (untitled)

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

26. (untitled)

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

article_of_corp.pdf

27. (untitled)

14. Upload your completed W-9 form.

fw9_(4)(1).pdf

28. (untitled)

15. Upload your completed Event Income/Expense report.

2024_Tournament_.pdf

29. (untitled)

16. Upload your completed Checklist.

MSP_applicant_checklist_5.30.2025(1).pdf

30. (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: Wudson Fenelon

State of Florida

Department of State

I certify from the records of this office that BREVARD SC INC is a corporation organized under the laws of the State of Florida, filed on April 14, 2021.

The document number of this corporation is N21000004377.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on January 20, 2023 and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Thirteenth day of July, 2023

Cord Byrd
Secretary of State

CR2E022 (01-11)

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 05-04-2021

Employer Identification Number:
86-3641705

Form: SS-4

Number of this notice: CP 575 E

BREVARD FIRE SOCCER INC
253 WADING BIRD CIR SW
PALM BAY, FL 32908

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-3641705. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

FLORIDA

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8019302774C-2	11/09/2023	11/30/2028	501(C)(3) ORGANIZATION

This certifies that

BREVARD FIRE SOCCER INC
253 WADING BIRD CIR SW
PALM BAY FL 32908-6413

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.

FLORIDA

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.

Detail by Entity Name

Florida Not For Profit Corporation
BREVARD SC INC

Filing Information

Document Number	N21000004377
FEI/EIN Number	86-3641705
Date Filed	04/14/2021
State	FL
Status	ACTIVE
Last Event	AMENDMENT AND NAME CHANGE
Event Date Filed	04/20/2023
Event Effective Date	NONE

Principal Address

253 WADING BIRD CIR SW
PALM BAY, FL 32908

Mailing Address

253 WADING BIRD CIR SW
PALM BAY, FL 32908

Registered Agent Name & Address

WUDSON FENELON
253 WADING BIRD CIR SW
PALM BAY, FL 32908

Officer/Director Detail

Name & Address

Title PD

WUDSON FENELON
253 WADING BIRD CIR SW
PALM BAY, FL 32908

Title TD

GERLINE FENELON
253 WADING BIRD CIR SW
PALM BAY, FL 32908

Title SD

CEDRICK JIOVANI
253 WADING BIRD CIR SW
PALM BAY, FL 32908

Annual Reports

Report Year	Filed Date
2023	01/20/2023
2024	02/12/2024
2025	02/08/2025

Document Images

02/08/2025 -- ANNUAL REPORT	View image in PDF format
02/12/2024 -- ANNUAL REPORT	View image in PDF format
04/20/2023 -- Amendment and Name Change	View image in PDF format
01/20/2023 -- ANNUAL REPORT	View image in PDF format
03/16/2022 -- ANNUAL REPORT	View image in PDF format
04/14/2021 -- Domestic Non-Profit	View image in PDF format

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2025
Secretary of State
0663434190CC

DOCUMENT# N21000004377

Entity Name: BREVARD SC INC

Current Principal Place of Business:

253 WADING BIRD CIR SW
PALM BAY, FL 32908

Current Mailing Address:

253 WADING BIRD CIR SW
PALM BAY, FL 32908 US

FEI Number: 86-3641705

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WUDSON FENELON
253 WADING BIRD CIR SW
PALM BAY, FL 32908 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	PD	Title	TD
Name	WUDSON FENELON	Name	GERLINE FENELON
Address	253 WADING BIRD CIR SW	Address	253 WADING BIRD CIR SW
City-State-Zip:	PALM BAY FL 32908	City-State-Zip:	PALM BAY FL 32908

Title	SD
Name	CEDRICK JIOVANI
Address	253 WADING BIRD CIR SW
City-State-Zip:	PALM BAY FL 32908

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: WUDSON FENELON OFFICER 02/08/2025

Electronic Signature of Signing Officer/Director Detail — Date

Copy of filing information.

Form **990-N**

Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

for Tax-Exempt Organizations not Required to File Form 990 or 990-EZ

OMB No.1545-2085

2024

Open to Public Inspection

A For the **2024** Calendar year, or tax year beginning **January 01, 2024** and ending **December 31, 2024**

B Check if applicable.
☐ **Terminated for Business**
☑ **Gross receipts are normally $50,000 or less**

C Name of Organization: **BREVARD FIRE SOCCER INC**
253 Wading Bird Circle Sw
Palm Bay, FL 32908 US

D Employer Identification Number
86-3641705

E Website:
Www.brevardsoccerclub.com

F Name of Principal Officer: **wudson fenelon**
253 Wading Bird Circle Southwest
Palm Bay, FL 32908 US

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

This document is provided for your records only. Your Form 990-N (e-Postcard) has been submitted electronically. No further action is needed.

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Brevard Soccer Club

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☒ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.
253 Wading Bird Cir

6 City, state, and ZIP code
Palm bay fl 32908

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
___ - ___ - ____

or

Employer identification number
86-3641705

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** Wudson Fenelon	**Date** June 6 25

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program	Brevard Soccer Club						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
Facility Rental	**$6,000.00**	**$6,250.00**	**-$250.00**	Club Fee	$13,600.00	$12,600.00	**$1,000.00**
Staff & Coaching	**$8,000.00**	**$7,310.00**	**$690.00**	Sponsors	$6,000.00	$6,000.00	**$0.00**
Transportation	**$4,000.00**	**$5,450.00**	**-$1,450.00**				**$0.00**
League Participation Fee	**$16,400.00**	**$12,400.00**	**$4,000.00**				**$0.00**
			$0.00				**$0.00**
			$0.00				**$0.00**
			$0.00				**$0.00**
			$0.00				**$0.00**
Expenses Subtotal	**$34,400.00**	**$31,410.00**	**$2,990.00**				**$0.00**
Other Expenses							**$0.00**
After School Program	**$25,000.00**		**$25,000.00**				**$0.00**
			$0.00				**$0.00**
			$0.00	**Income Subtotal**	**$19,600.00**	**$18,600.00**	**$1,000.00**
			$0.00				
			$0.00	*Cash in Bank to start*			**$0.00**
			$0.00	**Other Income**			
			$0.00	TDC grant funding	$3,750.00	$0.00	**$3,750.00**
			$0.00				**$0.00**
			$0.00				
			$0.00				
			$0.00				
				Other Income Subtotal	**$3,750.00**	**$0.00**	**$3,750.00**
Other Expenses Subtotal	**$25,000.00**	**$0.00**	**$25,000.00**	**Total Income**	**$23,350.00**	**$18,600.00**	**$4,750.00**
Marketing - please specify Brevard/Out-of-County							
Livestreaming	**$1,350.00**	**$1,020.00**	**$330.00**	**Total Expenses Paid**	**$60,750.00**	**$32,430.00**	**$28,320.00**
			$0.00				
			$0.00	**Profit/Loss**	**-$37,400.00**	**-$13,830.00**	**-$23,570.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$1,350.00**	**$1,020.00**	**$330.00**				
Total Expenses 2025-2026	**$60,750.00**	**$32,430.00**	**$28,320.00**				
.							

Space Coast
FLORIDA

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

Applicant organization name: Brevard Soccer Club

Applicant event name: Pre Professional soccer

Applicant name completing this form: Wudson Fenelon

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	Wf		
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	Wf		
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)	Wf		
4.	**Copy of SunBiz.com** - (if applicable, see application for details)	Wf		
5.	**Copy of 990 form** (if applicable, see application)	Wf		
6.	**Copy of completed W-9 form** (March 2024)	Wf		
7.	**Income/Expense worksheet** (required for all applicants)	Wf		
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	Wf		

I, consent that all above documents have been submitted completely by uploading within the application packet.

Wudson Fenelon June 09, 2025

Applicant signature & date

Bless the Babies

Return to Table of Contents

Space Coast FLORIDA

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

Applicant Organization Name: C1n Sports

Applicant Event Name: Bless the Babies

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

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

YES | **NO**

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

Peter Cranis 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:91 Data

2. (untitled)

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

Signature of: Ray Willis

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

C1N Sports

Organization address

4550 Commerce Cir SW

State

GA

City

Atlanta

Zip

30336

Primary contact name

Ray Willis

Primary contact phone number

3108006556

Primary contact email

rwillis@c1nsports.com

Secondary contact name

Ray Willis

Secondary contact phone number

n/a

Secondary contact email

na@gmail.com

Organization website address

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 application for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Bless The Babies

Event website address (if different from organization website)

c1nsports.com

Event location

viera florida

9. (untitled)

8. **What is the first date of your event?**

12/11/2025

10. (untitled)

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

4

11. (untitled)

10. **Do you have a second event?**

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)
Social media (Facebook, Instagram, YouTube, etc.)
TV/Video

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Instagram : c1n

22. (untitled)

13. What hashtags do you currently use?

#c1n

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

Rockledge_LETTER_FOR_FUNDS_.pdf

26. (untitled)

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

Rockledge_LETTER_FOR_FUNDS_.pdf

27. (untitled)

16. Upload your completed W-9 form.

Rockledge_LETTER_FOR_FUNDS_.pdf

28. (untitled)

17. Upload your completed Event Income/Expense report.

Rockledge_LETTER_FOR_FUNDS_.pdf

29. (untitled)

18. Upload your completed Checklist.

Rockledge_LETTER_FOR_FUNDS_.pdf

30. (untitled)

19. **ATTESTATION**

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

Signature of: Ray Willis

Control No. **11004470**

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

Control No: 11004470
Date Filed: 01/20/2011 12:35 PM
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):	**Date:**
Attorney-in-Fact, George O. Lawson, Jr.	January 20, 2011

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Cameron J. Newton Enterprise

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

4550 Commerce Circle SW

Requester's name and address (optional)

6 City, state, and ZIP code

Atlanta, GA 30336

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

2	7	–	4	6	0	2	2	8	9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** [signature] **Date** 2/21/25

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program	C1N Bless the Babies Bowl						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
BCPR field rentals	**$3,500.00**	**$3,170.00**	**$330.00**				**$0.00**
Strictly Preferred Security	**$17,000.00**	**$16,360.00**	**$640.00**				**$0.00**
Field Perfection, LLC	**$0.00**	**$3,000.00**	**-$3,000.00**				**$0.00**
Referees	**$9,000.00**	**$8,725.00**	**$275.00**				**$0.00**
Scoreboards	**$1,000.00**	**$918.00**	**$82.00**				**$0.00**
Ice	**$750.00**	**$632.00**	**$118.00**				**$0.00**
City Administrative Fee	**$0.00**	**$1,566.00**	**-$1,566.00**				**$0.00**
Frank T. Forester Center	**$1,500.00**	**$1,363.00**	**$137.00**				**$0.00**
Expenses Subtotal	**$32,750.00**	**$35,734.00**	**-$2,984.00**				**$0.00**
Other Expenses							**$0.00**
Rockledge Police Department	**$5,000.00**	**$4,641.00**	**$359.00**				**$0.00**
Athletic trainers	**$7,500.00**	**$7,500.00**	**$0.00**				**$0.00**
Golf Carts	**$2,500.00**	**$2,500.00**	**$0.00**	**Income Subtotal**	**$0.00**	**$0.00**	**$0.00**
Barricades	**$4,500.00**	**$4,186.00**	**$314.00**				
Portalets	**$2,500.00**	**$2,500.00**	**$0.00**	*Cash in Bank to start*			**$0.00**
			$0.00	**Other Income**			
			$0.00	TDC grant	$25,000.00	$25,000.00	**$0.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00	**Other Income Subtotal**	**$25,000.00**	**$25,000.00**	**$0.00**
Other Expenses Subtotal	**$22,000.00**	**$21,327.00**	**$673.00**	**Total Income**	**$25,000.00**	**$25,000.00**	**$0.00**
Marketing - please specify Brevard/Out-of-County							
			$0.00	**Total Expenses Paid**	**$54,750.00**	**$57,061.00**	**-$2,311.00**
			$0.00				
			$0.00	**Profit/Loss**	**-$29,750.00**	**-$32,061.00**	**$2,311.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$0.00**	**$0.00**	**$0.00**				
Total Expenses 2025-2026	**$54,750.00**	**$57,061.00**	**-$2,311.00**				
.							

Space Coast
FLORIDA

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

Applicant organization name: C1n Sports

Applicant event name: Bless The Babies

Applicant name completing this form: Ray Willis

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	RW		
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	RW		
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)	N/A		
4.	**Copy of SunBiz.com** - (if applicable, see application for details)	N/A		
5.	**Copy of 990 form** (if applicable, see application)	N/A		
6.	**Copy of completed W-9 form** (March 2024)	RW		
7.	**Income/Expense worksheet** (required for all applicants)	RW		
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	RW		

I, consent that all above documents have been submitted completely by uploading within the application packet.

Ray Willis 6/23/2025
Applicant signature & date

Boxlite Boxing

Return to Table of Contents

Space Coast FLORIDA

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

Applicant Organization: Boxlite Promotions

Applicant Event Name: Night of Prospects 6, Night of Prospects 7, Night of Prospects 8

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

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

YES	NO

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

7/8/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:61 Data

2. (untitled)

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

Signature of: GONZALO SAPIA

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

BOXLITE PROMOTIONS

Organization address

8149 laso ct

State

FL

City

orlando

Zip

32822

Primary contact name

GONZALO SAPIA

Primary contact phone number

7865160010

Primary contact email

boxlitepro@gmail.com

Secondary contact name

GONZALO SAPIA

Secondary contact phone number

7865160010

Secondary contact email

boxlitepro@gmail.com

Organization website address

WWW.BOXLITEPRO.COM

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

87-2231444

7. (untitled)

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

Event

8. (untitled)

1. EVENT INFORMATION - #1

Name of the Event - Night of Prospects 6

Event website address (if different from organization website) - BoxLitePro.com

Event location - Tony Rosa Community Center

9. (untitled)

What is the first date of your event? - March 2026

10. (untitled)

In total, how many days will your event be held? - 2

11. (untitled)

7. Do you have a second event?

Yes

12. (untitled)

4. EVENT INFORMATION - #2

Name of event - Night of Prospects 7

Event website address (if different from organization website) - BoxLitePro.com

Event location - Tony Rosa Community Center

13. (untitled)

What is the first date of your event? - June 2026

14. (untitled)

In total, how many days will your event be held? - 2

15. (untitled)

8. Do you have a third event? - 2

Yes

16. (untitled)

7. EVENT INFORMATION - #3

Name of event - Night of Prospects 8

Event website address (if different from organization website) - BoxLitePro.com

Event location - Tony Rosa Community Center

17. (untitled)

What is the first date of your event? September 2026

18. (untitled)

In total, how many days will your event be held? - 2

19. (untitled)

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

20. (untitled)

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

Billboards
Digital advertising (banner ads, etc.)
Direct mail
Social media (Facebook, Instagram, YouTube, etc.)

21. (untitled)

10. What are your social media handles?

Facebook : @BOXLITEPRO
Instagram : @BOXLITEPRO

22. (untitled)

11. What hashtags do you currently use?

NA

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

ARTICLES_OF_COMPANY.pdf

26. (untitled)

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

SUNBIZ.pdf

27. (untitled)

14. **Upload your completed W-9 form.**

fw9.pdf

28. (untitled)

15. **Upload your completed Event Income/Expense report.**

Profit_&_Loss_2024_Boxlite_Promotions.pdf

29. (untitled)

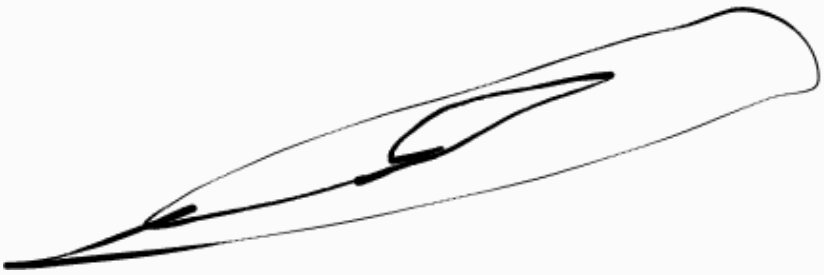
16. **Upload your completed Checklist.**

CKLIST.pdf

30. (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: GONZALO SAPIA

10/20/22, 2:08 PM Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L22000360405

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.

(((H22000360405 3)))

H22000360405ABCW

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

FILED
2022 OCT 20 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT 20 PM 2:47

To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOXRITE PROMOTIONS AND ENTERTAINMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

C. BRUMBLEY

OCT 20 2022

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BOXRITE PROMOTIONS AND ENTERTAINMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/16/2021 and assigned Florida document number L21000367622.

This amendment is submitted to amend the following:

A. **If amending name, enter the new name of the limited liability company here:**
BOXLITE PROMOTIONS AND ENTERTAINMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

FILED
2022 OCT 20 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FL

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. **If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: N/A

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of. (b) The 90th day after the record is filed.

Dated October 20, 2022.

Signature of a member or authorized representative of a member

SAPIA, GONZALO

Typed or printed name of signee

Filing Fee: $25.00

Scanned with CamScanner

DIVISION OF CORPORATIONS

Sunbiz.org DIVISION of CORPORATIONS an official State of Florida website

Detail by Entity Name

Florida Limited Liability Company
BOXLITE PROMOTIONS AND ENTERTAINMENT LLC

Filing Information

Document Number	L21000367622
FEI/EIN Number	87-2231444
Date Filed	08/16/2021
State	FL
Status	ACTIVE
Last Event	LC NAME CHANGE
Event Date Filed	10/20/2022
Event Effective Date	NONE

Principal Address

8149 LASO CT
ORLANDO, FL 32822

Mailing Address

8149 LASO CT
ORLANDO, FL 32822

Registered Agent Name & Address

SAPIA, GONZALO
8149 LASO CT
ORLANDO, FL 32822

Authorized Person(s) Detail

Name & Address

Title MGR

SAPIA, GONZALO
8149 LASO CT
ORLANDO, FL 32822

Annual Reports

Report Year	Filed Date
2023	03/23/2023
2024	04/26/2024
2025	04/30/2025

Document Images

04/30/2025 -- ANNUAL REPORT — View image in PDF format

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

GONZALO SAPIA

2 Business name/disregarded entity name, if different from above.

BOXLITE PROMOTIONS AND ENTERTAINMENT LLC

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☑ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☑ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

8149 laso ct

Requester's name and address (optional)

6 City, state, and ZIP code

orlando fl 32822

7 List account number(s) here (optional)

TD BANK 4406820658

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

8	7	–	2	2	3	1	4	4	4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** [signature] **Date** 5-15-25

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program	Boxlite Promotions Night of Prospects 5						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
Professional Fees	**$2,000.00**	**$2,131.83**	**-$131.83**	Income	$45,000.00	$53,950.11	**-$8,950.11**
Uniform Expense	**$200.00**	**$121.97**	**$78.03**				**$0.00**
Automobile Expense	**$1,000.00**	**$349.59**	**$650.41**				**$0.00**
Meals and entertainment	**$1,000.00**	**$1,023.86**	**-$23.86**				**$0.00**
Contract labor	**$15,000.00**	**$15,160.86**	**-$160.86**				**$0.00**
Dues and subscriptions	**$4.99**	**$4.99**	**$0.00**				**$0.00**
Health and life Insurance	**$100.00**	**$89.82**	**$10.18**				**$0.00**
Insurance	**$6,000.00**	**$6,104.00**	**-$104.00**				**$0.00**
Expenses Subtotal	**$25,304.99**	**$24,986.92**	**$318.07**				**$0.00**
Other Expenses							**$0.00**
Licenses and permits	$3,000.00	**$2,412.38**	**$587.62**				**$0.00**
Office expense	$600.00	**$549.00**	**$51.00**				**$0.00**
Postage and delivery	$10.00	**$2.43**	**$7.57**	**Income Subtotal**	**$45,000.00**	**$53,950.11**	**-$8,950.11**
Rent	$15,000.00	**$12,423.71**	**$2,576.29**				
Repairs	$75.00	**$60.47**	**$14.53**	*Cash in Bank to start*			**$0.00**
Supplies	$10,000.00	**$8,761.19**	**$1,238.81**	**Other Income**			
Telephone	$75.00	**$51.59**	**$23.41**	TDC grant funding	$0.00	$0.00	**$0.00**
Travel	$3,000.00	**$2,742.65**	**$257.35**				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00	**Other Income Subtotal**	**$0.00**	**$0.00**	**$0.00**
Other Expenses Subtotal	**$31,760.00**	**$27,003.42**	**$4,756.58**	**Total Income**	**$45,000.00**	**$53,950.11**	**-$8,450.11**
Marketing - please specify Brevard/Out-of-County							
Advertising	**$1,000.00**	**$355.00**	**$645.00**	**Total Expenses Paid**	**$58,064.99**	**$52,345.34**	**$5,719.65**
			$0.00				
			$0.00	**Profit/Loss**	**-$13,064.99**	**$1,604.77**	**-$14,669.76**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$1,000.00**	**$355.00**	**$645.00**				
Total Expenses 2025-2026	**$58,064.99**	**$52,345.34**	**$5,719.65**				

Updated: 7/7/2025

Space Coast
FLORIDA

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

Applicant organization name: Boxlite Promotions

Applicant event name: Night of Prospects 5

Applicant name completing this form: Gonzalo Salica

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	GS	TP	
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	GS	TP	
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)		TP	N/A
4.	**Copy of SunBiz.com** - (if applicable, see application for details)	GS	TP	
5.	**Copy of 990 form** (if applicable, see application)		TP	N/A
6.	**Copy of completed W-9 form** (March 2024)	GS	TP	
7.	**Income/Expense worksheet** (required for all applicants)	GS	TP	
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	GS	TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

6-5-25

Applicant signature & date

7 v 7

Return to Table of Contents

Space Coast FLORIDA

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

Applicant Organization Name: Elite Championship Series

Applicant Event Name: 7v7 Elite

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

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

YES **NO**

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

Peter Cranis 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:57 Data

2. (untitled)

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

Signature of: Miles Henkel

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

Elite Championship Series

Organization address

325 Oahu Drive

State

FL

City

Merritt Island

Zip

32953

Primary contact name

Lee Latner

Primary contact phone number

904-383-5058

Primary contact email

Lee@7v7elite.com

Secondary contact name

Nicholas Donahue

Secondary contact phone number

321-591-6282

Secondary contact email

Nick@7v7elite.com

Organization website address

www.elitechampionshipseries.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

99-3890292

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

7v7 Elite

Event website address (if different from organization website)

www.7v7elite.com

Event location

Viera Regional Park

9. (untitled)

8. **What is the first date of your event?**

02/07/2026

10. (untitled)

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

2

11. (untitled)

10. **Do you have a second event?**

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

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

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : Lee Latner
Instagram : 7v7elite
YouTube : 7v7elite

22. (untitled)

13. What hashtags do you currently use?

#ElevateTheGame #7v7elite #FloridaDoesItBetter

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

ECS_articles_of_incorp.pdf

26. (untitled)

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

sunbiz.pdf

27. (untitled)

16. **Upload your completed W-9 form.**

Form_W-9_(Rev._March_2024).pdf

28. (untitled)

17. **Upload your completed Event Income/Expense report.**

ECS_Terry_Event_Income_Expense_Report_template_FY25-26.pdf

29. (untitled)

18. **Upload your completed Checklist.**

MSP_applicant_checklist_5.30.2025_(signed).pdf

30. (untitled)

19. **ATTESTATION**

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

Signature of: Miles Henkel

31. Thank You!

New Send Email

Jun 05, 2025 15:54:27 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

Electronic Articles of Organization
For
Florida Limited Liability Company

L24000297822
FILED 8:00 AM
July 02, 2024
Sec. Of State
adjohnson

Article I

The name of the Limited Liability Company is:

ELITE TOURNAMENT SERIES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

325 OAHU DRIVE
MERRITT ISLAND, FL. UN 32953

The mailing address of the Limited Liability Company is:

325 OAHU DRIVE
MERRITT ISLAND, FL. UN 32953

Article III

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

NICHOLAS DONAHUE
325 OAHU DRIVE
MERRITT ISLAND, FL. 32953

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: NICHOLAS DONAHUE

Article IV

L24000297822
FILED 8:00 AM
July 02, 2024
Sec. Of State
adjohnson

The name and address of person(s) authorized to manage LLC:

Title: AM
LOMAS LATNER
1785 CURLEW CT
ROCKLEDGE, FL. 32955 US

Signature of member or an authorized representative

Electronic Signature: NICHOLAS DONAHUE

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

Detail by Entity Name

Florida Limited Liability Company
ELITE CHAMPIONSHIP SERIES LLC

Filing Information

Document Number	L24000297822
FEI/EIN Number	99-3890292
Date Filed	07/02/2024
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT AND NAME CHANGE
Event Date Filed	08/23/2024
Event Effective Date	NONE

