

Marketing Support Program – FY 2025-26

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Sports Events

- Cocoa Beach Spring Training
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- Space Coast Cup/Soccer
- Florida Marathon
- Cocoa Beach Half Marathon
- Space Coast Clash/Soccer
- Cocoa Beach Triathlon
- Central Brevard Soccer/Winter Classic
- Central Brevard Soccer/Hurricane
- Classic NKF Surf
- University of Louisville/Moon Golf

Cocoa Beach Spring Training

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

Applicant Organization Name: Brevard Production, Inc

Applicant Event Name: Cocoa Beach Spring Training

	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
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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:40 Data

2. (untitled)

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



Signature of: Giles Malone

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Giles Malone

Organization address

2230 Sykes Creek Drive

State

FL

City

Merritt Island

Zip

32953

Primary contact name

Giles Alleyne James Malone

Primary contact phone number

3213234460

Primary contact email

gilesmalone@gmail.com

Secondary contact name

Tom Palermo

Secondary contact phone number

321-615-8111

Secondary contact email

palermo.tom@gmail.com

Organization website address

www.CocoaBeachSpringTraining.com

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

20-4569017

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Cocoa Beach Spring Training

Event website address (if different from organization website)

www.CocoaBeachSpringTraining.com

Event location

Mitchell Ellington Park, Cone Road, Merritt Island, Florida

9. (untitled)

8. What is the first date of your event?

02/14/2026

10. (untitled)

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

21+

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

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

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

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

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/cocoabeachbaseballspringtraining>

Instagram : https://www.instagram.com/p/DHwE3r9J43g/?utm_source=ig_web_copy_link&igsh=MzRIODBiNWFIZA==

YouTube : https://www.youtube.com/@space_coast_daily

22. (untitled)

13. What hashtags do you currently use?

#cocoabeachbaseball

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.

[BPI_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.

[SunBiz_Annual_Report.pdf](#)

27. (untitled)

16. Upload your completed W-9 form.

[Brevard_Productions_W9.pdf](#)

28. (untitled)

17. Upload your completed Event Income/Expense report.

[_TDC_Grant_request_Income_and_Expenses_Spring_Training_-_Sheet1.pdf](#)

29. (untitled)

18. Upload your completed Checklist.

[TDC_Checklist.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.

A handwritten signature in black ink, appearing to read "Giles Malone". The signature is fluid and cursive, with the first name "Giles" written in a larger, more prominent script than the last name "Malone".

Signature of: Giles Malone

31. Thank You!

New Send Email

Jun 01, 2025 22:02:49 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

**Electronic Articles of Incorporation
For**

P05000165265
FILED
December 20, 2005
Sec. Of State
shawkes

BREVARD PRODUCTION, INC.

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

Article I

The name of the corporation is:

BREVARD PRODUCTION, INC.

Article II

The principal place of business address:

750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

The mailing address of the corporation is:

750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

100

Article V

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

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

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

P05000165265
FILED
December 20, 2005
Sec. Of State
shawkes

Registered Agent Signature: THOMAS J. PALERMO

Article VI

The name and address of the incorporator is:

THOMAS J. PALERMO
750 AVOCADO DR.
MERRITT ISLAND
32953

Incorporator Signature: THOMAS J. PALERMO

Article VII

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

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

Article VIII

The effective date for this corporation shall be:

12/20/2005



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
BREVARD PRODUCTION, INC.

Filing Information

Document Number	P05000165265
FEI/EIN Number	20-4569017
Date Filed	12/20/2005
Effective Date	12/20/2005
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/03/2013