Principal Address

325 OAHU DRIVE
MERRITT ISLAND, FL 32953 UN

Mailing Address

325 OAHU DRIVE
MERRITT ISLAND, FL 32953 UN

Registered Agent Name & Address

DONAHUE, NICHOLAS
325 OAHU DRIVE
MERRITT ISLAND, FL 32953

Authorized Person(s) Detail

Name & Address

Title Owner

LATNER, LOMAS
1785 CURLEW CT
ROCKLEDGE, FL 32955

Title Owner

Donahue, Nicholas
325 Oahu Drive
Merritt Island, FL 32953

Annual Reports

Report Year	Filed Date
2025	03/05/2025

Document Images

03/05/2025 -- ANNUAL REPORT	View image in PDF format
08/23/2024 -- LC Amendment and Name Change	View image in PDF format
07/02/2024 -- Florida Limited Liability	View image in PDF format

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Elite Championship Series, LLC

2 Business name/disregarded entity name, if different from above.

7v7 Elite, Flag Elite

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☑ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . **C**

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

325 Oahu Drive

Requester's name and address (optional)

6 City, state, and ZIP code

Merritt Island, FL 32953

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

9	9	–	3	8	9	0	2	9	2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person [signature] Date 6-19-2025

General Instructions

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

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What's New

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

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

Purpose of Form

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

Marketing Support Program	7v7 Elite						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
Room & Board	**$16,000.00**	**$15,941.00**	**$59.00**	General Admission	$55,000.00	$49,136.00	**$5,864.00**
Equipment/Merchandise Expense	**$40,000.00**	**$59,660.00**	**-$19,660.00**	Beverages/Merchandise	$40,000.00	$30,150.00	**$9,850.00**
Food	**$3,500.00**	**$3,422.00**	**$78.00**	Team Registration	$150,000.00	$147,883.00	**$2,117.00**
Referees	**$50,000.00**	**$48,441.00**	**$1,559.00**	Vendor Fee	$3,500.00	$2,500.00	**$1,000.00**
Trophies	**$7,500.00**	**$7,299.00**	**$201.00**				**$0.00**
Security	**$15,000.00**	**$14,035.00**	**$965.00**				**$0.00**
Trainers	**$3,000.00**	**$2,479.00**	**$521.00**				**$0.00**
Field Costs	**$18,000.00**	**$16,550.00**	**$1,450.00**				**$0.00**
Expenses Subtotal	**$153,000.00**	**$167,827.00**	**-$14,827.00**				**$0.00**
Other Expenses							**$0.00**
Insurance	**$4,500.00**	**$7,904.00**	**-$3,404.00**				**$0.00**
Labor	**$58,000.00**	**$57,513.00**	**$487.00**				**$0.00**
			$0.00	**Income Subtotal**	**$248,500.00**	**$229,669.00**	**$18,831.00**
			$0.00				
			$0.00	*Cash in Bank to start*	$10,000.00	$20,000.00	**-$10,000.00**
			$0.00	**Other Income**			
				TDC grant funding	$3,750.00	$0.00	**$3,750.00**
							$0.00
				Other Income Subtotal	**$3,750.00**	**$0.00**	**$3,750.00**
Other Expenses Subtotal	**$62,500.00**	**$65,417.00**	**-$2,917.00**	**Total Income**	**$252,250.00**	**$229,669.00**	**$22,581.00**
Marketing - please specify Brevard/Out-of-County							
Social Media	**$15,000.00**	**$12,000.00**	**$3,000.00**	**Total Expenses Paid**	**$230,500.00**	**$245,244.00**	**-$14,744.00**
			$0.00				
			$0.00	**Profit/Loss**	**$21,750.00**	**-$15,575.00**	**$37,325.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$15,000.00**	**$12,000.00**	**$3,000.00**				
Total Expenses 2025-2026	**$230,500.00**	**$245,244.00**	**-$14,744.00**				
.							

For TDO use: PROJECT #:

Space Coast
FLORIDA

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

Applicant organization name: Elite Championship Series

Applicant event name: 7v7 Elite

Applicant name completing this form: Miles Henkel

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	MH	TP	
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	MH	TP	
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)		TP	N/A
4.	**Copy of SunBiz.com** - (if applicable, see application for details)	MH	TP	
5.	**Copy of 990 form** (if applicable, see application)		TP	N/A
6.	**Copy of completed W-9 form** (March 2024)	MH	TP	
7.	**Income/Expense worksheet** (required for all applicants)	MH	TP	
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	MH	TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

Miles Henkel 06/05/2025

Applicant signature & date

Columbia Classic Golf

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Space Coast FLORIDA

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

Applicant Organization: Columbia University Women's Golf

Applicant Event Name: Columbia Classic

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

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

YES	NO

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

7/8/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:63 Data

2. (untitled)

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

Organization address

3030 Broadway, MC 1908

State

NY

City

New York

Zip

10027

Primary contact name

Amy Weeks

Primary contact phone number

405-269-0897

Primary contact email

aew2169@columbia.edu

Secondary contact name

Greg Lamb

Secondary contact phone number

646-584-0201

Secondary contact email

gcl2116@columbia.edu

Organization website address

https://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 application for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Columbia Classic

Event website address (if different from organization website)

https://gocolumbialions.com/sports/womens-golf

Event location

Duran Golf Club, 7032 Stadium Pkwy, Melbourne, FL 32940

9. (untitled)

8. **What is the first date of your event?**

02/20/2026

10. (untitled)

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

3

11. (untitled)

10. **Do you have a second event?**

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: https://scoreboard.clippd.com/home - Scoreboard Clipped Live Scoring D1 Golf Hub.

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : https://www.facebook.com/ColumbiaWGolf/
Instagram : @culionswgolf
YouTube : https://www.youtube.com/user/ColumbiaAthletics

22. (untitled)

13. What hashtags do you currently use?

#onlyhere

23. (untitled)

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

IRS_Determination_Letter_2018-03-06.pdf

24. (untitled)

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

CU_Certificate_of_Existence_NYS_Dept_of_Edu.pdf

25. (untitled)

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

26. (untitled)

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

27. (untitled)

17. **Upload your completed W-9 form.**

W9_Columbia_University__(Rev._March_2024).pdf

28. (untitled)

18. **Upload your completed Event Income/Expense report.**

Columbia_Classic_Terry_Event_Income_Expense_Report_template_FY25-26.pdf

29. (untitled)

19. **Upload your completed Checklist.**

Columbia_Classic_MSP_applicant_checklist_4.30.2025.pdf

30. (untitled)

20. **ATTESTATION**

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

Signature of: Amy E Weeks

31. Thank You!

New Send Email

Jun 06, 2025 10:52:45 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com; Terrence.Parks@VisitSpaceCoast.com

The University of the State of New York

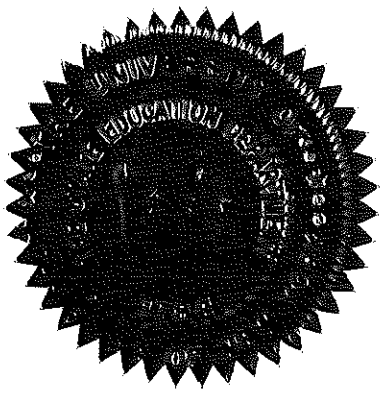
Education Department

STATE OF NEW YORK)

ss.:

COUNTY OF ALBANY)

I, Shannon L. Tahoe, Deputy Counsel for Legal Affairs for the New York State Education Department, hereby certify that The Trustees of Columbia University in the City of New York, located in the city, county, and State of New York, was originally established under the name "King's College" by royal grant made by King George II on October 31, 1754; that by Chapter 51 of the Laws of 1784, the property and franchises of King's College were vested in the Regents of the University of the State of New York and the corporation's name was changed to "Columbia College"; that by Chapter 82 of the Laws of 1787, the prior act was repealed, the royal charter of 1754 was confirmed, and the property and franchises of the corporation were vested in "The Trustees of Columbia College in the City of New York"; that by Chapter 85 of the Laws of 1810 the prior legislative charter was repealed and replaced by a legislative charter issued on March 23, 1810; that such legislative charter was amended by Chapter 310 of the Laws of 1852 and by Chapter 65 of the Laws of 1884; that on July 23, 1912, by order of the State Supreme Court, the name of the corporation was changed to "The Trustees of Columbia University in the City of New York"; that the period for which such corporation was created is perpetual; that no certificate or order of dissolution of such corporation has been filed or issued; and that such corporation is currently authorized to do business in the State of New York.



IN WITNESS WHEREOF, I hereunto set my hand and affix the seal of the University of the State of New York and of the State Education Department at the City of Albany, New York on this 5th day of September, 2019.

Shannon L. Tahoe

Shannon L. Tahoe
Deputy Counsel for Legal Affairs

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0029

In reply refer to: 4077950277
Mar. 06, 2018 LTR 4167C 0
13-5598093 000000 00
00048209
BODC: TE

TRUSTEES OF COLUMBIA UNIVERSITY IN
THE CITY OF NEW YORK
% JULIA SHANAHAN
615 WEST 131 STREET 4TH FLOOR
NEW YORK NY 10027-7984

004769

Employer identification number: 13-5598093
Group exemption number: 8057

Dear Taxpayer:

This is in response to your request dated Jan. 08, 2018, for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in January 1974, and you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognized the subordinates on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

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

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

Please refer to www.irs.gov/charities for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

4077950277
Mar. 06, 2018 LTR 4167C 0
13-5598093 000000 00
00048210

TRUSTEES OF COLUMBIA UNIVERSITY IN
THE CITY OF NEW YORK
% JULIA SHANAHAN
615 WEST 131 STREET 4TH FLOOR
NEW YORK NY 10027-7984

Sincerely yours,

Stephen A. Martin
Director, EO Rulings & Agreements

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07/01/2023 **and ending** 06/30/2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ 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) 615 WEST 131ST STREET, MC 8741 — Room/suite

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 $ 6,964,855,238.

F Name and address of principal officer: CLAIRE SHIPMAN
615 WEST 131ST STREET, MC 8741, NEW YORK, NY 10027-7

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.COLUMBIA.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1754 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT 1

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	19
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	41,277
6	Total number of volunteers (estimate if necessary)	15,928
7a	Total unrelated business revenue from Part VIII, column (C), line 12	23,037,016.
b	Net unrelated business taxable income from Form 990-T, line 34	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,956,885,576.	2,215,638,698.
9	Program service revenue (Part VIII, line 2g)	4,134,317,613.	4,343,856,874.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	423,880,468.	619,739,953.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,759,020.	134,857,008.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,654,842,677.	7,314,092,533.

COPY FOR PUBLIC INSPECTION

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	877,363,455.	927,331,811.
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)	3,898,804,676.	4,173,727,648.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,341,873.	622,712.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 146,787,342.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,658,841,937.	1,744,348,988.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,436,351,941.	6,846,031,159.
19	Revenue less expenses. Subtract line 18 from line 12	218,490,736.	468,061,374.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23551142933.	24801091365.
21	Total liabilities (Part X, line 26)	4,868,338,682.	5,037,674,541.
22	Net assets or fund balances. Subtract line 21 from line 20	18682804251.	19763416824.

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

▶ Mark Hawkins — Signature of officer — Date 05/15/2025

▶ MARK HAWKINS, VP,FIN & CONTROLLER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ERIC M MCNEIL	Preparer's signature: Eric M. McNeil	Date: 05/09/2025	Check ☐ 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) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023)

JSA
3E1065 1.000

6416BJ K321 V23-7.16

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 $ 2,408,014,225. including grants of $ 726,591,207.) (Revenue $ 2,109,308,030.)

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 35,872 FULL-TIME AND PART-TIME STUDENTS.

4b (Code:) (Expenses $ 1,516,027,003. including grants of $ 12,809,000.) (Revenue $ 1,744,864,706.)

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 $ 951,339,983. including grants of $ 179,444,878.) (Revenue $ 240,206,430.)

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 $ 1,318,812,198. including grants of $ 8,486,726.) (Revenue $ 249,477,708.)

4e Total program service expenses 6,194,193,409.

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*	22	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*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	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*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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*	37		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	38	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	1a	30910		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c 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	41277		
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		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)?	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		X	
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			
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			X
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			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?	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 X

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	1a 21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1b 19		
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	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and 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		

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

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 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	60.00									
PROFESSOR OF SURGERY	NONE					X		7,408,169.	NONE	64,875.
(2) RONALD ARTHUR LEHMAN JR.	60.00									
PROFESSOR OF SURGERY	NONE					X		3,874,661.	NONE	113,168.
(3) KIM LEW	60.00									
CEO OF IMC	NONE				X			1,976,263.	NONE	1,896,849.
(4) LEE C. BOLLINGER	60.00									
PRESIDENT (FORMER)	NONE						X	3,176,262.	NONE	328,385.
(5) EMILE BACHA	60.00									
PROFESSOR OF SURGERY	NONE					X		3,281,941.	NONE	85,915.
(6) DAVID N. SILVERS	60.00									
CLINICAL PROFESSOR	NONE					X		3,186,576.	NONE	70,705.
(7) CRAIG SMITH	60.00									
PROFESSOR OF SURGERY	NONE					X		3,166,654.	NONE	71,188.
(8) KATRINA ARMSTRONG	60.00									
EVP HEALTH SCIENCES	NONE				X			1,608,705.	NONE	51,932.
(9) ANIL RUSTGI	60.00									
INT EVP SCI (FORMER)	NONE						X	1,222,179.	NONE	37,159.
(10) NEMAT MINOUCHE T. SHAFIK	59.90									
PRESIDENT (AS OF 7/1/23)	0.10	X		X				956,395.	NONE	201,771.
(11) LEE GOLDMAN	60.00									
EVP HEALTH SCIENCES (FORMER)	NONE						X	1,025,075.	NONE	81,667.
(12) MARY BOYCE	60.00									
PROVOST (FORMER)	NONE						X	1,010,334.	NONE	63,931.
(13) ANNE R. SULLIVAN	59.80									
EXECUTIVE VP FOR FINANCE	0.20			X				1,009,062.	NONE	59,031.
(14) GERALD M. ROSBERG	59.90									
SENIOR EVP (THROUGH 6/21/24)	0.10			X				953,491.	NONE	66,459.

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) FELICE ROSAN	60.00									
GENERAL COUNSEL	NONE			X				841,251.	NONE	109,877.
(16) AMELIA ALVERSON	60.00									
EXEC VP - UNIV DVLP&ALUM RLTS	NONE				X			869,799.	NONE	46,936.
(17) DENNIS MITCHELL	59.90									
INT PROVOST (7/1/23-3/31/24)	0.10			X				717,442.	NONE	151,999.
(18) AMY HUNGERFORD	59.90									
EXEC VP-A&S	0.10				X			790,652.	NONE	76,351.
(19) IRA KATZNELSON	60.00									
INT PROVOST (FORMER)	NONE						X	763,629.	NONE	71,227.
(20) JOHN COATSWORTH	60.00									
PROVOST (FORMER)	NONE						X	691,132.	NONE	77,467.
(21) SUSAN K. GLANCY	60.00									
SECRETARY (AS OF 1/1/24)	NONE			X				712,787.	NONE	35,623.
(22) DAVID GREENBERG	60.00									
EXEC VP FACILITIES	NONE				X			600,290.	NONE	114,328.
(23) JANE E. BOOTH	60.00									
CHF LEGAL OFF (FORMER)	NONE						X	611,010.	NONE	56,313.
(24) JEROME DAVIS	60.00									
SECRETARY (THROUGH 12/31/23)	NONE			X				501,628.	NONE	67,707.
(25) ROLANDO T. ACOSTA	4.00									
TRUSTEE (THROUGH 9/4/23)	NONE	X						NONE	NONE	NONE
1b Sub-total ▶								40,955,387.	NONE	4,000,863.
c Total from continuation sheets to Part VII, Section A ▶								NONE	NONE	NONE
d Total (add lines 1b and 1c) ▶								40,955,387.	NONE	4,000,863.

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 ▶ 8,510

		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		
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		
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		

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) ANDREW BARTH	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(27) DEAN DAKOLIAS	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(28) DUCHESNE DREW	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(29) ABIGAIL ELBAUM	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(30) MARK GALLOGLY	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(31) KEITH GOGGIN	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(32) JOSEPH A. GREENAWAY, JR	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(33) DAVID GREENWALD	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(34) KIKKA HANAZAWA	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(35) WANDA HOLLAND GREENE	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(36) JEH JOHNSON	4.00									
TRUSTEE	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 ▶

		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		
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		
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		

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) JONATHAN LAVINE	4.00									
TRUSTEE (THROUGH 9/4/23)	NONE	X						NONE	NONE	NONE
(38) LU LI	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(39) VICTOR MENDELSON	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(40) ADAM PRITZKER	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(41) JONATHAN ROSAND	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(42) SHOSHANA SHENDELMAN	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(43) CLAIRE SHIPMAN	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(44) KATHY SURACE-SMITH	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(45) FERMI WANG	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(46) SHIRLEY WANG	4.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(47) CASWELL HOLLOWAY	60.00									
CHF OPR OFCR (AS OF 2/4/24)	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 ▶

		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		
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		
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		

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			
(48) ANGELA V. OLINTO	59.90									
PROVOST (AS OF 4/1/24)	0.10			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 ▶

		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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		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 ▶ 370

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	5,949,163.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,329,009,284.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	880,680,251.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 213,970,830.			
	h	**Total.** Add lines 1a-1f			2,215,638,698.		
			Business Code				
Program Service Revenue	2a	TUITION & FEES	611600	2,109,308,030.	2,109,308,030.		
	b	OTHER EDUCATION & RESEARCH	541700	240,206,430.	240,206,430.		
	c	PATIENT CARE REVENUE	621110	1,744,864,706.	1,744,864,706.		
	d	AUXILIARY ENTERPRISES	900099	247,613,468.	240,044,005.	7,569,463.	
	e	OTHER SOURCES	900099	1,744,959.	1,744,959.		
	f	All other program service revenue	900099	119,281.	119,281.		
	g	**Total.** Add lines 2a-2f		4,343,856,874.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		114,286,118.			114,286,118.
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		19,214,340.			19,214,340.
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	207,952,989.				
	b	Less: rental expenses 6b	178,147,180.				
	c	Rental income or (loss) 6c	29,805,809.	NONE			
	d	Net rental income or (loss)		29,805,809.			29,805,809.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	2,977,012,148.				
	b	Less: cost or other basis and sales expenses 7b	2,471,558,313.				
	c	Gain or (loss) 7c	505,453,835.				
	d	Net gain or (loss)		505,453,835.			505,453,835.
	8a	Gross income from fundraising events (not including $ 5,949,163. of contributions reported on line 1c). See Part IV, line 18 8a		859,355.			
	b	Less: direct expenses 8b		1,057,212.			
	c	Net income or (loss) from fundraising events		-197,857.			-197,857.
	9a	Gross income from gaming activities. See Part IV, line 19 9a		NONE			
	b	Less: direct expenses 9b		NONE			
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances 10a		NONE			
	b	Less: cost of goods sold 10b		NONE			
	c	Net income or (loss) from sales of inventory		NONE			
			Business Code				
Miscellaneous Revenue	11a	PARTNERSHIP INCOME	900099	86,034,716.	NONE	15,467,553.	70,567,163.
	b						
	c						
	d	All other revenue			NONE		
	e	**Total.** Add lines 11a-11d		86,034,716.			
	12	**Total revenue.** See instructions		7,314,092,533.	4,336,287,411.	23,037,016.	739,129,408.

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	177,009,505.	177,009,505.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	726,270,020.	726,270,020.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	24,052,286.	24,052,286.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	14,070,109.	850,832.	13,219,277.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	9,059,259.	6,292,099.	2,767,160.	
7 Other salaries and wages	3,339,499,446.	3,090,279,751.	174,318,035.	74,901,660.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	238,405,742.	220,614,032.	12,444,506.	5,347,204.
9 Other employee benefits	392,955,623.	295,338,977.	72,735,137.	24,881,509.
10 Payroll taxes	179,737,469.	166,324,047.	9,382,089.	4,031,333.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	64,336,517.		64,336,517.	
c Accounting	2,527,463.		2,527,463.	
d Lobbying	563,000.		563,000.	
e Professional fundraising services. See Part IV, line 17	622,712.			622,712.
f Investment management fees	3,341,267.		3,341,267.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	361,723,945.	301,960,029.	51,479,179.	8,284,737.
12 Advertising and promotion	9,302,277.	7,597,735.	221,613.	1,482,929.
13 Office expenses	301,065,613.	283,457,996.	12,681,726.	4,925,891.
14 Information technology	47,696,825.	26,541,159.	16,775,437.	4,380,229.
15 Royalties	NONE			
16 Occupancy	281,426,174.	264,862,072.	14,205,420.	2,358,682.
17 Travel	83,568,550.	74,719,711.	6,661,282.	2,187,557.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	88,970,481.	73,351,408.	8,060,599.	7,558,474.
20 Interest	67,325,436.	62,329,888.	4,295,363.	700,185.
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	326,883,117.	302,628,390.	20,855,143.	3,399,584.
23 Insurance	39,970,676.	37,100,391.	2,870,285.	
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 11g expenses on Schedule O.)				
a LIBRARY	31,464,522.	31,464,522.		
b BANK AND CREDIT CARD FEES	8,357,331.	6,958,641.	1,380,640.	18,050.
c DUES & SUBSCRIPTIONS	12,060,913.	9,610,855.	2,127,565.	322,493.
d UNRELATED BUS INCOME TAX EXP	262,276.		262,276.	
e All other expenses	13,502,605.	4,579,063.	7,539,429.	1,384,113.
25 **Total functional expenses.** Add lines 1 through 24e	6,846,031,159.	6,194,193,409.	505,050,408.	146,787,342.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	NONE	1	NONE
	2	Savings and temporary cash investments	1,227,761,753.	2	1,229,552,082.
	3	Pledges and grants receivable, net	703,796,525.	3	678,000,151.
	4	Accounts receivable, net	527,572,164.	4	575,889,281.
	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	9,278,134.	5	9,307,984.
	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	79,790,801.	7	73,070,623.
	8	Inventories for sale or use	2,144,360.	8	6,007,099.
	9	Prepaid expenses and deferred charges	70,097,752.	9	73,662,285.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 11541835869.			
	b	Less: accumulated depreciation — 10b: 5461794481.	6,040,728,263.	10c	6,080,041,388.
	11	Investments - publicly traded securities SEE SCHEDULE O	1,398,072,357.	11	1,305,749,409.
	12	Investments - other securities. See Part IV, line 11	12617614427.	12	14136407775.
	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	874,126,397.	15	633,243,288.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	23551142933.	16	24801091365.
Liabilities	17	Accounts payable and accrued expenses	440,458,379.	17	504,965,612.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	391,329,117.	19	369,764,838.
	20	Tax-exempt bond liabilities	1,773,909,121.	20	1,719,813,420.
	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	629,937,394.	24	529,750,747.
	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	1,632,704,671.	25	1,913,379,924.
	26	**Total liabilities.** Add lines 17 through 25	4,868,338,682.	26	5,037,674,541.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** X **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	8,387,507,385.	27	8,512,625,083.
	28	Net assets with donor restrictions	10295296866.	28	11250791741.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	18682804251.	32	19763416824.
	33	Total liabilities and net assets/fund balances	23551142933.	33	24801091365.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,314,092,533.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,846,031,159.
3	Revenue less expenses. Subtract line 2 from line 1	3	468,061,374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,682,804,251.
5	Net unrealized gains (losses) on investments	5	876,075,077.
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	-263,523,878.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,763,416,824.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2023
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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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.")	1,795,585,528.	1,820,200,959.	1,954,178,309.	1,956,885,576.	2,215,638,698.	9,742,489,070.
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	1,795,585,528.	1,820,200,959.	1,954,178,309.	1,956,885,576.	2,215,638,698.	9,742,489,070.
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						9,742,489,070.

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	1,795,585,528.	1,820,200,959.	1,954,178,309.	1,956,885,576.	2,215,638,698.	9,742,489,070.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	262,129,223.	206,771,230.	233,688,529.	310,536,196.	341,453,447.	1,354,578,625.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			20,007,543.	14,798,632.	23,037,016.	57,843,191.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	143,690,985.	102,136,227.	59,849,310.	81,696,111.	70,567,163.	457,939,796.
11 **Total support.** Add lines 7 through 10						11,612,850,682.
12 Gross receipts from related activities, etc. (see instructions)					12	19,110,679,192.

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 2023 (line 6, column (f), divided by line 11, column (f))	14	83.89 %
15	Public support percentage from 2022 Schedule A, Part II, line 14	15	83.27 %

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 ☒

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 ☐

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 ☐

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 ☐

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) 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 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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** ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
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.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
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.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

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.*	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 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.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
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):			
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 ☐ 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 A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
OTHER INCOME	143,690,985.	102,136,227.	59,849,310.	81,696,111.	70,567,163.	457,939,796.
TOTALS	143,690,985.	102,136,227.	59,849,310.	81,696,111.	70,567,163.	457,939,796.

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
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

[X] 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	$ 79,844,422.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2	N/A	$ 55,620,616.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3	N/A	$ 45,161,397.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number 13-5598093

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
1	SECURITIES	$ 63,112,272.	VAR
2	SECURITIES	$ 41,620,616.	VAR
3	SECURITIES	$ 45,161,397.	VAR
		$	
		$	
		$	

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2023

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	Employer identification number
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK	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)					

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.		

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? ☐ Yes ☐ 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) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
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		17,010.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		25,894.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		563,000.
j Total. Add lines 1c through 1i			605,904.
2a Did the activities in line 1 cause the organization to not be 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: VICE PRESIDENT FOR GOVERNMENT & COMMUNITY AFFAIRS; ASSOCIATE VICE PRESIDENT FOR GOVERNMENT AFFAIRS; 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 UNIVERSITY BELONGS TO CERTAIN HIGHER EDUCATION TRADE ASSOCIATIONS. A

Part IV Supplemental Information *(continued)*

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 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 SCIENCES; 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 FIRMS, INCLUDING CERTAIN OF THE ACTIVITIES DESCRIBED ABOVE AND GENERAL ADVISORY SERVICES TO THE UNIVERSITY IN CONNECTION WITH ITS LOBBYING AND

Part IV **Supplemental Information** *(continued)*

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

2023

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 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)	1,157,672.	
3	Aggregate value of grants from (during year)	13,870,954.	
4	Aggregate value at end of year	21,762,049.	

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? [X] Yes [ ] 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? [X] Yes [ ] 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)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of a historically important land area
- [ ] Preservation of a certified historic structure

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 . . . . . $ _____

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 [X] Public exhibition
- b [X] Scholarly research
- c [X] Preservation for future generations
- d [X] 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 [X] 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 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	13,642,667,000.	13,279,846,000.	14,349,970,000.	11,257,021,000.	10,950,738,000.
b Contributions	411,258,000.	470,230,000.	588,591,000.	366,226,000.	400,986,000.
c Net investment earnings, gains, and losses	1,481,534,000.	620,473,000.	-997,276,000.	3,364,720,000.	562,702,000.
d Grants or scholarships	162,547,000.	159,593,000.	143,170,000.	138,726,000.	141,393,000.
e Other expenditures for facilities and programs	540,758,000.	530,298,000.	469,279,000.	454,306,000.	472,489,000.
f Administrative expenses	49,662,000.	37,991,000.	48,990,000.	44,965,000.	43,523,000.
g End of year balance	14,782,492,000.	13,642,667,000.	13,279,846,000.	14,349,970,000.	11,257,021,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 32.3200 %
- b Permanent endowment 32.1900 %
- c Term endowment 35.4900 %

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)	X	
(ii) Related organizations?	3a(ii)		X
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		536,856,902.		536,856,902.
b Buildings		8415662368.	4301387171.	4,114,275,197.
c Leasehold improvements		NONE	NONE	NONE
d Equipment	NONE	735,780,396.	520,084,008.	215,696,388.
e Other	1,853,536,203.		640,323,302.	1,213,212,901.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				6,080,041,388.

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	3,728,080,460.	FMV
(B) ABSOLUTE RETURN STRATEGIES	3,872,287,154.	FMV
(C) PRIVATE EQUITY	3,716,911,958.	FMV
(D) REAL ESTATE ASSETS	1,681,768,129.	FMV
(E) FIXED INCOME	202,366,187.	FMV
(F) CASH & CASH EQUIVALENTS	600,257,781.	FMV
(G) EXTERNAL TRUSTS	334,736,106.	FMV
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	14136407775.	

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) CAPITAL LEASE OBLIGATIONS	131,189,814.
(3) COND'L ASSET RETIREMENT OBLIGA	138,572,369.
(4) ACCRUED EMPLOYEE BENEFIT LIAB.	562,257,525.
(5) FEDERAL STUDENT LOAN FUNDS	23,592,902.
(6) ACTUARIAL LIAB- SPLIT INT AGRM	63,934,826.
(7) OTHER LONG TERM LIABILITIES	993,832,488.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,913,379,924.

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

2023

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?	1	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?	2	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	3	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?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	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?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		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?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		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	7	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

2023

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? . . . . . [X] **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) CENTRAL AMERICA/CARIBBEAN	4	129	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	3,810,454.
(2) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		79,456.
(3) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		6,898,697,268.
(4) EAST ASIA AND THE PACIFIC	10	649	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	10,598,972.
(5) EAST ASIA AND THE PACIFIC			GRANTMAKING		679,952.
(6) EAST ASIA AND THE PACIFIC			FUNDRAISING		599,002.
(7) EAST ASIA AND THE PACIFIC			INVESTMENTS		33,749,717.
(8) EUROPE	6	2,115	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	22,004,094.
(9) EUROPE			GRANTMAKING		5,244,891.
(10) EUROPE			FUNDRAISING		390,200.
(11) EUROPE			INVESTMENTS		708,755,273.
(12) MIDDLE EAST AND NORTH AFRICA	2	215	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	2,775,795.
(13) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		650,495.
(14) MIDDLE EAST AND NORTH AFRICA			FUNDRAISING		56,232.
(15) NORTH AMERICA	NONE	579	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	2,383,482.
(16) NORTH AMERICA			GRANTMAKING		1,636,375.
(17) NORTH AMERICA			FUNDRAISING		9,402.
3a Subtotal					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

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

2023

Open to Public Inspection

Name of the organization

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			INVESTMENTS		96,098,692.
(2) RUSSIA/INDEPENDENT STATES	5	182	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	8,477,439.
(3) RUSSIA/INDEPENDENT STATES			GRANTMAKING		1,640,932.
(4) SOUTH AMERICA	2	285	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	5,750,299.
(5) SOUTH AMERICA			GRANTMAKING		2,729,173.
(6) SOUTH AMERICA			FUNDRAISING		9,962.
(7) SOUTH ASIA	1	165	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	1,724,092.
(8) SOUTH ASIA			GRANTMAKING		2,560,228.
(9) SOUTH ASIA			FUNDRAISING		56,927.
(10) SUB-SAHARAN AFRICA	44	3,422	PROGRAM SERVICES	EDUC/RESEARCH/OUTREACH	140,318,707.
(11) SUB-SAHARAN AFRICA			GRANTMAKING		8,877,548.
(12) SUB-SAHARAN AFRICA			FUNDRAISING		1,732.
(13) SUB-SAHARAN AFRICA			INVESTMENTS		6,319,405.
(14)					
(15)					
(16)					
(17)					
3a Subtotal	22	3,687.			7,692,121,060.
b Total from continuation sheets to Part I	52.	4,054.			274,565,136.
c **Totals** (add lines 3a and 3b)	74.	7,741.			7,966,686,196.

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	53,858.	CHECK/WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	RESEARCH	221,857.	CHECK/WIRE			
(3)			EUROPE	RESEARCH	20,000.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	RESEARCH	128,876.	CHECK/WIRE			
(5)			SOUTH ASIA	RESEARCH	151,078.	CHECK/WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	RESEARCH	15,250.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	RESEARCH	923,332.	CHECK/WIRE			
(8)			NORTH AMERICA	RESEARCH	157,633.	CHECK/WIRE			
(9)			NORTH AMERICA	RESEARCH	24,049.	CHECK/WIRE			
(10)			NORTH AMERICA	RESEARCH	6,117.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	RESEARCH	60,836.	CHECK/WIRE			
(12)			EUROPE	RESEARCH	34,465.	CHECK/WIRE			
(13)			NORTH AMERICA	RESEARCH	11,849.	CHECK/WIRE			
(14)			EUROPE	RESEARCH	42,204.	CHECK/WIRE			
(15)			EUROPE	RESEARCH	446,504.	CHECK/WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	RESEARCH	129,511.	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 142

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	14,147.	CHECK/WIRE			
(2)			EUROPE	PROGRAM SERV	19,706.	CHECK/WIRE			
(3)			EUROPE	PROGRAM SERV	10,000.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	RESEARCH	119,620.	CHECK/WIRE			
(5)			SOUTH ASIA	RESEARCH	635,589.	CHECK/WIRE			
(6)			SOUTH AMERICA	RESEARCH	19,297.	CHECK/WIRE			
(7)			EUROPE	RESEARCH	48,233.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	RESEARCH	8,000.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	RESEARCH	9,000.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	RESEARCH	24,750.	CHECK/WIRE			
(11)			EUROPE	RESEARCH	8,358.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	RESEARCH	37,087.	CHECK/WIRE			
(13)			SOUTH ASIA	RESEARCH	1,482,828.	CHECK/WIRE			
(14)			SOUTH ASIA	RESEARCH	53,566.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	RESEARCH	1,120,287.	CHECK/WIRE			
(16)			NORTH AMERICA	RESEARCH	598,062.	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	184,653.	CHECK/WIRE			
(2)			EUROPE	RESEARCH	7,206.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	RESEARCH	57,262.	CHECK/WIRE			
(4)			CENT. AMERICA/CARIBBEAN	RESEARCH	27,761.	CHECK/WIRE			
(5)			EUROPE	RESEARCH	62,217.	CHECK/WIRE			
(6)			EUROPE	RESEARCH	461,386.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	RESEARCH	18,452.	CHECK/WIRE			
(8)			SOUTH AMERICA	RESEARCH	5,386.	CHECK/WIRE			
(9)			CENT. AMERICA/CARIBBEAN	RESEARCH	51,695.	CHECK/WIRE			
(10)			SOUTH ASIA	RESEARCH	133,967.	CHECK/WIRE			
(11)			EUROPE	RESEARCH	20,508.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	RESEARCH	88,266.	CHECK/WIRE			
(13)			EUROPE	RESEARCH	186,210.	CHECK/WIRE			
(14)			NORTH AMERICA	RESEARCH	69,569.	CHECK/WIRE			
(15)			NORTH AMERICA	RESEARCH	251,677.	CHECK/WIRE			
(16)			EUROPE	RESEARCH	8,640.	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)			EUROPE	RESEARCH	68,756.	CHECK/WIRE			
(2)			EUROPE	RESEARCH	78,912.	CHECK/WIRE			
(3)			EUROPE	RESEARCH	42,462.	CHECK/WIRE			
(4)			EUROPE	RESEARCH	99,712.	CHECK/WIRE			
(5)			EUROPE	RESEARCH	65,977.	CHECK/WIRE			
(6)			EUROPE	RESEARCH	128,658.	CHECK/WIRE			
(7)			EUROPE	RESEARCH	110,584.	CHECK/WIRE			
(8)			EUROPE	RESEARCH	9,077.	CHECK/WIRE			
(9)			EUROPE	RESEARCH	23,334.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	RESEARCH	119,183.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	RESEARCH	55,707.	CHECK/WIRE			
(12)			EUROPE	RESEARCH	29,019.	CHECK/WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	RESEARCH	180,395.	CHECK/WIRE			
(14)			EUROPE	RESEARCH	339,438.	CHECK/WIRE			
(15)			EUROPE	RESEARCH	78,357.	CHECK/WIRE			
(16)			EUROPE	RESEARCH	40,011.	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)			EUROPE	RESEARCH	291,620.	CHECK/WIRE			
(2)			EUROPE	RESEARCH	535,076.	CHECK/WIRE			
(3)			NORTH AMERICA	RESEARCH	219,112.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	RESEARCH	36,881.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	RESEARCH	136,429.	CHECK/WIRE			
(6)			EUROPE	RESEARCH	59,406.	CHECK/WIRE			
(7)			EUROPE	RESEARCH	171,052.	CHECK/WIRE			
(8)			SOUTH ASIA	RESEARCH	103,200.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	RESEARCH	69,525.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	RESEARCH	95,688.	CHECK/WIRE			
(11)			EUROPE	RESEARCH	49,289.	CHECK/WIRE			
(12)			EUROPE	RESEARCH	60,973.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	RESEARCH	54,000.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	RESEARCH	279,587.	CHECK/WIRE			
(15)			EUROPE	RESEARCH	36,149.	CHECK/WIRE			
(16)			NORTH AMERICA	RESEARCH	28,269.	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)			MIDDLE EAST/NORTH AFRICA	RESEARCH	53,697.	CHECK/WIRE			
(2)			EUROPE	RESEARCH	25,330.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	RESEARCH	63,260.	CHECK/WIRE			
(4)			EUROPE	RESEARCH	19,332.	CHECK/WIRE			
(5)			SOUTH AMERICA	RESEARCH	55,000.	CHECK/WIRE			
(6)			EUROPE	RESEARCH	237,367.	CHECK/WIRE			
(7)			EUROPE	RESEARCH	38,016.	CHECK/WIRE			
(8)			EUROPE	RESEARCH	253,867.	CHECK/WIRE			
(9)			EUROPE	RESEARCH	70,385.	CHECK/WIRE			
(10)			NORTH AMERICA	RESEARCH	15,153.	CHECK/WIRE			
(11)			EUROPE	RESEARCH	174,821.	CHECK/WIRE			
(12)			EUROPE	RESEARCH	359,211.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	RESEARCH	85,583.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	RESEARCH	139,000.	CHECK/WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	RESEARCH	49,785.	CHECK/WIRE			
(16)			EUROPE	RESEARCH	82,057.	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)			EAST ASIA/PACIFIC	RESEARCH	41,745.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	RESEARCH	159,487.	CHECK/WIRE			
(3)			EUROPE	RESEARCH	32,738.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	RESEARCH	99,977.	CHECK/WIRE			
(5)			EUROPE	RESEARCH	27,267.	CHECK/WIRE			
(6)			EUROPE	RESEARCH	66,711.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	RESEARCH	118,716.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	RESEARCH	373,966.	CHECK/WIRE			
(9)			RUSSIA AND THE NEIGHBORI	EDU/RESEARCH			106,785.	EQUIPMENT	BOOK VALUE
(10)			RUSSIA AND THE NEIGHBORI	EDU/RESEARCH			106,785.	EQUIPMENT	BOOK VALUE
(11)			RUSSIA AND THE NEIGHBORI	EDU/RESEARCH			106,785.	EQUIPMENT	BOOK VALUE
(12)			RUSSIA AND THE NEIGHBORI	EDU/RESEARCH			470,292.	EQUIPMENT	BOOK VALUE
(13)			RUSSIA AND THE NEIGHBORI	EDU/RESEARCH			363,507.	EQUIPMENT	BOOK VALUE
(14)			RUSSIA AND THE NEIGHBORI	EDU/RESEARCH			47,994.	EQUIPMENT	BOOK VALUE
(15)			RUSSIA AND THE NEIGHBORI	EDU/RESEARCH			106,785.	EQUIPMENT	BOOK VALUE
(16)			RUSSIA AND THE NEIGHBORI	EDU/RESEARCH			27,986.	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			9,816.	EQUIPMENT	BOOK VALUE
(2)			SUB-SAHARAN AFRICA	EDU/RESEARCH			8,200.	EQUIPMENT	BOOK VALUE
(3)			SUB-SAHARAN AFRICA	EDU/RESEARCH			7,802.	EQUIPMENT	BOOK VALUE
(4)			SUB-SAHARAN AFRICA	EDU/RESEARCH			30,593.	EQUIPMENT	BOOK VALUE
(5)			RUSSIA AND THE NEIGHBORI	EDU/RESEARCH			61,536.	EQUIPMENT	BOOK VALUE
(6)			SUB-SAHARAN AFRICA	EDU/RESEARCH			18,150.	EQUIPMENT	BOOK VALUE
(7)			SUB-SAHARAN AFRICA	EDU/RESEARCH			189,401.	EQUIPMENT	BOOK VALUE
(8)			SUB-SAHARAN AFRICA	EDU/RESEARCH			10,962.	EQUIPMENT	BOOK VALUE
(9)			RUSSIA AND THE NEIGHBORI	EDU/RESEARCH			14,500.	EQUIPMENT	BOOK VALUE
(10)			SUB-SAHARAN AFRICA	EDU/RESEARCH			157,287.	EQUIPMENT	BOOK VALUE
(11)			SUB-SAHARAN AFRICA	EDU/RESEARCH			69,327.	EQUIPMENT	BOOK VALUE
(12)			SUB-SAHARAN AFRICA	EDU/RESEARCH			169,657.	EQUIPMENT	BOOK VALUE
(13)			SUB-SAHARAN AFRICA	EDU/RESEARCH			169,657.	EQUIPMENT	BOOK VALUE
(14)			SUB-SAHARAN AFRICA	EDU/RESEARCH			24,060.	EQUIPMENT	BOOK VALUE
(15)			SUB-SAHARAN AFRICA	EDU/RESEARCH			9,816.	EQUIPMENT	BOOK VALUE
(16)			SUB-SAHARAN AFRICA	EDU/RESEARCH	290,127.	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)			SUB-SAHARAN AFRICA	EDU/RESEARCH	10,567.	CHECK/WIRE			
(2)			SOUTH AMERICA	EDU/RESEARCH	1,622,245.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	EDU/RESEARCH	28,297.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	EDU/RESEARCH	94,655.	CHECK/WIRE			
(5)			RUSSIA AND NEIGHBORING S	EDU/RESEARCH	227,975.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	EDU/RESEARCH	40,472.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	EDU/RESEARCH	248,905.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	EDU/RESEARCH	87,515.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	EDU/RESEARCH	326,547.	CHECK/WIRE			
(10)			SOUTH AMERICA	EDU/RESEARCH	1,022,245.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	EDU/RESEARCH	1,641,763.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	EDU/RESEARCH	1,143,740.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	EDU/RESEARCH	181,585.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	EDU/RESEARCH	32,053.	CHECK/WIRE			
(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)	LIPMAN GRANT	NORTH AMERICA	1	40,000.	CHECK/WIRE			
(2)	JOURNALISM SCHOOL PRIZES & AWARDS	NORTH AMERICA	2	14,000.	CHECK/WIRE			
(3)	BROWN MAGIC GRANT	EUROPE/ICELAND/GREENLAND	1	37,500.	CHECK/WIRE			
(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 the Instructions for Form 926)*	X 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	X 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 the Instructions for Form 5471)*	X 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 the Instructions for Form 8621)*	X 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 the Instructions for Form 8865)*	X 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 the Instructions for Form 5713; don't file with Form 990)*	X 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).

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 $10.1 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. VIRTUALLY ALL OF THIS AMOUNT REFLECTS US GOVERNMENT-FUNDED ACTIVITIES IN KAZAKHSTAN AND UKRAINE.

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

2023

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 **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** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [X] Special fundraising events

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? [X] **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? Yes	(iii) No	(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
SEE SUPPLEMENT INFORMATION						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				683,244.	622,712.	60,532.

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 CROWN AWARDS (event type)	(b) Event #2 NEARNESS OF YOU (event type)	(c) Other events 20 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,736,741.	1,040,034.	4,031,743.	6,808,518.
	2 Less: Contributions	1,639,221.	977,034.	3,332,908.	5,949,163.
	3 Gross income (line 1 minus line 2)	97,520.	63,000.	698,835.	859,355.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	123,693.			123,693.
	7 Food and beverages	123,005.	97,981.		220,986.
	8 Entertainment	50,900.	133,818.		184,718.
	9 Other direct expenses	327,590.	200,225.		527,815.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,057,212.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-197,857.

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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 :	350,000.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	600,361.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	-250,361.

NAME:
DONORDRIVE

ADDRESS:
30 WEST THIRD STREET
CINCINNATI, OH 45202

ACTIVITY :
CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?
NO

GROSS RECEIPTS FROM ACTIVITY :	333,244.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	22,351.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	310,893.

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.

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 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? . . . . . [X] 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) ADELPHI UNIVERSITY 1 SOUTH AVENUE GARDEN CITY, NY 11530	111630741	501 (C)(3)	24,146.				RESEARCH
(2) NEWYORK-PRESBYTERIAN/QUEENS 56-45 MAIN STREET, S215 FLUSHING, NY 11358	111839362	501 (C)(3)	107,173.				RESEARCH
(3) COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD COLD SPRING HARBOR, NY 11724	112013303	501 (C)(3)	422,220.				RESEARCH
(4) NEW YORK HALL OF SCIENCE 47-01 111TH STREET CORONA, NY 11368	112104059	501 (C)(3)	18,747.				RESEARCH
(5) FEINSTEIN INSTITUTES FOR MEDICAL RE, THE PO BOX 95000-7530 PHILADELPHIA, PA 19195	112673595	501 (C)(3)	303,257.				RESEARCH
(6) SPORTS AND ARTS IN SCHOOLS FOUNDATION 58-12 QUEENS BLVD #1 WOODSIDE, NY 11377	113112635	501 (C)(3)	20,738.				RESEARCH
(7) INSTITUTE FOR APPLIED GERONTOLOGY, INC. 55 WATER ST FL 46 NEW YORK, NY 10041	113135751	501 (C)(3)	45,670.				RESEARCH
(8) FRACTURED ATLAS INC PO BOX 55 HARTSDALE, NY 10530	113451703	501 (C)(3)	10,062.				PROGRAM SERVICES
(9) HEBREW TABERNACLE OF WASHINGTON HEIGHTS INC 551 FORT WASHINGTON AVENUE, NY, NY 10033	130831470	501 (C)(3)	6,000.				PROGRAM SERVICES
(10) NEW YORK MEDICAL COLLEGE RESTRICTED FUNDS DEPT. VALHALLA, NY 10595	131099420	501 (C)(3)	47,250.				RESEARCH
(11) CATHEDRAL CHURCH OF ST. JOHN THE DI, THE 1047 AMSTERDAM AVE NEW YORK, NY 10025	131623934	501 (C)(3)	16,000.				PROGRAM SERVICES
(12) WEILL MEDICAL COLLEGE GRANTS AND CONTRACTS ACCT., NY, NY 10087	131623978	501 (C)(3)	5,222,127.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 440

3 Enter total number of other organizations listed in the line 1 table . . . . . NONE

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.

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 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) MOUNT SINAI MEDICAL CTR ONE GUSTAVE L LEVY PLACE NY, NY 10029	131624096	501 (C)(3)	65,698.				RESEARCH
(2) ROCKEFELLLER UNIVERSITY, THE 1230 YORK AVE NEW YORK, NY 10065	131624158	501 (C)(3)	2,045,072.				RESEARCH
(3) TEACHERS COLLEGE 525 WEST 120TH STREET NEW YORK, NY 10027	131624202	501 (C)(3)	818,013.				RESEARCH
(4) BARNARD COLLEGE 3009 BROADWAY NEW YORK, NY 10027	131628149	501 (C)(3)	41,427.				RESEARCH
(5) RC CHURCH OF THE ASCENSION 221 WEST 107 STREET NEW YORK, NY 10025	131628191	501 (C)(3)	10,000.				PROGRAM SERVICES
(6) YM&YWHA OF WASHINGTON HEIGHTS AND INWOOD 54 NAGLE AVENUE NEW YORK, NY 10040	131635308	501 (C)(3)	10,000.				PROGRAM SERVICES
(7) NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	131656674	501 (C)(3)	39,841.				RESEARCH
(8) HEBREW HOME FOR THE AGED AT RIVERDALE HEBREW HOME, RIVERDALE, NY 10471	131739971	501 (C)(3)	12,917.				RESEARCH
(9) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	131740114	501 (C)(3)	5,584.				RESEARCH
(10) FORDHAM UNIVERSITY 441 EAST FORDHAM ROAD BRONX, NY 10458	131740451	501 (C)(3)	20,000.				PROGRAM SERVICES
(11) RIVERDALE COUNTRY SCHOOL 5250 FIELDSTON RD BRONX, NY 10471	131740483	501 (C)(3)	335,000.				PROGRAM SERVICES
(12) ANTI-DEFAMATION LEAGUE 605 3RD AVENUE NEW YORK, NY 10158	131818723	501 (C)(3)	7,200.				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 . . . . . _____

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.