Principal Address

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

Mailing Address

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

Registered Agent Name & Address

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

Officer/Director Detail

Name & Address

Title P

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

Title D

MALONE, GILES
2230 SYKES CREEK DR.
MERRITT ISLAND, FL 32953

Annual Reports

Report Year	Filed Date
2023	04/13/2023
2024	04/29/2024
2025	04/29/2025

Document Images

04/29/2025 -- ANNUAL REPORT	View image in PDF format
04/29/2024 -- ANNUAL REPORT	View image in PDF format
04/13/2023 -- ANNUAL REPORT	View image in PDF format
04/10/2022 -- ANNUAL REPORT	View image in PDF format
04/22/2021 -- ANNUAL REPORT	View image in PDF format
06/26/2020 -- ANNUAL REPORT	View image in PDF format
04/17/2019 -- ANNUAL REPORT	View image in PDF format
04/24/2018 -- ANNUAL REPORT	View image in PDF format
04/30/2017 -- ANNUAL REPORT	View image in PDF format
08/31/2016 -- 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
10/03/2013 -- REINSTATEMENT	View image in PDF format
05/01/2012 -- ANNUAL REPORT	View image in PDF format
10/07/2011 -- REINSTATEMENT	View image in PDF format
10/02/2010 -- REINSTATEMENT	View image in PDF format
10/12/2009 -- REINSTATEMENT	View image in PDF format
06/16/2008 -- ANNUAL REPORT	View image in PDF format
08/26/2007 -- ANNUAL REPORT	View image in PDF format
07/23/2006 -- ANNUAL REPORT	View image in PDF format
12/20/2005 -- Domestic Profit	View image in PDF format

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165265

Entity Name: BREVARD PRODUCTION, INC.

Current Principal Place of Business:

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

Current Mailing Address:

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

FEI Number: 20-4569017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS J PALERMO

P

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date

**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.) <u>Brevard Production</u>	
	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. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. <u>2230 Sykes Creek Dr.</u>	Requester's name and address (optional)
6 City, state, and ZIP code <u>Merritt Island, FL 32953</u>		
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									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 <u>Alex Malone</u>	Date <u>1/1/2025</u>
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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	Cocoa Beach Spring Training						
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 rentals	\$8,000.00	\$7,500.00	\$500.00	Commissions	\$52,500.00	\$45,240.00	\$7,260.00
Umpires	\$33,000.00	\$30,000.00	\$3,000.00	Hotels	\$561,029.00	\$541,069.00	\$19,960.00
Sanctioning	\$950.00	\$950.00	\$0.00				\$0.00
T-shirts	\$2,200.00	\$1,923.00	\$277.00				\$0.00
Brochures	\$3,125.00	\$3,125.00	\$0.00				\$0.00
Hotels	\$444,168.00	\$424,154.00	\$20,014.00				\$0.00
Payroll	\$111,000.00	\$111,000.00	\$0.00				\$0.00
			\$0.00				\$0.00
Expenses Subtotal	\$602,443.00	\$578,652.00	\$23,791.00				\$0.00
Other Expenses							\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00	Income Subtotal	\$613,529.00	\$586,309.00	\$27,220.00
			\$0.00				
			\$0.00	Cash in Bank to start			\$0.00
			\$0.00	Other Income			
			\$0.00	TDC funding	\$25,000.00	\$15,000.00	\$10,000.00
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00	Other Income Subtotal	\$25,000.00	\$15,000.00	\$10,000.00
Other Expenses Subtotal	\$0.00	\$0.00	\$0.00	Total Income	\$638,529.00	\$601,309.00	\$37,220.00
Marketing - please specify Brevard/Out-of-County							
			\$0.00	Total Expenses Paid	\$602,443.00	\$578,652.00	\$23,791.00
			\$0.00				
			\$0.00	Profit/Loss	\$36,086.00	\$22,657.00	\$13,429.00
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$0.00	\$0.00	\$0.00				
Total Expenses 2025-2026	\$602,443.00	\$578,652.00	\$23,791.00				

Space Coast FLORIDA

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

Applicant organization name: Brevard Production Inc.