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 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) HOLYROOD CHURCH IGLESIA SANTA CRUZ 715 W 179TH STREET NEW YORK, NY 10033	131844844	501 (C)(3)	7,500.				PROGRAM SERVICES
(2) MEMORIAL SLOAN-KETTERING CANCER CENTER P O BOX 27084 NEW YORK, NY 10087	131924236	501 (C)(3)	1,598,831.				RESEARCH
(3) NEW YORK BLOOD CENTER INC 310 E 67TH ST NEW YORK, NY 10065	131949477	501 (C)(3)	1,026,885.				RESEARCH
(4) RESEARCH FOUNDATION OF THE CITY 230 W 41ST STREET NEW YORK, NY 10036	131988190	501 (C)(3)	2,032,887.				RESEARCH
(5) LINCOLN SQUARE SYNAGOGUE 180 AMSTERDAM AVE NEW YORK, NY 10023	132509155	501 (C)(3)	21,600.				PROGRAM SERVICES
(6) HARLEM SCHOOL OF THE ARTS INC 645 SAINT NICHOLAS AVE NEW YORK, NY 10030	132552500	501 (C)(3)	7,000.				PROGRAM SERVICES
(7) COMMUNITY LEAGUE OF THE HEIGHTS INC 500 W 159TH STREET NY, NY 10032	132564241	501 (C)(3)	17,500.				PROGRAM SERVICES
(8) ALVIN AILEY DANCE FOUNDATION 405 WEST 55TH STREET NEW YORK, NY 10019	132584273	501 (C)(3)	6,000.				PROGRAM SERVICES
(9) NEW YORK CITY HEALTH AND HOSPITALS 50 WATER ST 3RD FL COMPT OFF., NY, NY 10004	132655001	501 (C)(3)	220,147.				RESEARCH
(10) HASTINGS CTR 21 MALCOLM GORDON ROAD GARRISON, NY 10524	132662222	501 (C)(3)	10,452.				RESEARCH
(11) TOURO UNIVERSITY 50 W 47TH ST FL 12 NEW YORK, NY 10036	132676570	501 (C)(3)	26,023.				RESEARCH
(12) METROPOLITAN NEW YORK COORDINATING COUNC 1 STATE ST FL 24 NEW YORK, NY 10004	132738818	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 . . . . . ____

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.

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 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) CHARLES B WANG COMMUNITY HEALTH CENTER 268 CANAL STREET NEW YORK, NY 10013	132739694	501 (C)(3)	40,987.				RESEARCH
(2) ARC XVI FORT WASHINGTON CENTER AND ADULT DA 108 WEST 146TH STREET NEW YORK, NY 10039	132745426	501 (C)(3)	9,000.				PROGRAM SERVICES
(3) WASHINGTON HEIGHTS COMMUNTIY SERVICES IN 650 WEST 187 STREET NEW YORK, NY 10033	132792876	501 (C)(3)	5,500.				PROGRAM SERVICES
(4) MORRIS-JUMEL MANSION, INC. 65 JUMEL TERRACE NEW YORK, NY 10032	132800646	501 (C)(3)	8,500.				PROGRAM SERVICES
(5) LITTLE SISTERS OF THE ASSUMPTION 333 EAST 115TH STREET NEW YORK, NY 10029	132867881	501 (C)(3)	103,645.				RESEARCH
(6) WASHINGTON HEIGHTS AND INWOOD DEVELOPMENT C 611 WEST 177TH STREET NEW YORK, NY 10033	132950346	501 (C)(3)	10,000.				PROGRAM SERVICES
(7) NORTHERN MANHATTAN IMPROVEMENT CORPORATION 45 WADSWORTH AVENUE NEW YORK, NY 10033	132972415	501 (C)(3)	20,000.				PROGRAM SERVICES
(8) LA ASOCIACION AMERICANA DE ESRUDIOS CULT AD 775 RIVERSIDE DRIVE NEW YORK, NY 10032	133059518	501 (C)(3)	6,500.				PROGRAM SERVICES
(9) SENIORS HELPING SENIORS 600 WEST 168TH STREET NEW YORK, NY 10032	133111915	501 (C)(3)	5,500.				PROGRAM SERVICES
(10) NEW YORK COMMON PANTRY INC 8 EAST 109TH STREET NEW YORK, NY 10029	133127972	501 (C)(3)	10,000.				PROGRAM SERVICES
(11) NEW YORK PRESBYTERIAN FUND IN 850 THIRD AVENUE NEW YORK, NY 10022	133160356	501 (C)(3)	235,000.				PROGRAM SERVICES
(12) ONE TO WORLD INC 307 SEVENTH AVENUE NEW YORK, NY 10001	133179151	501 (C)(3)	7,500.				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 . . . . . ____

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.

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 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.

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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) VISITING NURSE SERVICE OF NEW YORK 220 EAST 42ND ST 7TH FL, NY, NY 10017	133189926	501 (C)(3)	557,468.				RESEARCH
(2) LEGAL OUTREACH INC 36-14 35TH STREET QUEENS, NY 11106	133214627	501 (C)(3)	6,000.				PROGRAM SERVICES
(3) WASHINGTON HEIGHTS & INWOOD COUNCIL ON A ON 309 AUDUBON AVE BSMT LEVEL NY, NY 10033	133249666	501 (C)(3)	6,500.				PROGRAM SERVICES
(4) RIVERSIDE LANGUAGE PROGRAM 270 WEST 89TH STREET NEW YORK, NY 10024	133280364	501 (C)(3)	10,000.				PROGRAM SERVICES
(5) ASSOCIATION TO BENEFIT CHILDREN 1841 PARK AVENUE NEW YORK, NY 10035	133303089	501 (C)(3)	20,625.				RESEARCH
(6) CARIBBEAN WOMEN'S HEALTH ASSOCIATION, IN 3512 CHURCH AVE BROOKLYN, NY 11203	133323168	501 (C)(3)	26,647.				RESEARCH
(7) RIVERSTONE SENIOR LIFE SERV FOR THE ELDERLY INC NY, NY 10032	133355074	501 (C)(3)	8,000.				PROGRAM SERVICES
(8) CALLEN-LORDE COMMUNITY HEALTH CENTER COMMUNITY HEALTH PROJECT INC NY, NY 10087	133409680	501 (C)(3)	129,830.				RESEARCH
(9) BROADWAY MALL ASSN 2095 BROADWAY NEW YORK, NY 10023	133419786	501 (C)(3)	18,500.				PROGRAM SERVICES
(10) COMUNILIFE, INC. 462 7TH AVE FL 3 NEW YORK, NY 10018	133530299	501 (C)(3)	11,000.				PROGRAM SERVICES
(11) MUSEUM OF ARTS AND DESIGN 2 COLUMBUS CIR NEW YORK, NY 10019	133585408	501 (C)(3)	25,000.				PROGRAM SERVICES
(12) DOMINICAN WOMENS DEVELOPMENT CENTER 519 WEST 189TH STREET NY, NY 10040	133593885	501 (C)(3)	20,000.				PROGRAM SERVICES

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Department of the Treasury
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(1) BROADWAY COMMUNITY INC 601 W 114TH ST NEW YORK, NY 10025	133652817	501 (C)(3)	10,000.				PROGRAM SERVICES
(2) THE GREATER HARLEM CHAMBER OF COMMERCE 200A WEST 136TH STREET NEW YORK, NY 10030	133662434	501 (C)(3)	25,000.				PROGRAM SERVICES
(3) THE ARMORY FOUNDATION C/O DIR OF OPERATIONS NEW YORK, NY 10032	133680286	501 (C)(3)	10,000.				PROGRAM SERVICES
(4) ASIAN AMERICAN COALITION FOR CHILDREN AN 50 BROAD ST FL 10 NEW YORK, NY 10004	133682471	501 (C)(3)	100,000.				RESEARCH
(5) THE BRONX VETERANS MEDICAL RESEARCH 130 WEST KINGSBRIDGE ROAD BRONX, NY 10468	133699250	501 (C)(3)	436,117.				RESEARCH
(6) FRESH YOUTH INITIATIVES INC 505 WEST 171 STREET NEW YORK, NY 10032	133723207	501 (C)(3)	8,000.				PROGRAM SERVICES
(7) 125TH STREET DISTRICT MANAGEMENT ASSOCIATIO 360 WEST 125TH STREET STE 11, NY, NY 10027	133740434	501 (C)(3)	5,900.				PROGRAM SERVICES
(8) NORTHERN MANHATTAN PERINATAL PARTNERSHIP 127 W 127TH ST STE 305 NEW YORK, NY 10027	133782555	501 (C)(3)	25,009.				RESEARCH
(9) WEST HARLEM ENVIRONMENTAL ACTION INC 1854 AMSTERDAM AVENUE NY, NY 10031	133800068	501 (C)(3)	65,174.				RESEARCH
(10) UPPER ROOM AIDS MINISTRY INC 306 LENOX AVENUE NEW YORK, NY 10027	133841701	501 (C)(3)	101,800.				RESEARCH
(11) THE REV LINNETTE C WILLIAMSON MEMORIAL PARK 141 WEST 139TH STREET NEW YORK, NY 10030	133861293	501 (C)(3)	6,000.				PROGRAM SERVICES
(12) LITERACY, INC. 5030 BROADWAY STE 641 NEW YORK, NY 10034	133911331	501 (C)(3)	5,500.				PROGRAM SERVICES

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) NEW YORK RESTORATION PROJECT 254 WEST 31ST STREET NEW YORK, NY 10001	133959056	501 (C)(3)	6,000.				PROGRAM SERVICES
(2) PROJECT A.L.S., INC 2585 BROADWAY PMB 202 NEW YORK, NY 10025	134019464	501 (C)(3)	42,500.				PROGRAM SERVICES
(3) FOUNDATION OF ORTHOPEDICS AND COMPLEX SP 377 OAK ST STE 407 GARDEN CITY, NY 11530	134047356	501 (C)(3)	21,000.				PROGRAM SERVICES
(4) STREETSQUASH INC 40 WEST 116TH STREET NEW YORK, NY 10026	134061809	501 (C)(3)	6,000.				PROGRAM SERVICES
(5) READNG TEAM, INC., THE 2090 POWELL BLVD STE 100, NY, NY 10027	134125884	501 (C)(3)	6,000.				PROGRAM SERVICES
(6) NORTHERN MANHATTAN IMPROVEMENT CORP 76 WADSWORTH AVENUE NEW YORK, NY 10033	134167218	501 (C)(3)	10,000.				PROGRAM SERVICES
(7) DOMINICAN COMMUNITY CENTER NYC INC 175 WEST 107TH STREET NEW YORK, NY 10025	134188781	501 (C)(3)	13,700.				PROGRAM SERVICES
(8) CATHOLIC CHARITIES COMMITY SERVICES 1011 FIRST AVENUE NEW YORK, NY 10022	135562185	501 (C)(3)	10,000.				PROGRAM SERVICES
(9) NEW YORK UNIVERSITY 105 EAST 17TH STREET NEW YORK, NY 10003	135562308	501 (C)(3)	3,219,665.				RESEARCH
(10) AMERICAN HEART ASSOCIATION PO BOX 843384 DALLAS, TX 75284	135613797	501 (C)(3)	25,000.				PROGRAM SERVICES
(11) HIAS INC 1300 SPRING ST SILVER SPRING, MD 20910	135633307	501 (C)(3)	87,856.				RESEARCH
(12) HUNTER COLLEGE RESEARCH FOUNDATION OF CUNY, NY, NY 10036	136001027	501 (C)(3)	326,654.				RESEARCH

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

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(1) AMERICAN MUSEUM OF NATURAL HISTORY ATTN: FINANCE DEPARTMENT NEW YORK, NY 10024	136162659	501 (C)(3)	112,286.				RESEARCH
(2) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	136171197	501 (C)(3)	3,443,807.	107,287.	BOOK VALUE	EQUIPMENT	EDU/RESEARCH
(3) CITY OF NEW YORK DEPARTMENTS NYC DEPT OF HEALTH LIC, NY 11101	136400434	GOVT	90,036.				RESEARCH
(4) ALBANY MEDICAL CENTER/COLLEGE SPONSORED PROGRAMS MC-107 ALBANY, NY 12208	141338310	501 (C)(3)	389,929.				RESEARCH
(5) TRUSTEES OF UNION COLLEGE IN THE TO, THE 807 UNION ST SCHENECTADY, NY 12308	141338580	501 (C)(3)	12,050.				RESEARCH
(6) RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180	141340095	501 (C)(3)	337,775.				RESEARCH
(7) RESEARCH FOUNDATION FOR THE STATE U, THE PO BOX 9 ALBANY, NY 12201	141368361	501 (C)(3)	2,754,353.				RESEARCH
(8) TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVENUE SARANAC LAKE, NY 12983	141401413	501 (C)(3)	70,749.				RESEARCH
(9) HEALTH RESEARCH, INC. 150 BROADWAY MENANDS, NY 12204	141402155	501 (C)(3)	1,320,224.				RESEARCH
(10) RESEARCH FOUNDATION FOR MENTAL HYGIENE, ACCOUNTS RECEIVABLE DEPT MENANDS, NY 12204	141410842	501 (C)(3)	1,550,143.				RESEARCH
(11) CLINICAL DIRECTORS NETWORK, INC. 5 WEST 37TH STREET NEW YORK, NY 10018	141717344	501 (C)(3)	630,429.				RESEARCH
(12) NEW YORK STATE ASSOCIATION OF COUNTY 8 AIRPORT PARK BLVD LATHAM, NY 12110	141747742	501 (C)(3)	48,544.				RESEARCH

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(1) COOPERATIVE EXTENSION ASSOCIATION IN THE CCEPC BREWSTER, NY 10509	146036878	501 (C)(3)	105,155.				RESEARCH
(2) CORNELL UNIVERSITY SPONSORED FUNDS ACCT ITHACA, NY 14851	150532082	501 (C)(3)	1,217,842.				RESEARCH
(3) CLARKSON UNIVERSITY 8 CLARKSON AVE POTSDAM, NY 13699	150543659	501 (C)(3)	42,525.				RESEARCH
(4) ROCHESTER INSTITUTE OF TECHNOLOGY 25 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	160743140	501 (C)(3)	6,948.				RESEARCH
(5) UNIVERSITY OF ROCHESTER OFF. OF RES ACCT & COST ROCHESTER, NY 14611	160743209	501 (C)(3)	460,144.				RESEARCH
(6) ST BARNABAS MED CTR ST BARNABAS MED CTR, LIVINGSTON, NJ 07039	200508800	501 (C)(3)	8,407.				RESEARCH
(7) BARBARA ANN KARMANOS CANCER HOSPITAL 4100 JOHN R DETROIT, MI 48201	201649466	501 (C)(3)	31,875.				RESEARCH
(8) STATEMENT ARTS 2 RIVER TERRACE NEW YORK, NY 10282	205198657	501 (C)(3)	6,000.				PROGRAM SERVICES
(9) SNACK & FRIENDS INC 316 EAST 53RD STREET NEW YORK, NY 10022	205934666	501 (C)(3)	10,000.				PROGRAM SERVICES
(10) PLAYING FOR CHANGE FOUNDATION, THE 3206 47TH ST APT 5I ASTORIA, NY 11103	208568061	501 (C)(3)	177,000.				PROGRAM SERVICES
(11) COOPER HEALTH SYSTEM/COOPER UNIVERSITY 1 FEDERAL ST, STE NW-400A, CAMDEN, NJ 08103	210634462	501 (C)(3)	246,367.				RESEARCH
(12) PRINCETON UNIVERSITY SPONSORED RES. ACCT., PRINCETON, NJ 08540	210634501	501 (C)(3)	1,353,240.				RESEARCH

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(1) SAINT PETERS UNIVERSITY HOSPITAL ACCOUNTS PAYABLE NEW BRUNSWICK, NJ 08901	221487330	501 (C)(3)	80,434.				RESEARCH
(2) STEVENS INSTITUTE OF TECHNOLOGY OFFICE OF FINANCE - 11 FL HOBOKEN, NJ 07030	221487354	501 (C)(3)	148,165.				RESEARCH
(3) HMH HOSPITALS CORPORATION 343 THORNALL STREET EDISON, NJ 08837	221487576	501 (C)(3)	120,969.				RESEARCH
(4) THE PINGRY CORPORATION THE PINGRY SCHOOL 131 MARTINSVILLE RD BASKING RIDGE, NJ 07920	221493168	501 (C)(3)	35,000.				PROGRAM SERVICES
(5) COORDINATED CARE SERVICES INC 1099 JAY STREET ROCHESTER, NY 14611	222573042	501 (C)(3)	12,660.				RESEARCH
(6) ROWAN UNIVERSITY 201 MULLICA HILL RD GLASSBORO, NJ 08028	222764819	GOVT	28,459.				RESEARCH
(7) ARNOLD P. GOLD FOUNDATION, THE 619 E PALISADE AV ENGLEWOOD CLIFFS NJ 07632	223052098	501 (C)(3)	41,000.				PROGRAM SERVICES
(8) NJEDGE NET INC PO BOX 484 KEARNY, NJ 07032	223781807	501 (C)(3)	6,589.				RESEARCH
(9) WAKE FOREST UNIVERSITY HEALTH SCIENCES PO BOX 604096 CHARLOTTE, NC 28260	223849199	501 (C)(3)	114,958.				RESEARCH
(10) NEW JERSEY INSTITUTE OF TECHNOLOGY 323 MLK BLVD, NEWARK, NJ 07102	226000910	GOVT	128,092.				RESEARCH
(11) RUTGERS, THE STATE UNIVERSITY 33 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854	226001086	501 (C)(3)	2,042,514.				RESEARCH
(12) MONTCLAIR STATE UNIVERSITY 1 NORMAL AVENUE MONTCLAIR, NJ 07043	226017209	501 (C)(3)	129,775.				RESEARCH

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(1) THE CHILDRENS HOSPITAL OF PHILADELPHIA P.O. BOX 781352, PHILADELPHIA, PA 19178	231352166	501 (C)(3)	923,755.				RESEARCH
(2) DREXEL UNIVERSITY TD BANK PHILADELPHIA, PA 19195	231352630	501 (C)(3)	85,226.				RESEARCH
(3) THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT ST STE 900, PHILA, PA 19107	231352651	501 (C)(3)	203,033.				RESEARCH
(4) UNIVERSITY OF PENNSYLVANIA 3541 WALNUT ST RM 305 PHILADELPHIA PA 19104	231352685	501 (C)(3)	2,805,248.				RESEARCH
(5) TEMPLE UNIVERSITY PO BOX 22432 NEW YORK, NY 10087	231365971	501 (C)(3)	53,450.				RESEARCH
(6) FOX CHASE CANCER CENTER INST. FOR CANCER RESEARCH, PHILA, PA 19111	232003072	501 (C)(3)	165,737.				RESEARCH
(7) VANGUARD CHARITABLE ENDOWMENT PROGRAM PO BOX 9509 WARWICK, RI 02889	232888152	501 (C)(3)	5,615,131.				PROGRAM SERVICES
(8) THE CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	236002304	501 (C)(3)	41,363.				RESEARCH
(9) GEISINGER HEALTH SYSTEM 100 NORTH ACADEMY AVE. DANVILLE, PA 17822	236291113	501 (C)(3)	20,779.				RESEARCH
(10) COLUMBIA BARNARD HILLEL INC 606 WEST 115TH STREET NEW YORK, NY 10025	237077182	501 (C)(3)	657,500.				PROGRAM SERVICES
(11) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	237156071	501 (C)(3)	274,520.				RESEARCH
(12) J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	237203666	501 (C)(3)	26,777.				RESEARCH

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(1) AATS FOUNDATION 800 CUMMINGS CTR STE 350V, BEVERLY MA 01915	237288866	501 (C)(3)	10,000.				PROGRAM SERVICES
(2) URBAN HEALTH PLAN INC 1065 SOUTHERN BOULEVARD BRONX, NY 10459	237360305	501 (C)(3)	36,595.				RESEARCH
(3) PENN STATE UNIVERSITY 227 W BEAVER AVE STATE COLLEGE, PA 16801	246000376	501 (C)(3)	137,315.				RESEARCH
(4) UNIVERSITY OF PITTSBURGH OF THE COMMONWE PO BOX 640458 PITTSBURGH, PA 15264	250965591	501 (C)(3)	2,531,193.				RESEARCH
(5) CARNEGIE MELLON UNIVERSITY PO BOX 371032M PITTSBURGH, PA 15250	250969449	501 (C)(3)	120,656.				RESEARCH
(6) FRIENDS OF COLUMBIA SECONDARY SCHOOL FOR MA 603 WEST 115TH ST. NEW YORK, NY 10025	261146491	501 (C)(3)	600,000.				PROGRAM SERVICES
(7) NORTHERN MANHATTAN ARTS ALLIANCE 4140 BROADWAY NEW YORK, NY 10033	261997496	501 (C)(3)	10,000.				PROGRAM SERVICES
(8) MOISHE HOUSE 441 SAXONY RD ENCINITAS, CA 92024	262599786	501 (C)(3)	25,000.				PROGRAM SERVICES
(9) SAGE BIONETWORKS 2901 THIRD AVENUE SEATTLE, WA 98121	264489946	501 (C)(3)	11,093.				RESEARCH
(10) BLACK WOMEN'S BLUEPRINT, INC PO BOX 24713 BROOKLYN, NY 11202	271308862	501 (C)(3)	35,863.				RESEARCH
(11) GO PUBLIC SCHOOLS 5960 S LAND PARK DR 513 SACRAMENTO CA 95822	271491564	501 (C)(3)	100,000.				RESEARCH
(12) ARTS AND MINDS INC 404 WEST 116TH STREET NEW YORK, NY 10027	273733512	501 (C)(3)	6,000.				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 . . . . . ____

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.

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 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) ISRAEL ON CAMPUS COALITION 1100 17TH ST NW STE 700 WASHINGTON DC 20036	300664947	501 (C)(3)	100,000.				PROGRAM SERVICES
(2) CHILDRENS HOSPITAL MEDICAL CENTER CHILDRENS MED. CTR., CINCINNATI, OH 45229	310833936	501 (C)(3)	517,755.				RESEARCH
(3) BATTELLE MEMORIAL INSTITUTE, PACIFIC NOR PO BOX 999 RICHLAND, WA 99352	314379427	501 (C)(3)	725,492.				RESEARCH
(4) UNIVERSITY OF CINCINNATI SRS ACCOUNTING CLEVELAND, OH 44193	316000989	501 (C)(3)	2,278,877.				RESEARCH
(5) OHIO STATE UNIVERSITY, THE PO BOX 772398 DETROIT, MI 48277	316025986	501 (C)(3)	494,648.				RESEARCH
(6) RESEARCH INSTITUTE AT NATIONWIDE CHILDRE PO BOX 781653 DETROIT, MI 48278	316056230	501 (C)(3)	188,733.				RESEARCH
(7) OHIO UNIVERSITY PO BOX 960 ATHENS, OH 45701	316402113	GOVT	17,767.				RESEARCH
(8) DYCKMAN FARMHOUSE MUSEUM ALLIANCE 4881 BROADWAY NEW YORK, NY 10034	320035632	501 (C)(3)	17,000.				PROGRAM SERVICES
(9) PLANETARY SCIENCE INSTITUTE 1700 EAST FORT LOWELL ROAD TUCSON, AZ 85719	330175263	501 (C)(3)	96,696.				RESEARCH
(10) LA JOLLA INSTITUTE FOR ALLERGY 9420 ATHENA CIRCLE LA JOLLA, CA 92037	330328688	501 (C)(3)	546,917.				RESEARCH
(11) SCRIPPS RESEARCH INSTITUTE, THE THE SCRIPPS RESEARCH INST., LA, CA 90074	330435954	501 (C)(3)	395,596.				RESEARCH
(12) CHILDREN'S HOSPITAL MEDICAL CENTER ONE PERKINS SQUARE AKRON, OH 44308	340714357	501 (C)(3)	7,550.				RESEARCH

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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2023

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Employer identification number 13-5598093

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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) CLEVELAND CLINIC FOUNDATION P.O. BOX 931652 CLEVELAND, OH 44193	340714585	501 (C)(3)	213,476.				RESEARCH
(2) CLEVELAND STATE UNIVERSITY 2121 EUCLID AVENUE CLEVELAND, OH 44115	340966056	GOVT	47,775.				RESEARCH
(3) CASE WESTERN RESERVE UNIVERSITY OFF. OF SPONSORED PROJ. ACCT. CLE, OH 44106	341018992	501 (C)(3)	821,305.				RESEARCH
(4) PARTNERS IN EDUCATION 709 MADISON AVE TOLEDO, OH 43604	341772429	501 (C)(3)	20,000.				RESEARCH
(5) VANDERBILT UNIVERSITY MEDICAL CENTER DEPARTMENT OF FINANCE DALLAS, TX 75312	352528741	501 (C)(3)	480,580.				RESEARCH
(6) BALL STATE UNIVERSITY 2000 W UNIVERSITY AVE MUNCIE, IN 47306	356000221	GOVT	10,418.				RESEARCH
(7) INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 48278	356001673	501 (C)(3)	1,151,917.				RESEARCH
(8) PURDUE UNIVERSITY SPONSORED PROGRAM SVCS, CHICAGO, IL 60673	356002041	501 (C)(3)	35,451.				RESEARCH
(9) NORTHWESTERN UNIVERISTY 633 CLARK ST EVANSTON, IL 60208	362167817	501 (C)(3)	1,841,396.				RESEARCH
(10) ANN & ROBERT H LURIE CHILDRENS HOSPITAL 225 E CHICAGO AVE, CHICAGO, IL 60611	362170833	501 (C)(3)	690,664.				RESEARCH
(11) RUSH UNIVERSITY MEDICAL CENTER FUND ACCOUNTING CHICAGO, IL 60612	362174823	501 (C)(3)	1,284,459.				RESEARCH
(12) UNIVERSITY OF CHICAGO, THE UNIV. RESEARCH ADMIN., CHICAGO, IL 60637	362177139	501 (C)(3)	2,480,919.				RESEARCH

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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Employer identification number 13-5598093

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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) ROSALIND FRANKLIN UNIV OF MED & SCIENCE BOXER UNIV. LIBRARY, N. CHICAGO, IL 60064	362181973	501 (C)(3)	79,237.				RESEARCH
(2) NORTHERN ILLINOIS UNIVERSITY LOWDEN HALL 201 DEKALB, IL 60115	366008480	501 (C)(3)	304,806.				RESEARCH
(3) AMERICAN GASTROENTEROLOGICAL ASSOCIATION IN 4930 DEL RAY AVENUE BETHESDA, MD 20814	366066325	501 (C)(3)	20,000.				PROGRAM SERVICES
(4) CHESTNUT HEALTH SYSTEMS 1003 MLK DR., BLOOMINGTON, IL 61701	370964629	501 (C)(3)	14,841.				RESEARCH
(5) BOARD OF TRUSTEES OF THE UNIVERSITY, THE UNIVERSITY OF ILLINOIS CHICAGO, IL 60673	376000511	501 (C)(3)	735,084.				RESEARCH
(6) ARBOR RESEARCH COLLABORATIVE FOR HEALTH 3989 RESEARCH PARK DR. ANN ARBOR, MI 48108	383289521	501 (C)(3)	66,920.				RESEARCH
(7) SEVEN STORIES INSTITUTE 2113 AMSTERDAM AVENUE NEW YORK, NY 10032	383713884	501 (C)(3)	7,500.				PROGRAM SERVICES
(8) MICHIGAN STATE UNIVERSITY CONTRACT & GRANT ADMIN., E LANSING MI 48854	386005984	501 (C)(3)	1,127,834.				RESEARCH
(9) REGENTS OF THE UNIVERSITY OF MICHIGAN PO BOX 223131 PITTSBURGH, PA 15251	386006309	501 (C)(3)	3,609,609.				RESEARCH
(10) WAYNE STATE UNIVERSITY 4809 WOODWARD AVE DETROIT, MI 48201	386028429	GOVT	159,010.				RESEARCH
(11) MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	390806251	501 (C)(3)	26,814.				RESEARCH
(12) MEDICAL COLLEGE OF WISCONSIN, INC., THE PO BOX 26509 MILWAUKEE, WI 53226	390806261	501 (C)(3)	457,810.				RESEARCH

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SCHEDULE I
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Department of the Treasury
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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(1) UNIVERSITY OF WISCONSIN SYSTEM 1200 LINDEN DR MADISON, WI 53706	391805963	GOVT	91,770.				RESEARCH
(2) UNIVERSITY OF WISCONSIN MADISON UW-MADISON GAR ACCOUNT MILWAUKEE, WI 53278	396006492	501 (C)(3)	735,676.	377,757.	BOOK VALUE	EQUIPMENT	EDU/RESEARCH
(3) CARLETON COLLEGE BUSINESS OFFICE NORTHFIELD, MN 55057	410694747	501 (C)(3)	31,320.				RESEARCH
(4) ASSOCIATION FOR FRONTOTEMPORAL DEGE, THE DE 2700 HORIZON, KING OF PRUSSIA, PA 19406	412073220	501 (C)(3)	10,000.				PROGRAM SERVICES
(5) REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 MINNEAPOLIS, MN 55485	416007513	501 (C)(3)	840,989.				RESEARCH
(6) MAYO CLINIC IN ROCHESTER P.O. BOX 860334 MINNEAPOLIS, MN 55486	416011702	501 (C)(3)	251,326.				RESEARCH
(7) SIGMA THETA TAU INTERNATIONAL INC 550 WEST NORTH ST, INDIANAPOLIS, IN 46202	416022987	501 (C)(3)	8,175.				PROGRAM SERVICES
(8) IOWA STATE UNIVERSITY OF SCIENCE AND TEC SPONSORED PROGRAMS ACCT., AMES, IA 50011	426004224	GOVT	42,889.				RESEARCH
(9) STATE UNIVERSITY OF IOWA GRANT ACCOUNTING OFFICE IOWA CITY, IA 52242	426004813	501 (C)(3)	990,802.				RESEARCH
(10) UNIVERSITY OF HEALTH AND PHARMACY 1 PHARMACY PLACE ST LOUIS, MO 63110	430652675	501 (C)(3)	87,482.				RESEARCH
(11) WASHINGTON UNIVERSITY 7425 FORSYTH BLVD SAINT LOUIS, MO 63105	430653611	501 (C)(3)	1,162,201.				RESEARCH
(12) UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180	436003859	501 (C)(3)	127,487.				RESEARCH

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(1) HARLEM CHAMBER PLAYERS INC 279 WEST 117TH STREET NEW YORK, NY 10026	452160781	501 (C)(3)	7,000.				PROGRAM SERVICES
(2) UPTOWN SOCCER 3635 JOHNSON AVE APT 1A BRONX, NY 10463	453856721	501 (C)(3)	7,000.				PROGRAM SERVICES
(3) SCINTILLON INSTITUTE, THE 6868 NANCY RIDE DR SAN DIEGO, CA 92121	454323888	501 (C)(3)	315,357.				RESEARCH
(4) THE FAMILIAL HYPERCHOLESTEROLEMIA 680 EAST COLORADO BLVD PASADENA, CA 91101	454597425	501 (C)(3)	14,304.				RESEARCH
(5) UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DR, GRAND FORKS, ND 58202	456002491	GOVT	92,246.				RESEARCH
(6) AVERA MCKENNAN 1325 S CLIFF AVE SIOUX FALLS, SD 57105	460224743	501 (C)(3)	181,979.				RESEARCH
(7) GREAT PLAINS TRIBAL LEADERS HEALTH BOARD 2611 ELDERBERRY BLVD RAPID CITY, SD 57703	460420063	501 (C)(3)	40,984.				RESEARCH
(8) FCBC COMMUNITY DEVELOPMENT CORPORATION 228 WEST 116TH STREET NEW YORK, NY 10026	460711295	501 (C)(3)	7,000.				PROGRAM SERVICES
(9) SOCIAL GOOD FUND INC 12651 SAN PABLO AVE RICHMOND, CA 94805	461323531	501 (C)(3)	8,000.				PROGRAM SERVICES
(10) HARLEM ONE STOP INC 502 W 142ND ST NEW YORK, NY 10031	461714042	501 (C)(3)	6,000.				PROGRAM SERVICES
(11) ORCHESTRATING DREAMS INC 178 BENNETT AVE NEW YORK, NY 10040	463758797	501 (C)(3)	6,500.				PROGRAM SERVICES
(12) HOUSE OF SPEAKEASY FOUNDATION 117 E 19TH ST NEW YORK, NY 10003	463820173	501 (C)(3)	15,000.				PROGRAM SERVICES

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

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(1) NEW YORKERS TO CURE PARALYSIS INC 1280 FIFTH AVE, NY, NY 10029	464135776	501 (C)(3)	15,000.				PROGRAM SERVICES
(2) UNIVERSITY OF OREGON OFF. OF RES. SVCS & ADMIN, EUGENE, OR 97403	464727800	501 (C)(3)	150,587.				RESEARCH
(3) CEGAANA 142 N.MILPITAS BLVD #392 MILPITAS, CA 95035	465178306	501 (C)(3)	20,000.				PROGRAM SERVICES
(4) MOVING FOR LIFE 954 LEXINGTON AVENUE NEW YORK, NY 10021	465251831	501 (C)(3)	25,000.				PROGRAM SERVICES
(5) UPTOWN STORIES 178 BENNETT AVE NEW YORK, NY 10040	465277811	501 (C)(3)	8,000.				PROGRAM SERVICES
(6) UPLIFT NYC 4500 BROADWAY APT 1J NEW YORK, NY 10040	465401925	501 (C)(3)	17,000.				PROGRAM SERVICES
(7) QUAD PREPARATORY SCHOOL, THE 25 PINE ST FL 4 NEW YORK, NY 10005	465652622	501 (C)(3)	25,000.				PROGRAM SERVICES
(8) STATE OF SOUTH DAKOTA 501 E SAINT JOSEPH ST, RAPID CITY, SD 57701	466000364	GOVT	52,744.				RESEARCH
(9) UNIVERSITY OF NEBRASKA MEDICAL CENTER OFF. OF SPONSORED PROGRAMS LINCOLN NE 68583	470049123	501 (C)(3)	50,969.				RESEARCH
(10) NEW JERSEY INNOVATION INSTITUTE INC-NJII 323 MLK JR. BLVD, NEWARK, NJ 07102	471042118	501 (C)(3)	75,681.				RESEARCH
(11) DANCE PROJECT OF WASHINGTON HEIGHTS, INC 350 FORT WASHINGTON AVE NEW YORK, NY 10033	471583227	501 (C)(3)	10,000.				PROGRAM SERVICES
(12) FRIENDS OF SCHOOL IN THE SQUARE INC 120 WADSWORTH AVE NEW YORK, NY 10033	471825735	501 (C)(3)	8,000.				PROGRAM SERVICES

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(1) FAITHACTS FOR EDUCATION INC 1019 MAIN ST BRIDGEPORT, CT 06604	472150020	501 (C)(3)	100,000.				RESEARCH
(2) COM AFFILIATION INC 1300 MORRIS PARK AVE BRONX, NY 10461	472209056	501 (C)(3)	576,940.				RESEARCH
(3) SDSN ASSOCIATION 475 RIVERSIDE DRIVE NEW YORK, NY 10115	473511012	501 (C)(3)	40,947.				RESEARCH
(4) RISE COLORADO 1595 ELMIRA ST AURORA, CO 80010	473566342	501 (C)(3)	100,000.				RESEARCH
(5) UNIVERSITY OF KANSAS CENTER FOR RESEARCH 2385 IRVING HILL RD LAWRENCE, KS 66045	480680117	501 (C)(3)	158,747.				RESEARCH
(6) KANSAS STATE UNIVERSITY SPONSORED PROGRAMS MANHATTAN, KS 66502	480771751	501 (C)(3)	17,562.				RESEARCH
(7) UNIVERSITY OF KANSAS MEDICAL CENTER DBA KUMC RES INST INC KANSAS CITY, KS 66160	481108830	501 (C)(3)	45,705.				RESEARCH
(8) CHRISTIANA CARE HEALTH SYSTEM 200 HYGEIA DR. NEWARK, DE 19713	510103684	501 (C)(3)	522,613.				RESEARCH
(9) UNITED JEWISH APPEAL-FEDERATION OF JEWISH P ATTN: ANAT BARBER NEW YORK, NY 10261	510172429	501 (C)(3)	450,000.				PROGRAM SERVICES
(10) SANFORD BURNHAM 10901 N. TORREY PINES RD LA JOLLA, CA 92037	510197108	501 (C)(3)	49,350.				RESEARCH
(11) HEALTH PEOPLE INC 552 SOUTHERN BOULEVARD BRONX, NY 10455	510418243	501 (C)(3)	229,462.				RESEARCH
(12) UNIVERSITY OF DELAWARE CASHIERS OFFICE NEWARK, DE 19716	516000297	501 (C)(3)	75,563.				RESEARCH

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Employer identification number 13-5598093

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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) JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX C/O CHICAGO, IL 60693	520595110	501 (C)(3)	3,984,686.				RESEARCH
(2) HENRY JACKSON FOUNDATION 6720-A ROCKLEDGE DRIVE BETHESDA, MD 20817	521317896	501 (C)(3)	151,764.				RESEARCH
(3) AMERICAN MEDICAL INFORMATICS ASSOCIATION P.O. BOX 412989 BOSTON, MA 02241	521615853	501 (C)(3)	11,000.				PROGRAM SERVICES
(4) CHILDREN'S NATIONAL MEDICAL CENTER CASH MANAGER SILVER SPRING, MD 20910	521640403	501 (C)(3)	36,962.				RESEARCH
(5) CARDIOVASCULAR RESEARCH FOUNDATION PO BOX 30730 NEW YORK, NY 10087	521752653	501 (C)(3)	15,000.				PROGRAM SERVICES
(6) FRIENDS OF THE NATL INST PO BOX 855 LEXINGTON, KY 40588	521832014	501 (C)(3)	24,000.				PROGRAM SERVICES
(7) AMERICAN ACADEMY OF NURSING 1000 VERMONT AVE NW WASHINGTON, DC 20005	522213870	501 (C)(3)	27,800.				PROGRAM SERVICES
(8) STATE OF MARYLAND UNIVERSITY BILLING TOWSON, MD 21252	526002033	501 (C)(3)	821,101.				RESEARCH
(9) MEDSTAR HEALTH RESEARCH INSTITUTE 10980 GRANTCHESTER WY 7FL COLUMBIA MD 21044	526056274	501 (C)(3)	67,975.				RESEARCH
(10) CARNEGIE INST OF WA 5241 BROAD BRANCH RD NW WASHINGTON DC 20015	530196523	501 (C)(3)	42,641.				RESEARCH
(11) THE BROOKINGS INSTITUTION 1775 MASS. AVE NW, WASHINGTON, DC 20036	530196577	501 (C)(3)	10,164.				RESEARCH
(12) GEORGE WASHINGTON UNIVERSITY 44983 KNOLL SQ, 2 FL ASHBURN, VA 20147	530196584	501 (C)(3)	9,541,201.				RESEARCH

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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.

Attach to Form 990.

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OMB No. 1545-0047

2023

Open to Public Inspection

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) GEORGETOWN UNIVERSITY OFF. OF SPONSORED ACCT. WASHINGTON DC 20057	530196603	501 (C)(3)	1,172,883.				RESEARCH
(2) HOWARD UNIVERSITY 2244 10TH STREET NW WASHINGTON, DC 20059	530204707	501 (C)(3)	11,518.				RESEARCH
(3) SMITHSONIAN INSTITUTION OSP CLEARING ACCOUNT CHICAGO, IL 60673	530206027	501 (C)(3)	18,410.				RESEARCH
(4) GEORGE MASON UNIVERSITY OFF. OF SPONSORED PROGRAMS FAIRFAX VA 22030	540836354	501 (C)(3)	290,974.				RESEARCH
(5) OLD DOMINION UNIVERSITY PERRY LIBRARY NORFOLK, VA 23529	546000884	501 (C)(3)	16,816.				RESEARCH
(6) VIRGINIA POLYTECHNICAL INSTITUTE AND NORTH END CTR (MC 0170) BLACKSBURG VA 24061	546001805	501 (C)(3)	130,560.				RESEARCH
(7) UNIVERSITY OF VIRGINIA P.O. BOX 400195, CHARLOTTESVILLE, VA 22904	546046419	501 (C)(3)	492,551.				RESEARCH
(8) WEST VIRGINIA UNIVERSITY RESEARCH CORPOR PO BOX 6002 MORGANTOWN, WV 26506	550665758	501 (C)(3)	5,685.				RESEARCH
(9) HIGH POINT UNIVERSITY ONE UNIVERSITY PARKWAY HIGH POINT, NC 27268	560529999	501 (C)(3)	166,010.				RESEARCH
(10) DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 28260	560532129	501 (C)(3)	2,468,208.				RESEARCH
(11) WAKE FOREST UNIVERSITY MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157	560532138	501 (C)(3)	536,357.				RESEARCH
(12) RESEARCH TRIANGLE INSTITUTE 3040 CORNWALLIS RD DURHAM, NC 27675	560686338	501 (C)(3)	198,701.				RESEARCH

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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Employer identification number 13-5598093

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(1) APPALACHIAN STATE UNIVERSITY PO BOX 32043 BOONE, NC 28608	561176030	GOVT	53,941.				RESEARCH
(2) NORTH CAROLINA A&T STATE UNIVERSITY OFF. OF CONTRACTS, GREENSBORO, NC 27411	566000007	501 (C)(3)	51,493.				RESEARCH
(3) NORTH CAROLINA STATE UNIVERSITY NCSU ACCOUNTS RECEIVABLE, RALEIGH, NC 27695	566000756	501 (C)(3)	25,448.				RESEARCH
(4) UNIVERSITY OF NORTH CAROLINA AT CHAPEL H PO BOX 402420 ATLANTA, GA 30384	566001393	501 (C)(3)	860,329.				RESEARCH
(5) CLEMSON UNIVERSITY ACCOUNTING SERVICES CLEMSON, SC 29634	576000254	GOVT	40,816.				RESEARCH
(6) MEDICAL UNIVERSITY OF SOUTH CAROLINA BURSARS OFFICE CHARLESTON, SC 29407	576000722	501 (C)(3)	842,841.				RESEARCH
(7) EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	580566256	501 (C)(3)	727,361.				RESEARCH
(8) GEORGIA INSTITUTE OF TECHNOLOGY PO BOX 100117 ATLANTA, GA 30384	580603146	501 (C)(3)	254,265.				RESEARCH
(9) GEORGIA SOUTHERN UNIVERSITY RESEARCH P.O. BOX 8005 STATESBORO, GA 30458	582354256	501 (C)(3)	27,863.				RESEARCH
(10) UNIVERSITY OF MIAMI SPONSORED PROGRAMS ATLANTA, GA 30384	590624458	501 (C)(3)	1,814,615.				RESEARCH
(11) MOUNT SINAI MEDICAL CENTER FOUNDATION 4300 ALTON RD MIAMI BEACH, FL 33140	591711400	501 (C)(3)	15,000.				PROGRAM SERVICES
(12) FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY, TALLAHASSEE, FL 32306	591961248	501 (C)(3)	324,740.				RESEARCH

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) THE UNIVERSITY OF CENTRAL FLORIDA PO BOX 160118 ORLANDO, FL 32816	592924021	501 (C)(3)	333,930.				RESEARCH
(2) UNIVERSITY OF SOUTH FLORIDA PO BOX 737443 DALLAS, TX 75373	593102112	501 (C)(3)	91,833.				RESEARCH
(3) MAYO CLINIC IN JACKSONVILLE MAYO CLINIC MINNEAPOLIS, MN 55486	593337028	501 (C)(3)	178,460.				RESEARCH
(4) UNIVERSITY OF FLORIDA PO BOX 931297 ATLANTA, GA 31193	596002052	501 (C)(3)	569,586.				RESEARCH
(5) FLORIDA HOSPITAL ASSOCIATION 306 E COLLEGE AVE TALLAHASSEE, FL 32301	596151162	501 (C)(3)	30,000.				PROGRAM SERVICES
(6) UNIVERSITY OF LOUISVILLE 300 EAST MARKET STREET LOUISVILLE, KY 40202	611029626	501 (C)(3)	15,244.				RESEARCH
(7) OREGON STATE UNIVERSITY A312 KERR ADMIN., CORVALLIS, OR 97331	611730890	GOVT	749,977.				RESEARCH
(8) PROTON ENERGY SYSTEMS INC 10 TECHNOLOGY DRIVE WALLINGFORD, CT 06492	611846104	GOVT	357,375.				RESEARCH
(9) UNIVERSITY OF KENTUCKY RESEARCH C/O NATIONAL CITY BANK CLEVELAND, OH 44193	616033693	501 (C)(3)	63,876.				RESEARCH
(10) VANDERBILT UNIVERSITY, THE VUMC FINANCE, DEPT 1236 DALLAS, TX 75312	620476822	501 (C)(3)	156,791.				RESEARCH
(11) UNIVERSITY OF TENNESSEE OFFICE OF THE TREASURER KNOXVILLE, TN 37996	626001636	501 (C)(3)	30,014.				RESEARCH
(12) THE UNIVERSITY OF ALABAMA IN HUNTSVILLE 301 SPARKMAN DRIVE HUNTSVILLE, AL 35899	630520830	501 (C)(3)	108,847.				RESEARCH

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) BIRMINGHAM AIDS OUTREACH INC 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	630948495	501 (C)(3)	141,181.				RESEARCH
(2) THE UNIVERSITY OF ALABAMA CONTRACT & GRANT ACCT, TUSCALOOSA, AL 35487	636001138	501 (C)(3)	7,681.				RESEARCH
(3) UNIVERSITY OF ALABAMA AT BIRMINGHAM GRANTS & CONTRACTS ACCT BIRMINGHAM AL 35294	636005396	501 (C)(3)	3,374,490.				RESEARCH
(4) MANHATTAN CHILDRENS CENTER, THE 124 W 95TH ST NEW YORK, NY 10025	640952338	501 (C)(3)	5,250.				PROGRAM SERVICES
(5) INTERNATIONAL SOCIETY FOR DEVELOPMENT PSYCH 297 KINDERKAMACK ROAD ORADELL, NJ 07649	640954919	501 (C)(3)	10,500.				PROGRAM SERVICES
(6) THE UNIVERSITY OF SOUTHERN MISSISSIPPI OFFICE OF RES. ADMIN, HATTIESBURG, MN 39406	646000818	GOVT	649,456.				RESEARCH
(7) MISSISSIPPI STATE UNIVERSITY PO BOX 5227 MISSISSIPPI STATE, MS 39762	646000819	GOVT	31,217.				RESEARCH
(8) UNIVERSITY OF MISSISSIPPI PO BOX 1848 UNIVERSITY, MS 38677	646001159	GOVT	67,090.				RESEARCH
(9) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 N. STATE ST. JACKSON, MS 39216	646008520	GOVT	335,155.				RESEARCH
(10) FLORIDA ATLANTIC UNIVERSITY PO BOX 198660 (LOCKBOX) ATLANTA, GA 30384	650385507	GOVT	286,576.				RESEARCH
(11) MIGRANT HEALTH CENTER WESTERN REGION INC PO BOX 190 MAYAGUEZ, PR 00681	660427801	501 (C)(3)	100,000.				RESEARCH
(12) UNIVERSITY OF PUERTO RICO PO BOX 365067 SAN JUAN, PR 00936	660433762	501 (C)(3)	626,309.				RESEARCH

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

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(1) CIUDADANOS DEL KARSO INC. 267 SIERRA MORENA PMB 230 SAN JUAN, 00926	660514059	501 (C)(3)	31,455.				RESEARCH
(2) ARKANSAS CHILDRENS RESEARCH INSTITUTE 1 CHILDREN'S WAY LITTLE ROCK, AR 72202	710694931	501 (C)(3)	40,000.				RESEARCH
(3) WEST SIDE CENTER FOR COMMUNITY LIFE 263 W 86TH ST NEW YORK, NY 10024	710908184	501 (C)(3)	10,000.				PROGRAM SERVICES
(4) UNIVERSITY OF ARKANSAS FOR MEDICAL 4301 W. MARKHAM ST. LITTLE ROCK, AR 72205	716046242	501 (C)(3)	109,837.				RESEARCH
(5) ADMINISTRATORS OF THE TULANE EDUCATIONAL 1555 POYDRAS STREET NEW ORLEANS, LA 70112	720423889	501 (C)(3)	202,720.				RESEARCH
(6) NATIONAL NETWORK OF PUBLICH HEALTH 1100 POYDRAS ST STE950 NEW ORLEANS LA 70163	721505359	501 (C)(3)	10,000.				RESEARCH
(7) UNIVERSITY OF LOUISIANA AT LAFAYETTE PO BOX 42570 LAFAYETTE, LA 70504	726000820	GOVT	26,439.				RESEARCH
(8) LOUISIANA STATE UNIVERSITY OFF. OF ACCT. SVCS, BATON ROUGE, LA 70803	726000848	501 (C)(3)	12,052.				RESEARCH
(9) OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NORTHEAST 13TH ST, OKLAHOMA, OK 73104	730580274	501 (C)(3)	14,389.				RESEARCH
(10) THE BOARD OF REGENTS OF THE 201 STEPHENSON PKWY STE3100 NORMAN OK 73019	731377584	GOVT	91,400.				RESEARCH
(11) OKLAHOMA STATE UNIVERSITY OSU GRANTS OKLAHOMA CITY, OK 73124	731383996	GOVT	50,248.				RESEARCH
(12) BOARD OF REGENTS OF THE UNIVERSITY OF OK PO BOX 26901 OKLAHOMA CITY, OK 73126	731563627	GOVT	139,746.				RESEARCH