Applicant event name: Cocoa Beach Spring Training

Applicant name completing this form: Giles Malone

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

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

Giles Malone June 1, 2025

Space Coast Spring Games Softball

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

Applicant Organization Name: Canales Legacy Unlimited, LLC

Applicant Event Name: Space Coast Spring Games

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

 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:71 Data

2. (untitled)

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



Signature of: Victorio Canales

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

Canales Legacy Unlimited LLC

Organization address

521 eastbrook drive

State

IN

City

Decatur

Zip

46733

Primary contact name

Victor Canales

Primary contact phone number

2607011400

Primary contact email

victor@canaleslegacyunlimited.com

Secondary contact name

Stephanie Canales

Secondary contact phone number

2603073412

Secondary contact email

steph@canaleslegacyunlimited.com

Organization website address

www.spacecoastspringgames

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

For profit, LLC, Inc., etc.

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

93-2940129

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 Spring Games

Event website address (if different from organization website)

www.spacecoastspringgames.com

Event location

Viera, Florida

9. (untitled)

8. What is the first date of your event?

02/23/2026

10. (untitled)

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

21+

11. (untitled)

10. Do you have a second event?

Yes

12. (untitled)

11. **EVENT INFORMATION - #2**

Name of event

Space Coast Spring games

Event website address (if different from organization website)

www.spacecoastspringgames.com

Event location

Viera, Florida

13. (untitled)

12. What is the first date of your event?

03/15/2026

14. (untitled)

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

14

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.)

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 : Space Coast Spring Games

Instagram : @spacecoastspringgames

22. (untitled)

17. What hashtags do you currently use?

#spacecoastspringgames, #scspringgames

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.

[Canales_LLC_certificate_of_organization.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.

[Canales_Legacy_Unlimited_w9_\(2\).pdf](#)

28. (untitled)

21. Upload your completed Event Income/Expense report.

[Space_Coast_Spring_games_softball.pdf](#)

29. (untitled)

22. Upload your completed Checklist.

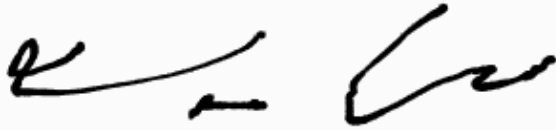
[MSP_applicant_checklist_5.30.2025.pdf](#)

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.

A handwritten signature in black ink, appearing to read 'Victor Canales', is displayed on a light gray background.

Signature of: Victor Canales

31. Thank You!

New Send Email

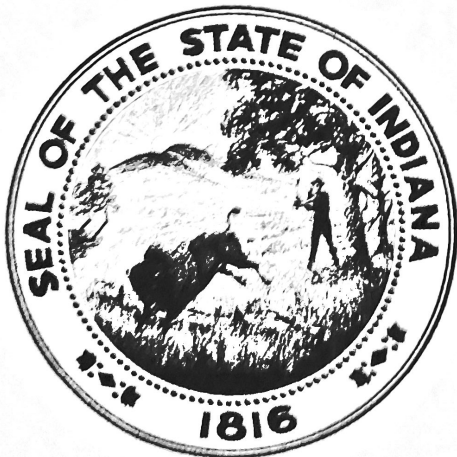
Jun 07, 2025 14:58:38 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

State of Indiana
Office of the Secretary of State

Certificate of Organization
of
CANALES LEGACY UNLIMITED, LLC

I, DIEGO MORALES, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, August 04, 2023.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 04, 2023.

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202308041713510 / 9970329

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

**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.)		
	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____ <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6 City, state, and ZIP code		
	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									
				-					

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 4/1/25
------------------	--	--------------------