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(1) TEXAS BIOMEDICAL RESEARCH INSTITUTE PO BOX 760549 SAN ANTONIO, TX 78245	741109630	501 (C)(3)	125,757.				RESEARCH
(2) BAYLOR UNIVERSITY 1 BEAR PL UNIT 97360 WACO, TX 76798	741159753	501 (C)(3)	11,301.				RESEARCH
(3) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTE PO BOX 1898 SAN ANTONIO, TX 78297	741586031	GOVT	265,995.	42,306.	BOOK VALUE	EQUIPMENT	EDU/RESEARCH
(4) BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303	741613878	501 (C)(3)	631,655.				RESEARCH
(5) UNIVERSITY OF TEXAS HSC HOUSTON 7000 FANNIN HOUSTON, TX 77030	741761309	501 (C)(3)	39,890.				RESEARCH
(6) NATIONAL JEWISH HEALTH 1400 JACKSON ST ROOM M213 DENVER, CO 80206	742044647	501 (C)(3)	91,677.				RESEARCH
(7) TEXAS A&M UNIVERSITY AT GALVESTON SPONSORED RES. SVCS, COLLEGE STN, TX 77845	742125225	GOVT	46,143.				RESEARCH
(8) NORTHERN ARIZONA UNIVERSITY SPONSORED RECEIVABLES FLAGSTAFF, AZ 88011	742579628	501 (C)(3)	12,514.				RESEARCH
(9) UNIVERSITY OF ARIZONA PO BOX 41867, TUCSON, AZ 85717	742652689	501 (C)(3)	841,531.				RESEARCH
(10) UNIVERSITY OF TEXAS AT AUSTIN OFF. OF SPONSORED PROJECTS, AUSTIN TX 78713	746000203	501 (C)(3)	503,266.				RESEARCH
(11) TEXAS A&M UNIVERSITY 400 MITCHELL PKWY S., COLLEGE STN, TX 77845	746000531	501 (C)(3)	198,575.				RESEARCH
(12) UNIVERSITY OF TEXAS AMEGY BANK OF TEXAS HOUSTON, TX 77210	746000949	501 (C)(3)	185,919.				RESEARCH

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(1) UNIVERSITY OF HOUSTON SYS 4401 WHEELER HOUSTON, TX 77004	746001399	501 (C)(3)	162,171.				RESEARCH
(2) SOUTHERN METHODIST UNIVERSITY OFF. OF CONTRACT/GRANT ACCT DALLAS TX 75275	750800689	501 (C)(3)	1,088,400.				RESEARCH
(3) UNIVERSITY OF TEXAS AT DALLAS 800 W CAMPBELL RD RICHARDSON, TX 75080	751305566	501 (C)(3)	80,656.				RESEARCH
(4) BAYLOR SCOTT & WHITE RESEARCH INSTITUTE 3434 LIVE OAK ST DALLAS, TX 75204	751921898	501 (C)(3)	79,832.				RESEARCH
(5) TOP HONORS INC PO BOX 2009 NEW YORK, NY 10163	753062601	501 (C)(3)	6,000.				PROGRAM SERVICES
(6) TRANSLATIONAL GENOMICS RESEARCH INSTITUT 445 N 5TH ST STE 600 PHOENIX, AZ 85004	753065445	501 (C)(3)	105,271.				RESEARCH
(7) UNIV OF TEXAS AT ARLINGTON OFF. OF ACCT. & BUS SER ARLINGTON, TX 76019	756000121	501 (C)(3)	490,096.				RESEARCH
(8) TEXAS TECH UNIVERSITY PO BOX 41105 LUBBOCK, TX 79409	756002622	501 (C)(3)	155,246.				RESEARCH
(9) UNIVERSITY OF TEXAS SOUTHWESTERN CTR AT DALLAS DALLAS, TX 75284	756002868	501 (C)(3)	544,147.				RESEARCH
(10) PRATHAM USA 9703 RICHMOND AVE HOUSTON, TX 77042	760620808	501 (C)(3)	10,000.				PROGRAM SERVICES
(11) NORTHWEST TRIBAL EMERGENCY MANAGEMENT CO 1615 181ST AVE NE SNOHOMISH, WA 98290	800240628	501 (C)(3)	160,550.				RESEARCH
(12) LIFEFORCE IN LATER YEARS INC PO BOX 250402 NEW YORK, NY 10025	800401075	501 (C)(3)	7,000.				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 . . . . . _____

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.

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 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) CHILD MIND INSTITUTE 445 PARK AVENUE NEW YORK, NY 10022	800478843	501 (C)(3)	74,076.				RESEARCH
(2) KENNEDY HEALTHCARE FOUNDATION INC THOMAS JEFFERSON UNIV., PHILA, PA 19107	800550282	501 (C)(3)	219,211.				RESEARCH
(3) NEW YORK GENOME CTR INC 101 AVENUE OF THE AMERICAS, NY, NY 10013	800631734	501 (C)(3)	1,377,676.				RESEARCH
(4) HIP HOP PUBLIC HEALTH, INC. 222 BROADWAY NEW YORK, NY 10038	800722635	501 (C)(3)	30,000.				PROGRAM SERVICES
(5) MCLAUGHLIN RESEARCH INSTITUTE 1520 23RD ST S GREAT FALLS, MT 59405	810459235	501 (C)(3)	114,748.				RESEARCH
(6) THE HEIGHTS URBAN EMPOWERMENT INC 80 BENNETT AVENUE NEW YORK, NY 10033	811115506	501 (C)(3)	8,000.				PROGRAM SERVICES
(7) COMMUNITY OPPORTUNITY FUND 144 MAIN STREET COLD SPRING, NY 10516	813704165	501 (C)(3)	594,120.				RESEARCH
(8) INWOOD ART WORKS INC 97 PARK TER W NEW YORK, NY 10034	814379932	501 (C)(3)	11,500.				PROGRAM SERVICES
(9) PURE PURPOSE MEDIA GROUP, INC. 1 DOCK 72 WAY # 7 BROOKLYN, NY 11205	814882779	501 (C)(3)	20,000.				PROGRAM SERVICES
(10) MONTANA STATE UNIVERSITY OFF. OF SPONSORED PROG, BOZEMAN, MT 59717	816010045	GOVT	45,659.				RESEARCH
(11) USA-WORLD CONGRESS OF PEDIATRIC CARDIOLO 1140 3RD ST NE WASHINGTON, DC 20002	821564296	501 (C)(3)	10,000.				PROGRAM SERVICES
(12) NIDO DE ESPERANZA 4111 BROADWAY NEW YORK, NY 10033	825510616	501 (C)(3)	10,000.				PROGRAM SERVICES

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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2023

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Employer identification number 13-5598093

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(1) REGENTS OF THE UNIVERSITY OF IDAHO 875 PERIMETER DR., MS 3020 MOSCOW, ID 83844	826000945	GOVT	66,421.				RESEARCH
(2) KIDS FIRST CHICAGO FOR EDUCATION 21 S CLARK ST STE 4301 CHICAGO, IL 60603	830399727	501 (C)(3)	100,000.				RESEARCH
(3) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX, NY 10461	830621846	501 (C)(3)	826,215.				RESEARCH
(4) LADIES OF HOPE MINISTRIES, INC., THE 8 W 126TH ST NEW YORK, NY 10027	832249413	501 (C)(3)	48,000.				PROGRAM SERVICES
(5) THE PIED PIPER CHILDREN'S THEATRE OF NYC 4768 BROADWAY, SUITE 925 NEW YORK, NY 10034	832419655	501 (C)(3)	7,000.				PROGRAM SERVICES
(6) QUINTESSENT INC 120 CREMONA DR GOLETA, CA 93117	834668682	501 (C)(3)	72,987.				RESEARCH
(7) UNIVERSITY OF WYOMING 1000 E UNIV AVE RM 534, LARAMIE, WY 82071	836000331	GOVT	74,298.				RESEARCH
(8) UNIVERSITY CORPORATION FOR ATMOSPHERIC UCAR/NCAR BOULDER, CO 80307	840412668	501 (C)(3)	61,620.				RESEARCH
(9) COLORADO SCHOOL OF MINES FOUNDATION 1812 ILLINOIS ST, PO BOX 4005	840509064	501 (C)(3)	30,000.				PROGRAM SERVICES
(10) UNIVERSITY OF COLORADO UNIV OF COLORADO DENVER, DENVER, CO 80291	841179794	501 (C)(3)	281,350.				RESEARCH
(11) N-LOREM FOUNDATION 2888 LOKER AVE E STE 110 CARLSBAD, CA 92010	843288113	501 (C)(3)	308,641.				RESEARCH
(12) COLORADO STATE UNIVERSITY - THE HISTONE 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523	846000545	501 (C)(3)	352,792.				RESEARCH

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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(1) STATE OF CO SCH OF MINES CSM GRANTS LOCKBOX DALLAS, TX 75373	846000551	GOVT	19,472.				RESEARCH
(2) REGENTS OF THE UNIVERSITY OF COLORADO SPONSORED PROJECTS ACCT, DENVER, CO 80291	846000555	501 (C)(3)	1,633,730.				RESEARCH
(3) UNIVERSITY OF NEW MEXICO CONTRACT & GRANTING ACCT, ABQ, NM 87131	856000642	501 (C)(3)	314,160.				RESEARCH
(4) ASSOCIATION OF UNIVERSITIES FOR RESEARCH 3700 SAN MARTIN DRIVE BALTIMORE, MD 21218	860138043	501 (C)(3)	20,759.				RESEARCH
(5) ARIZONA STATE UNIVERSITY OFF. OF RES & SPONSOR PROJ, TEMPE, AZ 85287	860196696	501 (C)(3)	93,073.				RESEARCH
(6) WHAMNOW INC. 19 E ELM ST STE 3 GREENWICH, CT 06830	861256055	501 (C)(3)	25,000.				PROGRAM SERVICES
(7) OMOWALE PROJECT, INC, THE 65 BURNSIDE DR HASTINGS ON HUDSON, NY 10706	863865405	501 (C)(3)	10,000.				PROGRAM SERVICES
(8) BRIGHAM YOUNG UNIVERSITY GRANTS & CONTRACTS ACCT, PROVO, UT 84602	870217280	501 (C)(3)	68,532.				RESEARCH
(9) BRIDGE DIRECTORY, THE 460 E FORDHAM RD 8060 BRONX, NY 10458	873063544	501 (C)(3)	55,658.				RESEARCH
(10) UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE, SLC, UT 84112	876000525	501 (C)(3)	1,409,776.				RESEARCH
(11) UTAH STATE UNIVERSITY CONTROLLER'S OFF-LB 410027 SEATTLE WA 98124	876000528	501 (C)(3)	143,441.				RESEARCH
(12) CALYX SYSTEMS 51 HAMILTON PL. NEW YORK, NY 10031	883758640	501 (C)(3)	141,550.				RESEARCH

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) BOARD OF REGENTS OF THE NSHE OBO THE 2215 RAGGIO PARKWAY RENO, NV 89512	886000024	501 (C)(3)	55,348.				RESEARCH
(2) SEATTLE CHILDRENS HOSPITAL SEATTLE CHILDRENS RES., SEATTLE, WA 98124	910564748	501 (C)(3)	172,461.				RESEARCH
(3) THE BOARD OF TRUSTEES OF WHITMAN COLLEGE WH 345 BOYER AVENUE WALLA WALLA, WA 99362	910567740	501 (C)(3)	100,000.				PROGRAM SERVICES
(4) BLOODWORKS 921 TERRY AVENUE SEATTLE, WA 98104	911019655	501 (C)(3)	170,653.				RESEARCH
(5) SEATTLE INST FOR BIOMEDICAL & CLINICAL RESE 1325 FOURTH AV, STE 1310 SEATTLE, WA 98108	911452438	501 (C)(3)	142,808.				RESEARCH
(6) EARTH AND SPACE RESEARCH 1107 NE 45TH ST SEATTLE, WA 98105	911663391	501 (C)(3)	39,393.				RESEARCH
(7) WESTERN WASHINGTON UNIVERSITY CASHIER'S OFF.-MS 9004 BELLINGHAM, WA 98225	916000562	GOVT	28,064.				RESEARCH
(8) WASHINGTON STATE UNIVERSITY PO BOX 641025, PULLMAN, WA 99164	916001108	501 (C)(3)	20,855.				RESEARCH
(9) UNIVERSITY OF WASHINGTON 1410 NE CAMPUS PARKWAY SEATTLE, WA 98195	916001537	501 (C)(3)	2,910,427.				RESEARCH
(10) UNIVERSITY OF ALASKA UAF - PO BOX 757880, FAIRBANKS, AK 99775	926000147	501 (C)(3)	202,277.				RESEARCH
(11) SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE, SAN FRANCISCO, CA 94132	931137247	501 (C)(3)	23,611.				RESEARCH
(12) CALIFORNIA STATE UNIVERSITY LONG BEACH 6300 STATE UNIV DR., LONG BEACH, CA 90815	931150363	GOVT	5,369.				RESEARCH

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SCHEDULE I
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Department of the Treasury
Internal Revenue Service

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

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(1) OREGON HEALTH AND SCIENCE UNIVERSITY PO BOX 3003 PORTLAND, OR 97208	931176109	501 (C)(3)	199,659.				RESEARCH
(2) KAISER FOUNDATION HOSPITALS 1 KAISER PLZ FL 22 OAKLAND, CA 94612	941105628	501 (C)(3)	1,313,995.				RESEARCH
(3) BOARD OF TRUSTEES OF THE LELAND STA, THE PO BOX 884253 LOS ANGELES, CA 90088	941156365	501 (C)(3)	1,889,854.				RESEARCH
(4) BOARD OF TRUSTEES OF SANTA CLARA COLLEGE 500 EL CAMINO REAL SANTA CLARA, CA 95050	941156617	501 (C)(3)	23,899.				RESEARCH
(5) REGENTS OF THE UNIVERSITY OF CALIFORNIA UCSC CASHIER OFFICE SANTA CRUZ, CA 95064	941539563	501 (C)(3)	313,627.				RESEARCH
(6) PUBLIC HEALTH INSTITUTE 555 12TH ST STE 600 OAKLAND, CA 94607	941646278	501 (C)(3)	7,967.				RESEARCH
(7) UNIV OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR STE2200 CHAPEL HILL NC 27599	942984524	501 (C)(3)	369,289.				RESEARCH
(8) SOCIETY FOR OBSTETRIC ANESTHESIA AND PER 201 E MAIN ST STE 810 LEXINGTON, KY 40507	943079263	501 (C)(3)	8,175.				PROGRAM SERVICES
(9) NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH 4150 CLEMENT ST, SAN FRANCISCO, CA 94121	943084159	501 (C)(3)	75,181.				RESEARCH
(10) TRINITY COMMUNITY CONNECTION 164 WEST 100TH STREET NEW YORK, NY 10025	943447082	501 (C)(3)	10,000.				PROGRAM SERVICES
(11) REGENTS OF THE UNIVERSITY OF CALIFO, THE 1608 4TH ST, STE 220, BERKELEY, CA 94710	946002123	501 (C)(3)	1,821,326.				RESEARCH
(12) SAN JOSE STATE UNIVERSITY RESEARCH FOUND 210 N. FOURTH ST SAN JOSE, CA 95112	946017638	501 (C)(3)	47,483.				RESEARCH

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(1) THE REGENTS OF UNIVERSITY OF CALIFORNIA UCSF MAIN DEPOSITORY LOS ANGELES, CA 90074	946036493	501 (C)(3)	1,260,272.				RESEARCH
(2) UNIVERSITY OF CALIFORNIA DAVIS UC DAVIS AR LOCKBOX LOS ANGELES, CA 90074	946036494	501 (C)(3)	345,252.				RESEARCH
(3) UNIVERSITY OF SOUTHERN CALIFORNIA USC - SPONSORED PROJECTS ACCT, LA, CA 90089	951642394	501 (C)(3)	821,763.				RESEARCH
(4) CALIFORNIA INSTITUTE OF TECHNOLOGY POST AWARD ADMIN, PASADENA, CA 91125	951643307	501 (C)(3)	453,251.				RESEARCH
(5) CEDARS SINAI MEDICAL CENTER 6500 WILSHIRE BLVD. LOS ANGELES, CA 90048	951644600	501 (C)(3)	96,109.				RESEARCH
(6) CHILDRENS HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD, LOS ANGELES, CA 90027	951690977	501 (C)(3)	123,524.				RESEARCH
(7) HUNTINGTON MEDICAL RESEARCH INSTITUTES 686 S FAIR OAKS AVE PASADENA, CA 91105	951757119	501 (C)(3)	28,260.				RESEARCH
(8) THE RAND CORPORATION PO BOX 2138 SANTA MONICA, CA 90407	951958142	501 (C)(3)	717,559.				RESEARCH
(9) HARBOR-UCLA RESEARCH & ED INST LA BIOMEDICAL RESEARCH, TORRANCE, CA 90502	952138184	501 (C)(3)	104,738.				RESEARCH
(10) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA, CA 92037	952160097	501 (C)(3)	8,840.				RESEARCH
(11) THE REGENTS OF THE UNIVERSITY CENTRAL CASHIERS IRVINE, CA 92697	952226406	501 (C)(3)	1,245,910.				RESEARCH
(12) TRIBE MEDIA CORP THE JEWISH JOURNAL 1880 CENTURY PARK EAST, LA, CA 90067	954019743	501 (C)(3)	25,000.				PROGRAM SERVICES

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(1) REGENTS OF THE UNIVERSITY OF CALIFORNIA, 900 UNIVERSITY AVE RIVERSIDE, CA 92521	956006142	501 (C)(3)	79,542.				RESEARCH
(2) UNIVERSITY OF CALIFORNIA LOS ANGELES UCLA PAYMENT SOL. & CPL (PSC), LA, CA 90095	956006143	501 (C)(3)	1,728,042.				RESEARCH
(3) UNIVERSITY OF CALIFORNIA SAN DIEGO UCSD CAMPUS MAIN DEPOSITORY, LA, CA 90074	956006144	501 (C)(3)	1,731,134.				RESEARCH
(4) UNIVERSITY OF CALIFORNIA SANTA BARBARA CASHIER'S OFFICE SANTA BARBARA, CA 93106	956006145	501 (C)(3)	1,604,888.				RESEARCH
(5) SAN DIEGO STATE UNIVERSITY FOUNDATION 5250 CAMPANILE DR SAN DIEGO, CA 92182	956042721	501 (C)(3)	115,547.				RESEARCH
(6) UNIVERSITY OF HAWAII OFF. OF RESEARCH SVCS, HONOLULU, HI 96822	996000354	501 (C)(3)	299,003.				RESEARCH
(7) AMERICAN ISRAEL EDUCATION FOUNDATION 251 H STREET NW WASHINGTON, DC 20001	521623781	501 (C)(3)	75,000.				PROGRAM SERVICES
(8) THE UNIVERSITY CORPORATION 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	951992732	501 (C)(3)	50,799.				RESEARCH
(9) THE JACKSON LABORATORY 600 MAIN ST. BAR HARBOR, ME 04609	010211513	501 (C)(3)	393,331.				RESEARCH
(10) BIGELOW LABORATORY FOR OCEAN SCIENCES, I 60 BIGELOW DR EAST BOOTHBAY, ME 04544	016006001	501 (C)(3)	77,101.				RESEARCH
(11) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	020222111	501 (C)(3)	467,878.				RESEARCH
(12) UNIVERSITY SYSTEM OF NEW HAMPSHIRE SPONSORED PROGRAMS ADMIN, DURHAM, NH 03824	026000937	501 (C)(3)	25,646.				RESEARCH

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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 VERMONT AND STATE PO BOX 1389 WILLISTON, VT 05495	030179440	501 (C)(3)	283,182.				RESEARCH
(2) NORTHEASTERN UNIV 360 HUNTINGTON AVE, BOSTON, MA 02115	041679980	501 (C)(3)	453,157.				RESEARCH
(3) SMITH COLLEGE SMITH COLL GIFT ACCT, NORTHAMPTON, MA 01063	041843040	501 (C)(3)	400,000.				PROGRAM SERVICES
(4) TRUSTEES OF BOSTON COLLEGE 270 HAMMOND ST, CHESTNUT HILL, MA 02467	042103545	501 (C)(3)	7,805.				RESEARCH
(5) TRUSTEES OF BOSTON UNIVERSITY BOSTON UNIV GRANTS RECEIVABLE, NY, NY 10087	042103547	501 (C)(3)	1,049,963.				RESEARCH
(6) PRESIDENT AND FELLOWS OF HARVARD COLLEGE PRES. & FELLOWS OF HARVARD, BOSTON MA 02241	042103580	501 (C)(3)	1,238,044.				RESEARCH
(7) MASSACHUSETTS EYE & EAR INFIRMARY 243 CHARLES STREET BOSTON, MA 02114	042103591	501 (C)(3)	12,978.				RESEARCH
(8) MASSACHUSETTS INSTITUTE OF TECHNOLOGY CASHIERS OFF. NE49-3077, CAMBRIDGE MA 02139	042103594	501 (C)(3)	1,232,776.				RESEARCH
(9) TRUSTEES OF TUFTS COLLEGE TUFTS MEDICAL CENTER BOSTON, MA 02111	042103634	501 (C)(3)	300,442.				RESEARCH
(10) BETH ISRAEL DEACONESS MEDICAL CENTER RESEARCH FIN. OFF. OV-540, BOSTON MA 02215	042103881	501 (C)(3)	544,204.				RESEARCH
(11) MARINE BIOLOGICAL LAB ACCTS RECEIVABLE BOSTON, MA 02241	042104690	501 (C)(3)	358,480.				RESEARCH
(12) WOODS HOLE OCEANOGRAPHIC INSTITUTION A/R MS 14, WOODS HOLE, MA 02543	042105850	501 (C)(3)	550,848.				RESEARCH

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 . . . . . ____

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.

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 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) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	042263040	501 (C)(3)	67,795.				RESEARCH
(2) THE BRIGHAM AND WOMENS HOSPITAL INC 75 FRANCIS ST BOSTON, MA 02241	042312909	501 (C)(3)	2,093,074.				RESEARCH
(3) MASSACHUSETTS GENERAL HOSPITAL BANK OF AMERICA BOSTON, MA 02241	042697983	501 (C)(3)	594,448.				RESEARCH
(4) PLANNED PARENTHOOD LEAGUE OF 1055 COMMONWEALTH AVENUE BOSTON, MA 02215	042698497	501 (C)(3)	60,333.				RESEARCH
(5) CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02241	042774441	501 (C)(3)	661,626.	21,629.	BOOK VALUE	EQUIPMENT	EDU/RESEARCH
(6) UNIVERSITY OF MASSACHUSETTS LOWELL MASS VENTURE CENTER HADLEY, MA 01035	043167352	501 (C)(3)	542,756.				RESEARCH
(7) BOSTON MEDICAL CENTER RES. A/R AT BOSTON MED CTR, BOSTON MA 02118	043314093	501 (C)(3)	742,018.				RESEARCH
(8) TUFTS MEDICAL CENTER INC 800 WASHINGTON STREET BOSTON, MA 02111	043400617	501 (C)(3)	63,696.				RESEARCH
(9) BROWN UNIVERSITY FINANCIAL SERVICES PROVIDENCE, RI 02912	050258809	501 (C)(3)	97,973.				RESEARCH
(10) RHODE ISLAND HOSPITAL LIFESPAN OFF. OF RES., PROVIDENCE RI 02903	050258954	501 (C)(3)	70,294.				RESEARCH
(11) UNIVERSITY OF RHODE ISLAND URI SPONSOR ACCT OFF., KINGSTON, RI 02881	056000522	501 (C)(3)	125,413.				RESEARCH
(12) WESLEYAN UNIVERSITY 55 HIGH ST MIDDLETOWN, CT 06457	060646959	501 (C)(3)	119,060.				RESEARCH

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 . . . . . _____

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.