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	Space Coast Spring Games						
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
Officials	\$176,000.00	\$108,000.00	\$68,000.00	Team payments	\$242,000.00	\$120,120.00	\$121,880.00
Hotels for officials	\$42,000.00	\$37,500.00	\$4,500.00	Souvenir	\$17,000.00	\$18,000.00	-\$1,000.00
Food for officials	\$7,500.00	\$4,500.00	\$3,000.00	USSSA gate reimbursement	\$22,000.00	\$19,500.00	\$2,500.00
Broadcasting	\$7,500.00	\$7,500.00	\$0.00	Sponsorship	\$25,000.00	\$14,500.00	\$10,500.00
Pro softball player appearance	\$0.00	\$1,825.00	-\$1,825.00	Rebate from housing	\$12,000.00	\$10,000.00	\$2,000.00
Assignor fee	\$15,000.00	\$22,000.00	-\$7,000.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
Expenses Subtotal	\$248,000.00	\$181,325.00	\$66,675.00				\$0.00
Other Expenses							\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00	Income Subtotal	\$318,000.00	\$182,120.00	\$135,880.00
			\$0.00				
			\$0.00	Cash in Bank to start	\$0.00	\$15,000.00	-\$15,000.00
			\$0.00	Other Income			
			\$0.00	TDC grant funding	\$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	\$0.00	\$0.00	\$0.00	Total Income	\$343,000.00	\$207,120.00	\$135,880.00
Marketing - please specify Brevard/Out-of-County							
Electronic out of county	\$2,500.00	\$0.00	\$2,500.00	Total Expenses Paid	\$250,500.00	\$181,325.00	\$69,175.00
			\$0.00				
			\$0.00	Profit/Loss	\$92,500.00	\$25,795.00	\$66,705.00
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$2,500.00	\$0.00	\$2,500.00				
Total Expenses 2025-2026	\$250,500.00	\$181,325.00	\$69,175.00				

Space Coast FLORIDA

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

Applicant organization name: Canales Legacy Unlimited LLC


Applicant event name: Space Coast Spring Games

Applicant name completing this form: Victor Canales

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

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

 C/19/25
Applicant signature & date

Space Coast Cup/Soccer

[Return to Table of Contents](#)



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

Applicant Organization Space Coast United Soccer

Applicant Event Name: Space Coast Cup

	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.

Peter Cranis 7/7/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:50 Data

2. (untitled)

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



Signature of: Kelly Rogers

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Space Coast United Soccer

Organization address

7824 Citrus Creek Dr

State

FL

City

Melbourne

Zip

32940

Primary contact name

Kelly Rogers

Primary contact phone number

3214030755

Primary contact email

kelly.rogers@spacecoastsoccer.org

Secondary contact name

Bev Gibbs

Secondary contact phone number

3217200890

Secondary contact email

admin@spacecoastsoccer.org

Organization website address

<https://spacecoastsoccer.org/>

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

501(C)(3)

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

592377476

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

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

8. (untitled)**7. EVENT INFORMATION - #1****Name of event**

Space Coast Cup

Event website address (if different from organization website)

spacecoastsoccer.org

Event location

Viera Regional Park, Rotary Park, and Dick Blake Park

9. (untitled)

8. What is the first date of your event?

11/14/2025

10. (untitled)

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

3

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

11. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

12. What is the first date of your event?

14. (untitled)

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

15. (untitled)

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?

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 : <https://facebook.com/SpaceCoastUnited>

Instagram : @spacecoastsoccer.org

22. (untitled)

17. What hashtags do you currently use?

N/A

23. (untitled)

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

[SCUSC_cert_of_exemption_2025-2030.pdf](#)

24. (untitled)

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

[2024_Tax_Return_990_\(Space_Coast_United_Soccer_Club_Inc_-_Client_Copy\)_UL.pdf](#)

25. (untitled)

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

26. (untitled)

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

[Sunbiz_Detail_by_Entity.pdf](#)

27. (untitled)

21. Upload your completed W-9 form.

[SCU_W-9_\(2\).pdf](#)

28. (untitled)

22. Upload your completed Event Income/Expense report.

[Space_Coast_Cup_and_Space_Coast_Clash.pdf](#)

29. (untitled)

23. Upload your completed Checklist.

[Space_Coast_Cup_and_Clash.pdf](#)

30. (untitled)

24.

ATTESTATION

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

A handwritten signature in black ink, appearing to read "Kelly Rogers". The signature is written in a cursive, flowing style.

Signature of: Kelly Rogers

31. Thank You!

New Send Email

Jun 05, 2025 12:30:40 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

Internal Revenue Service

Department of the Treasury

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

Date: December 11, 2000

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

Person to Contact:
Tonya Martin 31-07387
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
59-2377476

Dear Sir or Madam:

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

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

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

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

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

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

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

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

Space Coast United Soccer Club, Inc.
59-2377476

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

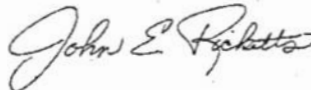
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public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

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

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

This letter affirms your organization's exempt status.

Sincerely,



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

[Previous On List](#) [Next On List](#) [Return to List](#)

space coast united soccer cl

[Events](#) **No Name History**

Detail by Entity Name

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

Filing Information

Document Number	N05264
FEI/EIN Number	59-2377476
Date Filed	09/20/1984
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	06/11/1998

Principal Address

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/21/2007

Mailing Address

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/15/2009

Registered Agent Name & Address

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

Name Changed: 01/09/2025

Address Changed: 06/06/2014

Officer/Director Detail

Name & Address

Title President

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

Title VP

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

Title Treasurer

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

Title Administrator

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

Title Assistant

Gibbs, Beverly
PO Box 410301
Melbourne, FL 32941

Annual Reports

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

Document Images

FOR TAX YEAR 2024

SPACE COAST UNITED SOCCER CLUB, INC

Boehm & Associates, Inc.

1934 Dairy Road

W Melbourne, FL 32904

(321)956-1800

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

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Space Coast United Soccer Club, Inc Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 410301 City or town, state or province, country, and ZIP or foreign postal code Melbourne, FL 32941 F Name and address of principal officer:	D Employer identification number 59-2377476 E Telephone number (321) 288-0449 G Gross receipts \$ 2,237,767 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: www.spacecoastsoccer.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1984 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Promote youth physical activity through the sport of soccer		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	62
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,730,922	Current Year 1,958,098
	9 Program service revenue (Part VIII, line 2g)	441,379	279,544
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	147	125
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,172,448	2,237,767
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,066,353	1,146,724
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,025,340	618,418
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,091,693	1,765,142
	19 Revenue less expenses. Subtract line 18 from line 12	80,755	472,625
	20 Total assets (Part X, line 16)	Beginning of Current Year 1,253,949	End of Year 1,564,575
	21 Total liabilities (Part X, line 26)	81,792	133,930
	22 Net assets or fund balances. Subtract line 21 from line 20	1,172,157	1,430,645

Part II Signature Block

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

Sign Here	Brad Oxley Signature of officer	Date			
	Brad Oxley, Treasurer Type or print name and title				
Paid Preparer Use Only	Preparer's name Jacquelyn Boehm	Preparer's signature	Date 03-16-2025	Check <input type="checkbox"/> if self-employed	PTIN XXXXXXXXXX
	Firm's name Boehm & Associates, Inc.	Firm's EIN			
	Firm's address 1934 Dairy Road W Melbourne FL 32904	Phone no. 321-956-1800			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2024)

Part III

Statement of Program Service Accomplishments

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

- 1

Briefly describe the organization's mission:
Promote youth physcial activity through the sport of soccer
- 2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4

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

(Code:) (Expenses \$ **1,737,702** including grants of \$) (Revenue \$)
To provide educational, cultural, recreational, and/or social benefits to youth. The organization serves over 1450 youths annually through soccer training and competition.
- 4b

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

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

Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)
- 4e

Total program service expenses **1,737,702**

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 <input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <input checked="" type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 <input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	35
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	<input checked="" type="checkbox"/>

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 62		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

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

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

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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) Kara Ehrhardt Vice President	5.00	X						0	0	0
(2) Adam Ferguson Director	5.00	X						0	0	0
(3) Kevin Koegel Director	5.00	X						0	0	0
(4) Kellie McGuire Director	5.00	X						0	0	0
(5) Todd Olson Director	5.00	X						0	0	0
(6) Matt Shannon Director	5.00	X						0	0	0
(7) David Trout Director	5.00	X						0	0	0
(8) Allie Goff President	20.00			X				0	0	0
(9) Brad Oxley Treasurer	20.00			X				0	0	0
(10) Mike Perry Vice President	20.00			X				0	0	0
(11) Scott Armstrong Exec Dir Coaching	60.00				X			0	0	0
(12)										
(13)										
(14)										