Attach to Form 990.

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

OMB No. 1545-0047

2023

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 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) YALE UNIVERSITY P.O. BOX 1873, NEW HAVEN, CT 06508	060646973	501 (C)(3)	1,775,311.				RESEARCH
(2) SAVE THE CHILDREN 501 KINGS HWY EAST FAIRFIELD, CT 06825	060726487	501 (C)(3)	20,000.				RESEARCH
(3) UNIVERSITY OF CONNECTICUT OFF. OF THE V.P. FOR RES., STORRS, CT 06269	060772160	GOVT	61,791.				RESEARCH
(4) JAZZ DRAMA PROGRAM 5030 BROADWAY STE 651 NEW YORK, NY 10034	061722131	501 (C)(3)	7,000.				PROGRAM SERVICES
(5) KNIGHT FIRST AMENDMENT INSTITUTE AT COLUMBI 615 W. 131ST ST NEW YORK, NY 10027	131611126	501 (C)(3)	2,826,439.				CAPITAL CONTRIBUTION
(6) COLUMBIA UNIVERSITY HEALTH CARE INC. 615 W. 131ST ST NEW YORK, NY 10027	133948652	501 (C)(3)	12,809,000.				CAPITAL CONTRIBUTION
(7) REID HALL INC. 615 W. 131ST ST. NEW YORK, NY 10027	131611126	501 (C)(3)	321,187.				CAPITAL CONTRIBUTION
(8) FUND FOR THE CITY OF NY INC. 121 AVE OF THE AMERICAS NEW YORK, NY 10013	132612524	501 (C)(3)	6,000.				PROGRAM SERVICES
(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 . . . . . ____

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	15,844	726,270,020.		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

2023

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 Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	[X] First-class or charter travel		
	[X] Travel for companions		
	[ ] Tax indemnification and gross-up payments		
	[ ] Discretionary spending account		
	[X] Housing allowance or residence for personal use		
	[ ] Payments for business use of personal residence		
	[ ] Health or social club dues or initiation fees		
	[ ] 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 **1b**	X	
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? **2**	X	
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.		
	[X] Compensation committee		
	[X] Independent compensation consultant		
	[X] Form 990 of other organizations		
	[ ] Written employment contract		
	[X] Compensation survey or study		
	[X] 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? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	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? **5a**	X	
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**	X	
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **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 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				
LAWRENCE GERALD LENKE	(i)	6,062,464.	1,345,705.	NONE	37,436.	27,439.	7,473,044.	NONE
1 PROFESSOR OF SURGERY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RONALD ARTHUR LEHMAN J	(i)	3,572,247.	302,414.	NONE	38,431.	74,737.	3,987,829.	NONE
2 PROFESSOR OF SURGERY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KIM LEW	(i)	1,059,596.	916,667.	NONE	1,866,525.	30,324.	3,873,112.	NONE
3 CEO OF IMC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LEE C. BOLLINGER	(i)	1,907,922.	1,050,000.	218,340.	49,740.	278,645.	3,504,647.	NONE
4 PRESIDENT (FORMER)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EMILE BACHA	(i)	3,181,941.	100,000.	NONE	38,642.	47,273.	3,367,856.	NONE
5 PROFESSOR OF SURGERY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID N. SILVERS	(i)	821,885.	2,364,691.	NONE	43,500.	27,205.	3,257,281.	NONE
6 CLINICAL PROFESSOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CRAIG SMITH	(i)	3,046,213.	120,441.	NONE	43,500.	27,688.	3,237,842.	NONE
7 PROFESSOR OF SURGERY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATRINA ARMSTRONG	(i)	1,338,705.	220,000.	50,000.	33,192.	18,740.	1,660,637.	NONE
8 EVP HEALTH SCIENCES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANIL RUSTGI	(i)	1,178,955.	NONE	43,224.	33,192.	3,967.	1,259,338.	NONE
9 INT EVP SCI (FORMER)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NEMAT MINOUCHE T. SHAF	(i)	725,000.	NONE	231,395.	27,754.	174,017.	1,158,166.	NONE
10 PRESIDENT (AS OF 7/1/23)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LEE GOLDMAN	(i)	909,481.	NONE	115,594.	49,740.	31,927.	1,106,742.	NONE
11 EVP HEALTH SCIENCES (FORMER)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY BOYCE	(i)	880,596.	NONE	129,738.	36,492.	27,439.	1,074,265.	NONE
12 PROVOST (FORMER)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNE R. SULLIVAN	(i)	1,008,018.	NONE	1,044.	33,240.	25,791.	1,068,093.	NONE
13 EXECUTIVE VP FOR FINANCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GERALD M. ROSBERG	(i)	953,491.	NONE	NONE	36,492.	29,967.	1,019,950.	NONE
14 SENIOR EVP (THROUGH 6/21/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FELICE ROSAN	(i)	816,251.	25,000.	NONE	49,740.	60,137.	951,128.	NONE
15 GENERAL COUNSEL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMELIA ALVERSON	(i)	869,799.	NONE	NONE	33,240.	13,696.	916,735.	NONE
16 EXEC VP - UNIV DVLP&ALUM RLTS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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				
DENNIS MITCHELL	(i)	712,271.	NONE	5,171.	49,740.	102,259.	869,441.	NONE
1 INT PROVOST (7/1/23-3/31/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMY HUNGERFORD	(i)	571,971.	NONE	218,681.	33,192.	43,159.	867,003.	NONE
2 EXEC VP-A&S	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
IRA KATZNELSON	(i)	473,186.	NONE	290,443.	43,500.	27,727.	834,856.	NONE
3 INT PROVOST (FORMER)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN COATSWORTH	(i)	641,652.	NONE	49,480.	49,740.	27,727.	768,599.	NONE
4 PROVOST (FORMER)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID GREENBERG	(i)	598,040.	NONE	2,250.	49,500.	64,828.	714,618.	NONE
5 EXEC VP FACILITIES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JANE E. BOOTH	(i)	435,764.	NONE	175,246.	49,500.	6,813.	667,323.	NONE
6 CHF LEGAL OFF (FORMER)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEROME DAVIS	(i)	501,628.	NONE	NONE	49,740.	17,967.	569,335.	NONE
7 SECRETARY (THROUGH 12/31/23)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN K. GLANCY	(i)	675,920.	35,000.	1,867.	33,240.	2,383.	748,410.	NONE
8 SECRETARY (AS OF 1/1/24)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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 GENERALLY 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 $244,008 FOR LEE BOLLINGER AND $173,867 FOR MINOUCHE SHAFIK 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 OFFICIAL DUTIES. THE PRESIDENT IS RESPONSIBLE FOR ANY PERSONAL USE OF THE HOUSEHOLD STAFF OR CAR AND DRIVER AND OTHER PERSONAL EXPENSES.

BECAUSE THE FORM 990 REQUIRES COMPENSATION BE REPORTED ON A CALENDAR YEAR BASIS ALONGSIDE FISCAL YEAR POSITIONS, WE ARE REPORTING NONTAXABLE BENEFITS FOR BOTH LEE BOLLINGER AS PRESIDENT FOR JANUARY 1, 2023, TO JUNE

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.

30, 2023, AND MINOUCHE SHAFIK WHO ASSUMED THE ROLE ON JULY 1, 2023.

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 FROM, CLINICAL DUTIES IN THE UNIVERSITY'S DERMATOPATHOLOGY PRACTICE WHERE HE IS THE DIRECTOR AND IS SUBJECT TO A CAP FOR EACH ACADEMIC YEAR.

DR. LEHMAN JR.'S, DR. LENKE'S, DR. BACHA'S, AND DR. SMITH'S COMPENSATIONS ARE COMPRISED OF BASE COMPENSATION AND INCENTIVE COMPENSATION DETERMINED FROM THEIR PERFORMANCE OF, AND REVENUES FROM, CLINICAL DUTIES IN THE UNIVERSITY'S ORTHOPEDIC SURGERY PRACTICE, 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 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.

PART I, LINE 3, AND SCHEDULE O.

NOTE TO KIM LEW'S COMPENSATION

PART OF MS. LEW'S PERFORMANCE-BASED BONUS IS, IN EACH CASE, DEFERRED SUBJECT TO VESTING UPON CONTINUING SERVICE TO THE UNIVERSITY. COLUMNS (C) AND (E) INCLUDE DEFERRED COMPENSATION AWARDED DURING THE REPORTING PERIOD BUT SUBJECT TO FUTURE VESTING.

NOTE TO LEE BOLLINGER'S COMPENSATION

AMOUNTS FOR PRESIDENT BOLLINGER IN COLUMN (B)(II) INCLUDE PAYMENTS UNDER A PERFORMANCE-BASED BONUS AWARD AND OTHER TRANSITION PAYMENTS AS HE CONCLUDED HIS 21-YEAR PRESIDENTIAL TENURE. THE AMOUNT SHOWN IN COLUMN (B)(III) AS "OTHER REPORTABLE COMPENSATION" REFLECTS PAYMENT OF ACCRUED BENEFITS AND LEAVE.

NOTE TO DR. LENKE'S, DR. LEHMAN'S, DR. SMITH'S, AND DR. BACHA'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.

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)

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.

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 THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Employer identification number 13-5598093

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	6499077D8	04/23/2015	125,006,199.	FUND NEW QUALIFIED PROJECTS		X		X		X
D	DORMITORY AUTHORITY OF STATE OF NEW YORK 2015B	14-6000293	64990BGH0	04/23/2015	56,240,112.	REFUND DASNY 2004B BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	88,860,000.			45,200,000.
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
		Yes / No	Yes / No	Yes / No	Yes / No
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 /

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		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the 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

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?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
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

	A		B		C		D	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
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?	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.

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, 2023.

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.

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 THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Employer identification number 13-5598093

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 PROJECT		X		X		X
B	DORMITORY AUTHORITY OF STATE OF NEW YORK 2017A&B	14-6000293	64990CQE4	03/01/2017	240,921,142.	REFUND 2004C AND FUND NEW PROJECTS		X		X		X
C	DORMITORY AUTHORITY OF STATE OF NEW YORK 2018A&B	14-6000293	64990C6P1	05/16/2018	396,803,509.	REFUND 2008A AND FUND NEW PROJECTS		X		X		X
D	DORMITORY AUTHORITY OF STATE OF NEW YORK 2020A	14-6000293	64990GA85	03/19/2020	247,210,500.	FUND NEW PROJECTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	133,735,000.			
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

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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	

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		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the 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

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?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?	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 (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.

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 THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Employer identification number 13-5598093

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 2021CP AND FUND NEW PROJECT		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
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	205,883,856.			
11	Other spent proceeds	125,125,000.			
12	Other unspent proceeds				
13	Year of substantial completion	2023			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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							

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		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the 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						

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?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?	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

2023

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	(d) Corrected? 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? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
SEE SUPPLEMENTAL PAGE												
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$ 9,307,984.						

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)				

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	98,250.	EMPLOYMENT		X
(2) VALERIE J. PURDIE-GREENAWAY	SPOUSE OF TRUSTEE	327,879.	EMPLOYMENT		X
(3) TROY EGGERS	SPOUSE OF OFFICER	713,537.	EMPLOYMENT		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

NOTES TO SCHEDULE L

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

SCHEDULE L, PART II

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

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

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART II

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

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

2023

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	4	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	425	190,437,131.	COST/SALES PRICE
10	Securities - Closely held stock	X	3	2,750,166.	COST/SALES PRICE
11	Securities - Partnership, LLC, or trust interests	X	14	20,783,533.	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	X	1	NONE	
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (EQUIPMENT)	X	3	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	8

			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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	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.			

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.

SUPPLEMENTAL INFORMATION

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

DEMOCRATIC REPUBLIC OF THE CONGO

ETHIOPIA

FRANCE

GEORGIA

GERMANY

GREECE

GUATEMALA

HONDURAS

INDIA

ISRAEL

ITALY

COTE D'IVOIRE (IVORY COAST)

JAPAN

JORDAN

KAZAKHSTAN

KENYA

KYRGYZSTAN

LESOTHO

MALAWI

MOZAMBIQUE

MYANMAR

NIGERIA

PANAMA

PHILIPPINES

RWANDA

SIERRA LEONE

SOUTH AFRICA

SOUTH SUDAN

SWAZILAND

TAJIKISTAN

TANZANIA

TUNISIA

TURKEY

UGANDA

UKRAINE

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

ZAMBIA

ZIMBABWE

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

CONTRIBUTIONS OF CERTAIN TYPES OF PROPERTY

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

FORM 990, PART V, LINES 15 & 16

EXCISE TAXES

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

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

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

FORM 990, PART VI, LINE 11B

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

MEMBERS OF THE TRUSTEES' AUDIT COMMITTEE REVIEWED THE FORM 990. FOLLOWING THAT REVIEW, THE FORM 990 WAS MADE AVAILABLE TO ALL TRUSTEES VIA A SECURE WEBSITE AND THEN PRESENTED TO THE FULL BOARD OF TRUSTEES AT A MEETING ON MAY 7,2025. THE FINAL FORM WAS POSTED ON THE SECURE WEBSITE PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

ALL TRUSTEES ARE SUBJECT TO THE "STATEMENT OF CONFLICT OF INTEREST POLICY FOR THE TRUSTEES OF COLUMBIA UNIVERSITY." WHEN A TRUSTEE BECOMES AWARE OF AN EXISTING OR POTENTIAL CONFLICT OF INTEREST, HE OR SHE HAS A DUTY TO: (A) DISCLOSE THE CIRCUMSTANCES TO THE BOARD CHAIR OR OTHERS, AS APPROPRIATE, (B) REFRAIN FROM ACTING TO INFLUENCE ANY DECISION WHICH

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

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.

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

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 CENTRAL ADMINISTRATION. WHILE THESE OFFICERS AND KEY EMPLOYEES MAY SPEND A NOTABLE PORTION OF THEIR TIME ON PROGRAM SERVICES AND/OR FUNDRAISING ACTIVITIES IN ADDITION TO THEIR MANAGEMENT RESPONSIBILITIES, THE UNIVERSITY HAS CHOSEN NOT TO ALLOCATE THE EXPENSES BETWEEN CATEGORIES.

FORM 990, PART IX, LINE 11F

INVESTMENT MANAGEMENT FEES

THE INVESTMENT MANAGEMENT FEES REPORTED ON THE STATEMENT OF FUNCTIONAL

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

FORM 990, PART X, LINE 7

LOAN INFORMATION

LOANS RECEIVABLE FROM STUDENTS TOTAL $40,173,000

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

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

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

CHANGE IN FUNDS HELD BY OTHER IN PERPETUITY	19,725,361
PRESENT VALUE ADJUSTMENT TO SPLIT INTEREST AGREEMENTS	25,841,131
NET PERIOD BENEFIT COST	10,078,365
CHANGES IN PENSION AND POST-RETIREMENT OBLIGATIONS	-10,007,483
OTHER NON-OPERATING ADJUSTMENTS	-309,161,252
TOTAL OTHER CHANGES IN NET ASSETS	-263,523,878

FORM 990, PART XII, LINE 2

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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: THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number: 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		367,001,016.	
INSTITUTIONAL SUPPORT		386,279,716.	
AUXILIARY ENTERPRISES		228,338,414.	247,613,468.
OTHER SOURCES	8,486,726.	337,193,052.	1,864,240.
TOTALS	8,486,726.	1,318,812,198.	249,477,708.

Name of the organization: THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number: 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	39,831,020.
UNIVERSAL PROTECTION SERVICE LP EIGHT TOWER BRIDGE, 161 WASHINGTON ST CONSHOHOCKEN, PA 19428	SECURITY SERVICES	15,103,828.
SPK LEWIS CONSTRUCTION LLC 35 WEST 36TH STREET, 5E NEW YORK, NY 10018	CONSTRUCTION SRVCS	9,149,832.
HUDSON HEART MANAGEMENT LLC 26 INDIAN ROCK SUFFERN, NY 10901	MEDICAL SERVICES	7,323,267.
DEBEVOISE & PLIMPTON LLP 66 HUDSON BLVD E NEW YORK, NY 10001	LEGAL SERVICES	6,462,596.

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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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 THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Employer identification number 13-5598093

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
(1) SEE SUPPLEMENTAL PAGE					
(2)					
(3)					
(4)					
(5)					
(6)					

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
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) TOTAL INCOME	(E)EOY ASSETS	(F) DIRECT CONTROL
COLUMBIA INVESTMENT MGT COMPANY LLC 13-5598093	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST MGMT	NY	NONE	NONE	COLUMBIA
CIM I LLC 13-3901851	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	NONE	NONE	COLUMBIA
CIM II LLC 13-3901854	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	NONE	NONE	COLUMBIA
CIM III LLC 13-3901855	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	367,111.	54,443,424.	COLUMBIA
CIM IV LLC 13-3901856	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	1,261,897.	8,688,525.	COLUMBIA
CIM V LLC 13-3901861	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	NONE	1,000,007.	COLUMBIA
CIM VI LLC 13-3901857	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	2,385.	31,361,239.	COLUMBIA
CIM VII LLC 13-3901858	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	NONE	NONE	COLUMBIA
CIM VIII LLC 13-3901859	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	NONE	2,848,531.	COLUMBIA
CIM XII LLC 13-3901864	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	36,535,734.	47,310,711.	COLUMBIA
CIM XIII LLC 13-3901865	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	NONE	NONE	COLUMBIA
CIM XIV LLC 13-3901866	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	NONE	NONE	COLUMBIA
CIM XVII LLC 14-1977498	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	NONE	1,697,642.	COLUMBIA
CIM XVIII LLC 14-1977500	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	INVEST HOLDNG	DE	NONE	NONE	COLUMBIA
DYNAMO BRASIL VI LLC 13-5598093	1209 ORANGE STREET WILMINGTON, DE 19801				
	INVESTMENTS	DE	37,750,437.	113808437.	COLUMBIA
COLUMBIA AFFILIATED PHYSICIANS IPA LLC 26-2162648	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	PHYSICNS PRAC	NY	2,866,327.	1,144,873.	COLUMBIA
COLUMBIA DIGITAL KNOWLEDGE VENTURES LLC 06-1576880	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	NEW MEDIA	NY	NONE	NONE	COLUMBIA
HITHER PROPERTY LLC 27-0201222	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	REAL ESTATE	DE	NONE	NONE	COLUMBIA
CU GSAPP LLC 13-5598093	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	EDUCATION	NY	NONE	NONE	COLUMBIA
ACCESS PROJECT LLC 13-5598093	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	HEALTH RESCH	NY	NONE	NONE	COLUMBIA
MSPH LESOTHO LLC 13-5598093	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	HEALTHCARE	NY	NONE	259,477.	COLUMBIA
MSPH MOZAMBIQUE LLC 13-5598093	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	HEALTHCARE	NY	NONE	1,035,587.	COLUMBIA
MSPH NIGERIA LLC 13-5598093	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027				
	HEALTHCARE	NY	NONE	NONE	COLUMBIA

PART I - IDENTIFICATION OF DISREGARDED ENTITIES

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) TOTAL INCOME	(E)EOY ASSETS	(F) DIRECT CONTROL
MSPH RWANDA LLC 13-5598093	HEALTHCARE	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
MSPH SOUTH AFRICA LLC 13-5598093	HEALTHCARE	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
MSPH TANZANIA LLC 13-5598093	HEALTHCARE	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027 NY	NONE	1,691,844.	COLUMBIA
MSPH TAJIKISTAN LLC 13-5598093	HEALTHCARE	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
MSPH KG LLC 13-5598093	HEALTHCARE	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
COLUMBIA INT'L PROJECTS LLC (KENYA) 13-5598093	EDUCATION	412 LOW MEMORIAL LIBRARY 535 W NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
COLUMBIA GLOBAL CENTERS LLC 13-5598093	EDUCATION	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
COLUMBIA GLOBAL RESEARCH INITIATIVES LLC 13-5598093	EDUCATION	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
CU STUDIO LLC 13-5598093	EDUCATION	615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
AFFILIATED PHYSICIANS ORGANIZATION, LLC 82-1575764	PHY PRCTC GRP	51 AUDUBON AVENUE NEW YORK, NY 10032 NY	NONE	NONE	COLUMBIA
CU GLOBAL NORTH LLC	SH VEHICLE	535 WEST 116TH STREET, MC 4308 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
COLUMBIA WORLDWIDE LLC	SH VEHICLE	535 WEST 116TH STREET, MC 4308 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
CU GLOBAL WEST LLC	SH VEHICLE	535 WEST 116TH STREET, MC 4308 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
CU GLOBAL SOUTH LLC	SH VEHICLE	535 WEST 116TH STREET, MC 4308 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
ISRAEL GLOBAL CENTER LLC	SH VEHICLE	535 WEST 116TH STREET, MC 4308 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
CU GLOBAL EAST LLC	SH VEHICLE	535 WEST 116TH ST, MC 4308 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
TEL AVIV GLOBAL CENTER LLC	SH VEHICLE	535 WEST 116TH ST, MC 4308 NEW YORK, NY 10027 NY	NONE	NONE	COLUMBIA
COLUMBIA GLOBAL CENTER CIVIL NFP COMPANY	EDUCATION	10 SOLONOS STREET ATHENS, GR 106 73 GR	NONE	NONE	COLUMBIA
CLM LLC 13-5598093	INSURANCE	1209 ORANGE STREET WILMINGTON, DE 19801 DE	NONE	NONE	COLUMBIA

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	(G) SEC 512 NO
COLUMBIA UNIVERSITY HEALTH CARE INC 13-3948652 615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027	HEALTHCARE	NY	501(C)(3)	10	COLUMBIA	X	
COL PRESBYTERIAN MEDICAL CENTER FUND INC 13-6162924 630 WEST 168TH STREET NEW YORK, NY 10032	FUNDRAISING	NY	501(C)(3)	12A	N/A		X
COL UNIV RETIREE MED LIFE INS BNFITS TR 13-3800106 615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027	BENEFITS SUPP	NY	501(C)(3)	12A	COLUMBIA	X	
COLUMBIA UNIVERSITY PRESS 13-1623968 615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027	ACADEMIC PUB	NY	501(C)(3)	12A	COLUMBIA	X	
MORNINGSIDE HEIGHTS LEGAL SERVICES INC 51-0192355 615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027	CLINICAL EDUC	NY	501(C)(3)	12A	COLUMBIA	X	
REID HALL INC 13-1611126 615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027	EDU/CUL EXCH	NY	501(C)(3)	12A	COLUMBIA	X	
ASSOCIATION REID HALL 4, RUE DE CHEVREUSE PARIS, FR 75006	EDUCATION	FR	N/A	N/A	REID HALL	X	
COLUMBIA GLOBAL CENTERS I EUROPE (PARIS) 4, RUE DE CHEVREUSE PARIS, FR 75006	EDUCATION	FR	N/A	N/A	REID HALL	X	
RESEARCH COLLECTIONS AND PRES CONSORTIUM 22-3751732 400 FORRESTAL ROAD PRINCETON, NJ 08540	LIBRARY COLL	NJ	501(C)(3)	12A	N/A		X
CENTER FOR ENVIRONMENT ECONOMY & SOCIETY 2852 BROADWAY NEW YORK, NY 10025	RESEARCH	DR	N/A	N/A	CIP	X	