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

2

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

0

3

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

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

Yes

No

X

X

X

Section B. Independent Contractors

1

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

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

2

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	1,941,248			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	16,850			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		1,958,098			
Program Service Revenue		Business Code				
	2a Misc Other Donations	900099	21,526	21,526		
	b Field Hosting Commssion	900099	1,853	1,853		
	c Camp Revenue	711210	84,624	84,624		
	d Rebates	711210	16,431	16,431		
	e Tournament Fees	711210	155,110	155,110		
	f All other program service revenue					
	g Total. Add lines 2a-2f		279,544			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		125	125		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a (i) Real (ii) Personal				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
	11a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,237,767	279,669	0	0

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	203,520	203,520		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	862,016	831,116	30,900	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits				
10 Payroll taxes	81,188	81,188		
11 Fees for services (nonemployees):				
a Management				
b Legal	1,598	1,598		
c Accounting	1,300		1,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . .				
12 Advertising and promotion	4,555	4,555		
13 Office expenses	3,255		3,255	
14 Information technology				
15 Royalties				
16 Occupancy	74,393	74,393		
17 Travel	3,896	3,896		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,090	8,090		
23 Insurance	37,117	26,649	10,468	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Soccer Program Expenses	220,212	220,212		
b Continuing Education	3,719	3,719		
c Business License and Permits	20,775	20,775		
d Tournament Expenses	138,594	138,594		
e All other expenses	100,914	119,397	(18,483)	
25 Total functional expenses. Add lines 1 through 24e. .	1,765,142	1,737,702	27,440	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	493,370	1	563,070
	2 Savings and temporary cash investments	738,981	2	974,106
	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 134,268		
	b Less: accumulated depreciation	10b 106,869	21,598	10c 27,399
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,253,949	16	1,564,575	
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	81,792	25	133,930
	26 Total liabilities. Add lines 17 through 25	81,792	26	133,930
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,172,157	27	1,430,645
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,172,157	32	1,430,645
	33 Total liabilities and net assets/fund balances	1,253,949	33	1,564,575

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	2,237,767
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,765,142
3	Revenue less expenses. Subtract line 2 from line 1	3	472,625
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,172,157
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	(214,137)
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,430,645

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

Employer identification number

Space Coast United Soccer Club, Inc

59-2377476

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2024

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	896,953	1,142,890	1,447,232	1,730,924	1,958,098	7,176,097
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	247,368	357,311	4,520	20,915	279,544	909,658
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,144,321	1,500,201	1,451,752	1,751,839	2,237,642	8,085,755
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						8,085,755

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	1,144,321	1,500,201	1,451,752	1,751,839	2,237,642	8,085,755
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	981	277	138	147		1,543
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	981	277	138	147		1,543
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,145,302	1,500,478	1,451,890	1,751,986	2,237,642	8,087,298
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	99.98 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	99.97 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) . . .	17	0 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	0 %

- 19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
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.		
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.		
1		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

Client Copy

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

Open to Public
Inspection

Name of the organization

Employer identification number

Space Coast United Soccer Club, Inc

59-2377476

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

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

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input checked="" type="checkbox"/> 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.	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	\$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	134,268		106,869	27,399
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				27,399

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll	86,613
(3) Chase CC	47,317
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	133,930

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)

Client Copy

Name of the organization	Employer identification number
Space Coast United Soccer Club, Inc	59-2377476

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

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

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

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

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

2024

Attachment
Sequence No. 179

Name(s) shown on return

Space Coast United Soccer Club,

Business or activity to which this form relates

FORM 990 - 1

Identifying number

59-2377476

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	7,233
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	January 2024					857
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	8,090
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

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

2024Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

Space Coast United Soccer Club, Inc**59-2377476**

Name and title of officer or person subject to tax

Brad Oxley, Treasurer**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 <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b <u>2,237,767</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) 2b _____
3a Form 1120-POL check here. <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) 3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5). 4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c). 5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) 6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1). 7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) 8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19). 9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b _____