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	(G) SEC 512 NO
CENTER FOR NATL HLTH DEVELP IN ETHIOPIA KEBELE 06, H#447 PO BX 664 ADDIS ABABA, ET 1250	HEALTHCARE	ET	N/A	N/A	COLUMBIA	X	
COLUMBIA GLOBAL CENTER IN INDIA MAKER CHMBR VI, JAMNALAL RD, 1 MUMBAI, IN 400021	RESEARCH	IN	N/A	N/A	CGC LLC	X	
COLUMBIA UK FUND LTD 19 NORCOTT RD LONDON, UK N16 7EG	FUNDRAISING	UK	N/A	N/A	COLUMBIA	X	
COLUMBIA UNIVERSITY HONG KONG FUND G.P.O. BOX 5314 CONNAUGHT PLACE, HK	FUNDRAISING	HK	N/A	N/A	COLUMBIA	X	
MSPH SWAZILAND 615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027	HEALTHCARE	WZ	N/A	N/A	CIP	X	
FUNDACION COLUMBIA U. GLOBAL CTR - CHILE AV.DAG HAMMASKJOLD 3269,1ST FL SANTIAGO, CI	RESEARCH	CI	N/A	N/A	COLUMBIA	X	
COLUMBIA GLOBAL CENTERS INITIATIVE 4, RUE DE CHEVREUSE PARIS, FR 75006	RESEARCH	FR	N/A	N/A	COLUMBIA	X	
COL GLOBAL CENTER EASTERN & SOUTH AFRICA PO BOX 51412 NAIROBI, KE 00100	RESEARCH	KE	N/A	N/A	COLUMBIA	X	
CU MIDDLE EAST RESEARCH CENTER 5 MOH'D AL SA'D AL-BATAYNEH ST AMMAN, JO 11814	EDUC SUPPORT	JO	N/A	N/A	COLUMBIA	X	
CENTER FOR INTL PROGRAMS ZIMBABWE TRUST 39 LAWSON AV & 42 BATES ST HARARE, ZI	HLTH/RESEARCH	ZI	N/A	N/A	COLUMBIA	X	

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	(G) SEC 512 NO
ASSOC CENTRO PARA PROGRAMAS INTER BRASIL RUA MARIA EUGENIA 90301 RIO DE JANEIRO, BR 22261	EDUCATION	BR	N/A	N/A	GLOBAL S/WW	X	
KNIGHT FIRST AMDMT INST AT COLUMBIA 81-4759386 615 WEST 131ST STREET, MC:8741 NEW YORK, NY 10027	EDU/PMT EXPR	NY	501(C)(3)	12A	COLUMBIA	X	
CIP, NIGERIA LTD/GTE PLOT 817, CADASTRAL ZONE B04 JABI DISTRICT, ABUJA NI	RESEARCH	NI	N/A	N/A	CIP	X	
INT'L CENTER FOR AIDS CARE AND TREATMENT 10/F8 ROCKWELL BLDG ROCKWELL CTR, CITY OF MAKA	HEALTHCARE	RP	N/A	N/A	COLUMBIA	X	

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, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SEE SUPPLEMENTAL PAGE												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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	(i) No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE YES	(H) DISPROPORTIONATE NO	(I) CODE V-UBI	(J) PARTNER YES	(J) PARTNER NO	(K) % OWNERSHIP
GCM GRSVNR BLUE, LP 30-0773582 767 FIFTH AVE NEW YORK, NY 100	INVESTMENTS	DE	COLUMBIA	EXCLUDED	4,583,629.	6,052,923.		X	NONE			99.0420
CANAAN RSC PTRS DRL 36-4777388 6301 WATERFORD BOULEVARD OKC,	INVESTMENTS	OK	COLUMBIA	EXCLUDED	20,004,178.	105,041,449.		X	-72,258.			95.7417
STAR ASIA OP FD III 98-1291896 PO BOX 309 UGLAND HOUSE GRAND	INVESTMENTS	HK	COLUMBIA	EXCLUDED	-298,415.	91,943,062.		X	NONE			98.7653
CALUNIUS LIT RISK 98-0684876 PO #656, TRAFALGAR CT LES BANQ	INVESTMENTS	GK	COLUMBIA	EXCLUDED	2,614.	7,238,968.		X	NONE			75.8884
CALUNIUS LIT RISK 2 98-1162651 PO #656, TRAFALGAR CT LES BANQ	INVESTMENTS	GK	COLUMBIA	EXCLUDED	1,955.	8,577,927.		X	NONE			60.1994
CALUNIUS LIT RISK 3 98-1336667 PO #656, TRAFALGAR CT LES BANQ	INVESTMENTS	GK	COLUMBIA	EXCLUDED	11,656.	25,661,054.		X	NONE			64.0879
C/D INVESTORS FUND L.P. 84-363 ONE FAWCETT PLACE GREENWICH, C	INVESTMENTS	CT	COLUMBIA	EXCLUDED	17,395,691.	30,261,686.		X	NONE			99.9816
ALTOS HYBRID CU LLC 85-4387742 2882 SAND HILL RD, STE 100 MEN	INVESTMENTS	CA	COLUMBIA	EXCLUDED	-653,938.	16,171,751.		X	NONE			100.0000
D.E. SHAW ALL CNTRY GBL VAL AC 1166 AVENUE OF THE AMERICAS, 9	INVESTMENTS	DE	COLUMBIA	EXCLUDED	10,258,681.	229,749,302.		X	NONE			99.9992
LION FUND III-B LP 93-3752071 260 N JOSEPHINE ST, SUITE 220	INVESTMENTS	DE	COLUMBIA	EXCLUDED	NONE	1,619,044.		X	NONE			100.0000

THE TRUSTEES OF COLUMBIA UNIVERSITY 13-5598093

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

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

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

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES	NO
16 EAST 60TH STREET CORPORATION 13-3675222 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	REAL ESTATE	NY	COLUMBIA	C-CORP	NONE	NONE	100.0000	X	
2301 12TH AVENUE OWNERS CORP 99-1786950 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	REAL ESTATE	NY	COLUMBIA	C-CORP	NONE	NONE	100.0000	X	
COLUMBIA PRESBYTERIAN IPA 13-3396165 161 FORT WASHINGTON AVE., SUITE 1320 NEW YORK, NY 10032	PHYS PRACTICE	NY	COLUMBIA	C-CORP	NONE	NONE	100.0000	X	
FATHOM KNOWLEDGE NETWORK INC 13-4054997 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	NEW MEDIA	DE	COLUMBIA	C-CORP	NONE	NONE	100.0000	X	
FREEZER BOX INC 99-1596696 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	REAL ESTATE	NY	COLUMBIA	C-CORP	NONE	NONE	100.0000	X	
MORNINGSIDE INC 06-1430120 311 LOW MEMORIAL LIBRARY NEW YORK, NY 10027	REAL ESTATE	NY	COLUMBIA	C-CORP	NONE	NONE	100.0000	X	
COLUMBIA DOCTORS OF NEW JERSEY 26-4364931 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	HEALTHCARE	NJ	COLUMBIA	C-CORP	6,765,008.	1,735,594.	100.0000	X	
BEIJING DE GA INTRNTL CONSULTING CTR LTD TOWERA, TSINGHUA SCIENCEPARK CHENGFURD, HAIDIAN CH 100084	EDUCATION	CH	COLUMBIA	FOREIGN CORP	NONE	426,121.	100.0000	X	
COLUMBIA/PATRON SCOTLAND LP 50 LOTHIAN RD, FESTIVAL SQ EDINBURGH, SCOTLAND UK EH3 9BY	INVESTMENTS	UK	COLUMBIA	FOREIGN CORP	NONE	23,940.	100.0000	X	
CHARITABLE REMAINDER TRUSTS (61)	N/A	NY	COLUMBIA	TRUST					

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

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES	NO
POOLED INCOME FUNDS (2)	N/A	NY	COLUMBIA	TRUST					
CENTERS FOR INTERNATIONAL PROGRAMS 13-5598093 535 WEST 116TH STREET NEW YORK, NY 10027	PROGRAM SRVCS	DE	COLUMBIA	C-CORP	NONE	475,247.	100.0000	X	
GLOBAL HEALTH RESEARCH CNTR-CE 1255 AMSTERDAM AVENUE NEW YORK, NY 10027	PROGRAM SRVCS	DE	COLUMBIA	C-CORP	NONE	31,988.	100.0000	X	
ASSOCIACAO COLUMBIA GLOBAL CENTER/BRASIL RUA DA CANDELARIA, 9, 3O ANDAR CNT RIO DE JANEIRO, BR	PROGRAM SRVCS	BR	CGC LLC	N/A	NONE	99,576.	100.0000	X	
UNIVERSITY WOMEN'S REALTY CORPORATION 13-2524803 408 LOW MEMORIAL LIBRARY, MC: 4336 NEW YORK, NY 10025	REAL ESTATE	NY	COLUMBIA	C-CORP	NONE	NONE	100.0000	X	
COLUMBIA DOCTORS OF BERGEN COUNTY 47-3568473 615 WEST 131ST STREET, MC: 8741 NEW YORK, NY 10027	HEALTHCARE	NJ	COLUMBIA	C-CORP	531,920.	681,671.	100.0000	X	
COLUMBIA GLOBAL DANISMANLIK VE ARASTIRMA MECIDITE MAH MAVI SARAY, 37/7 SARIYER, TU	PROGRAM SRVCS	TU	COLUMBIA	FOREIGN CORP	1,512.	NONE	100.0000	X	
COLUMBIA RESEARCH AND CONSULTANCY SRVCS EXPRESS TOWERS, 11TH FL, NARIMAN PT MUMBAI, IN 400021	PROGRAM SRVCS	IN	CU INT'L PRJCTS	FOREIGN CORP	NONE	NONE	100.0000	X	
COLUMBIA RADIOLOGY, INC. 47-5288953 630 W 168TH ST NEW YORK, NY 10032	HEALTHCARE	NY	COLUMBIA	C-CORP	NONE	NONE	100.0000	X	
COLUMBIA DOCTORS OF CONNECTICUT PC 82-4894259 630 W 168TH ST NUM 2-460 NEW YORK, NY 10032	HEALTHCARE	CT	COLUMBIA	C-CORP	2,161,821.	427,220.	100.0000	X	

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

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% OWNERSHIP	(I) SEC 512(B)(13) YES	NO
BLC ENERGY FUND B LP 98-1458232 P.O. BOX 309 GRAND CAYMAN, CJ KY1-1104 CJ	INVESTMENTS	CJ	COLUMBIA	FOREIGN CORP	2,942,937.	8,059,016.	83.3330	X	
STAR ASIA CAPITAL CORP, LTD. 98-0525454 89 NEXUS WAY CAYMAN BAY, GRAND CAYMAN CJ	INVESTMENTS	CJ	STAR ASIA III	FOREIGN CORP	4,704,957.	58,260,856.	78.0100	X	
CIM (CAYMAN) LLC PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CJ KY1-1104	INVESTMENTS	CJ	COLUMBIA	FOREIGN CORP	-3,028,134.	69,472,150.	100.0000	X	
JAPAN-UP LIMITED PARTNERSHIP II 98-1434666 6/F MO BLDG HIGASHI. 3-14-15, SHIBUYA-KU, TOKYO JA 1	INVESTMENTS	CJ	COLUMBIA	FOREIGN CORP	45,892,149.	155,436,646.	59.3800	X	
ASARIGAWA ONSEN KAIHATSU KK 1-12-3 IWAMOTO-CHO, CHIYODA-KU TOKYO, JA 101-0032	REAL ESTATE	JA	COLUMBIA	FOREIGN CORP				X	
ASHWATER LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GY1	INVESTMENTS	GK	CALUNIUS 3	FOREIGN CORP	NONE	NONE	64.0879	X	
ELMBRIDGE LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GY1	INVESTMENTS	GK	CALUNIUS 2	FOREIGN CORP	NONE	NONE	60.1994	X	
FOXLEY LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GY1	INVESTMENTS	GK	CALUNIUS 3	FOREIGN CORP	NONE	NONE	64.0879	X	
FRENTORN LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GY1	INVESTMENTS	GK	CALUNIUS	FOREIGN CORP	NONE	NONE	74.9213	X	
INGLEFIELD LIMITED PO #656, TRAFALGAR CT LES BANQUES ST. PETER PORT, GK GY1	INVESTMENTS	GK	CALUNIUS 3	FOREIGN CORP	NONE	NONE	64.0879	X	

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

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

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

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES	NO
POLARIS ASIA CO., LTD. 1-12-3 IWAMOTO-CHO, CHIYODA-KU CHIYODA-KU, TOKYO JA 101-0	HOTEL OPS AND DEV	JA	POLARIS HOLDING	FOREIGN CORP	207,705.	19,451,630.	71.7900	X	
KK VALUE THE HOTEL MIYAGI 555-1 SENGARITA, KAMIYOUDEN, NATORI NATORI-SHI, MIYAGI JA	HOTEL OPERATION	JA	VALUE THE HOTEL	FOREIGN CORP				X	
RED PLANET PHILIPPINES SERVICE CORP 99 URBAN AVENUE, BRGY. PIO DEL PILA BRGY. PIO DEL PILAR,	OPERATIONS AND MA	RP	POLARIS HOLDING	FOREIGN CORP	-33,515.	3,384,036.	71.7900	X	
RPH PHILIPPINES LAND CORPORATION DON JUICO AVENUE, CLARKVIEW CLARKVIEW, MALABA ANGELES CIT	REAL ESTATE	RP	POLARIS HOLDING	FOREIGN CORP	55,750.	637,938.	71.7900	X	
JINGE CHINA A ENHANCEMENT FEEDER FUND C/O MAPLES CORPORATE SERVICES LIMIT PO BOX 309, UGLAND HO	INVESTMENTS	CJ	COLUMBIA	FOREIGN CORP	2,377,863.	87,491,489.	49.4900	X	
FINO HOTELS CO. LTD 1-12-3 IWAMOTO-CHO, CHIYODA-KU CHIYODA-KU, TOKYO JA 101-0	HOTEL OPERATION	JA	POLARIS HOLDING	FOREIGN CORP	30,066,416.	14,556,995.	71.7900	X	
GK TENJIN HOTEL KANRI 5-1-4 TORANOMON, MINATO-KU MINATO-KU, TOKYO JA 105-0001	REAL ESTATE	JA	ISH TENJIN HOTE	FOREIGN CORP				X	
GK TENJIN HOTEL UNEI 5-1-4 TORANOMON, MINATO-KU MINATO-KU, TOKYO JA 105-0001	REAL ESTATE	JA	ISH TENJIN HOTE	FOREIGN CORP				X	
GK TENJIN OODORI UNEI 5-1-4 TORANOMON, MINATO-KU MINATO-KU, TOKYO JA 105-0001	REAL ESTATE	JA	ISH TENJIN HOTE	FOREIGN CORP				X	
GK TOHOKU SOKI FUKKO SHIEN FUND 2 5-1-4 TORANOMON, MINATO-KU MINATO-KU, TOKYO JA 105-0001	REAL ESTATE	JA	POLARIS HOLDING	FOREIGN CORP	679,239.	759,639.	71.7900	X	

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

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% OWNERSHIP	(I) SEC 512(B)(13) YES	NO
GK VALUE THE HOTEL FUND 1-12-3 IWAMOTO-CHO, CHIYODA-KU CHIYODA-KU, TOKYO JA 101-0	REAL ESTATE	JA	POLARIS HOLDING	FOREIGN CORP	4,165,496.	18,109,583.	71.7900	X	
ISH TENJIN HOTEL KANRI 5-1-4 TORANOMON, MINATO-KU MINATO-KU, TOKYO JA 105-0001	REAL ESTATE	JA	POLARIS HOLDING	FOREIGN CORP	NONE	6,001.	71.7900	X	
POLARIS HOLDINGS CO., LTD. 1-12-3 IWAMOTO-CHO, CHIYODA-KU CHIYODA-KU, TOKYO JA 101-0	HOTEL OPS AND DEV	JA	STAR ASIA OPP I	FOREIGN CORP	22,484,158.	41,366,883.	71.7900	X	
PREMIER RESORT OPERATIONS CO., LTD. 1-12-3 IWAMOTO-CHO, CHIYODA-KU CHIYODA-KU, TOKYO JA 101-0	HOTEL OPERATION	JA	POLARIS HOLDING	FOREIGN CORP				X	
RED PLANET GLOBAL CORPORATION SUITE 2802 DISCOVERY CENTER, 25 ADB 25 ADB AVENUE ORTI, P	FRANCHISING	RP	RED PLANET HOLD	FOREIGN CORP	1.	88,730.	71.7900	X	
RED PLANET HOLDINGS (PHILLIPINES) LIMITE BRUMBY CENTRE LOT 42, JALAN MUHIBBA JALAN MUHIBBAH, LABUA	HOLDING COMPANY	RP	POLARIS ASIA CO	FOREIGN CORP	213,930.	32,959,379.	71.7900	X	
RED PLANET HOTELS BINONDO CORPORATION 251-61 JUAN LUNA ST. BRGY., 287, ZO 287, ZONE 27 BINONDO,	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	48,827.	7,877,352.	71.7900	X	
RED PLANET HOTELS CAGAYAN DE ORO CORPORA C.M. RECTO AVENUE, POBLACION POBLACION, CAGAYAN DE ORO RP	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	220,339.	3,225,747.	71.7900	X	
RED PLANET HOTELS CEBU CORPORATION NO.36 ARCHBISHOP REYES AVENUE, COR. COR. MOLAVE SQUARE, C	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	394,076.	2,978,278.	71.7900	X	
RED PLANET HOTELS DAVAO CORPORATION J.P. LAUREL AVENUE, BAJADA BAJADA, DAVAO CITY RP 8000	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	264,303.	4,077,303.	71.7900	X	

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

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% OWNERSHIP	(I) SEC 512(B)(13) YES	NO
RED PLANET HOTELS MANILA BAY CORPORATION BLK 341 LOT 1-B-3 ARQUIZA ST. CORNE ALHAMBRA S, MANILA CI	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	960,131.	16,061,712.	71.7900	X	
RED PLANET HOTELS MANILA CORPORATION LOT 12 BLOCK 32 CORNER, 10TH AVE. A 10TH AVE. AND 40TH ST	HOTEL DEVELOPMENT	RP	POLARIS ASIA CO	FOREIGN CORP	247,215.	18,141,172.	71.7900	X	
RED PLANET HOTELS ORTIGAS CORPORATION SHAW BOULEVARD, ORTIGAS CENTRE ORTIGAS CENTRE, PASIG CITY	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	73,213.	6,217,825.	71.7900	X	
RED PLANET HOTELS PARANAQUE CORPORATION BLK 2 LOT 38 BRADCO AVENUE, BACLARA BACLARAN, PARANQUE CI	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	585,329.	8,458,226.	71.7900	X	
RED PLANET HOTELS PASONG TAMO CORPORATIO 99 EXPORT DRIVE FORMERLY URBAN AVEN , MAKATI CITY RP 1230	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	265,463.	6,194,889.	71.7900	X	
RED PLANET HOTELS PHILIPPINES CORPORATIO 1740 A. MABINI ST. MALATE , MANILA RP 1004	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	915,747.	13,151,043.	71.7900	X	
RED PLANET HOTELS QUEZON CORPORATION 100 TIMOG AVENUE, BARANGAY SACRED H BARANGAY SACRED HEART	HOTEL DEVELOPMENT	RP	RED PLANET HOLD	FOREIGN CORP	52,725.	3,104,620.	71.7900	X	

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

		Yes	No
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		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	X	

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
(1)	ALTOS HYBRID CU LLC	B	4,348,103.	FMV
(2)	ALTOS HYBRID CU LLC	S	499,930.	FMV
(3)	BLC ENERGY FUND B LP	S	528,814.	FMV
(4)	CALUNIUS LITIGATION RISK FUND 3 LP	B	587,200.	FMV
(5)	CALUNIUS LITIGATION RISK FUND 2 LP	S	13,589,302.	FMV
(6)	CALUNIUS LITIGATION RISK FUND LP	B	238,316.	FMV

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

		Yes	No
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		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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
(1)	CANAAN RESOURCE PARTNERS DRILLING FUND LP	S	9,956,901.	FMV
(2)	C/D INVESTORS FUND LP	S	6,777,929.	FMV
(3)	GCM GROSVENOR BLUE LP	B	53,506.	FMV
(4)	GCM GROSVENOR BLUE LP	S	391,653.	FMV
(5)	DE SHAW ALL COUNTRY GLOBAL VALUE ACTIVE FUND	B	219,219,414.	FMV
(6)	JAPAN-UP LIMITED PARTNERSHIP II	B	2,183,578.	FMV

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

		Yes	No
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		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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
(1)	LION FUND III-B LP	B	2,697,334.	FMV
(2)	LION FUND III-B LP	S	151,510.	FMV
(3)	STAR ASIA OPPORTUNITY FUND III LP	S	10,890,598.	FMV
(4)	KNIGHT FIRST AMDMT INST AT COLUMBIA	B	2,826,439.	FMV
(5)	COLUMBIA UNIVERSITY HEALTHCARE INC	B	12,809,000.	FMV
(6)	REID HALL	S	321,187.	FMV

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

		Yes	No
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		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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
(1)	MERIT ENERGY PARTNERS V LP	S	6,409,460.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

SUPPLEMENTAL INFORMATION

SCHEDULE R

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

SCHEDULE R, PART I

END-OF-YEAR ASSET REPORTING

CERTAIN DISREGARDED ENTITIES LISTED IN SCHEDULE R, PART I MAY HOLD VEHICLES, OFFICE EQUIPMENT AND RELATED ITEMS, THE VALUE OF WHICH IS INCLUDED IN THE UNIVERSITY'S BALANCE SHEET IN PART X OF THIS FORM 990 BUT IS NOT REFLECTED IN COLUMN (E) END-OF-YEAR ASSETS.

SCHEDULE R, PART IV

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

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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

The Trustees of Columbia University in the City of New York

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) 501 (c) (3) Nonprofit Corporation

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 1

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) A

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

615 West 131st Street, 3rd Fl.

6 City, state, and ZIP code

New York, NY 10027

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

1	3	–	5	5	9	8	0	9	3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** Mark L Hoeft **Date** May 1, 2024

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program	Columbia Classic						
FY 2025-2026							
Event Income/Expense Report							
Expenses	**2025-2026 projection**	**2024-2025 actuals**	**VAR+10% increase**	**Income**	**2025-2026 projection**	**2024-2025 actuals**	**VAR**
Greens Fees	**$15,000.00**	**$10,650.00**	**$4,350.00**	Entry Fees	$25,000.00	$24,750.00	**$250.00**
Awards	**$150.00**	**$120.00**	**$30.00**	Columbia Parent Fund	$10,000.00	$10,000.00	**$0.00**
Food and Beverage	**$15,000.00**	**$14,650.00**	**$350.00**				**$0.00**
Water	**$250.00**	**$250.00**	**$0.00**				**$0.00**
Athletic Trainer	**$1,800.00**	**$1,800.00**	**$0.00**				**$0.00**
Officials	**$3,225.00**	**$3,225.00**	**$0.00**				**$0.00**
			$0.00				**$0.00**
			$0.00				**$0.00**
Expenses Subtotal	**$35,425.00**	**$30,695.00**	**$4,730.00**				**$0.00**
Other Expenses							**$0.00**
			$0.00				**$0.00**
			$0.00				**$0.00**
			$0.00	**Income Subtotal**	**$35,000.00**	**$34,750.00**	**$250.00**
			$0.00				
			$0.00	*Cash in Bank to start*			**$0.00**
			$0.00	**Other Income**			
				TDC grant funding	$3,450.00	$15,000.00	**-$11,550.00**
							$0.00
				Other Income Subtotal	**$3,450.00**	**$15,000.00**	**-$11,550.00**
Other Expenses Subtotal	**$0.00**	**$0.00**	**$0.00**	**Total Income**	**$38,450.00**	**$49,750.00**	**-$11,300.00**
Marketing - please specify Brevard/Out-of-County							
			$0.00	**Total Expenses Paid**	**$35,425.00**	**$30,695.00**	**$4,730.00**
			$0.00				
			$0.00	**Profit/Loss**	**$3,025.00**	**$19,055.00**	**-$16,030.00**
			$0.00				
			$0.00				
			$0.00				
			$0.00				
			$0.00				
Marketing Subtotal	**$0.00**	**$0.00**	**$0.00**				
Total Expenses 2025-2026	**$35,425.00**	**$30,695.00**	**$4,730.00**				
.							

Space Coast
FLORIDA

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

Applicant organization name: Columbia University Women's Golf

Applicant event name: Columbia Classic

Applicant name completing this form: Amy Weeks

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2–9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	**Application** –	aew	TP	
2.	**Copy of IRS Articles of Incorporation** – (submit if for-profit)	aew	TP	
3.	**Copy of IRS Determination Letter** – (submit if 501(c)(3)	aew	TP	
4.	**Copy of SunBiz.com** - (if applicable, see application for details)		TP	N/A
5.	**Copy of 990 form** (if applicable, see application)	aew	TP	
6.	**Copy of completed W-9 form** (March 2024)	aew	TP	
7.	**Income/Expense worksheet** (required for all applicants)	aew	TP	
8.	**Copy of this checklist** – (completed, initialed, and signed by applicant)	aew	TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

AEW June 20, 2026

Applicant signature & date