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

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

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

PIN: check one box only

☒ I authorize Boehm & Associates, Inc. to enter my PIN 77476 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date **03-20-2025****Part III Certification and Authentication**

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

504572 32904**Do not enter all zeros**

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

ERO's signature

Date **03-16-2025**

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

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

Form 8879-TE (7-2024)

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

Space Coast United Soccer Club, Inc

59-2377476

Form 4562 - Line 19b

Statement #567

Basis	RP	CV	Method	Deduction
812	5	MQ	200 DB	203
7,200	5	MQ	200 DB	360
5,880	5	MQ	200 DB	<u>294</u>
Total				<u><u>857</u></u>

Client Copy

990

Overflow Statement

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

2024

Page 1

Name(s) as shown on return

FEIN

Space Coast United Soccer Club, Inc

59-2377476

Membership Dues

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

Part IX, Line 24e, Other Expenses Program Services

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

Pt IX, Line 24e Other Expenses Mgmt and General

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

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

2024

PAGE 1

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

Name(s) as shown on return

Social security number/EIN

Space Coast United Soccer Club, Inc

59-2377476

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Trailer 2	07-24-2021	799		100.00			799	7	200 DB HY	12.49	799		799	
2	Aed	08-18-2021	650		100.00			650	7	200 DB HY	12.49	650		650	
3	Aed-2	08-18-2021	650		100.00			650	7	200 DB HY	12.49	650		650	
4	4x16 Forza Goal	09-15-2021	1,067		100.00			1,067	7	200 DB HY	12.49	1,067		1,067	
5	4x16 Forza Goal-2	09-15-2021	1,067		100.00			1,067	7	200 DB HY	12.49	1,067		1,067	
6	Goals	08-24-2012	4,000		100.00			4,000	7		0	4,000		4,000	
7	Golf Cart	10-19-2014	2,000		100.00			2,000	7		0	2,000		2,000	
8	Pop Up Goals	02-26-2015	4,500		100.00			4,500	7		0	4,500		4,500	
9	Pop Up Goals	06-04-2015	3,786		100.00			3,786	7		0	3,786		3,786	
10	Shed	09-10-2015	15,050		100.00			15,050	7		0	15,049		15,049	
11	Field Security Netting	09-22-2015	6,750		100.00			6,750	7		0	6,750		6,750	
12	8x24 Soccer Goal	08-22-2017	2,650		100.00			2,650	7	200 DB HY	4.46	2,532	118	2,650	
13	6.5x18.5 Soccer Goal	08-22-2017	2,400		100.00			2,400	7	200 DB HY	4.46	2,293	107	2,400	
14	Computer {New in 2017	08-30-2017	2,000		100.00			2,000	7	200 DB HY	4.46	2,000		2,000	
15	7.5' Aluminum Bench	10-02-2018	709		100.00			709	7	200 DB MQ	8.73	593	62	655	
16	8'x24' Soccer Goal 2	10-23-2018	2,825		100.00			2,825	7	200 DB MQ	8.73	2,363	247	2,610	
17	15' Aluminum Bench	11-12-2018	908		100.00			908	7	200 DB MQ	8.73	759	79	838	
18	15' Aluminum Bench 2	01-16-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
19	15' Aluminum Bench 3	01-16-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
20	15' Aluminum Bench 4	01-16-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
21	15' Alumunum Bench 5	01-16-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
22	7.5" Aluminum Bench 3	01-16-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
23	7.5" Aluminum Bench 2	01-16-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
24	7.5" Aluminum Bench 4	01-16-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
25	7' x 21' Soccer Goal	03-13-2019	2,800		100.00			2,800	7	200 DB HY	8.92	2,800		2,800	
26	8'x24' Soccer Goal 3	03-13-2019	2,950		100.00			2,950	7	200 DB HY	8.92	2,950		2,950	
27	7.5' Aluminum Bench 5	03-25-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
28	15' Aluminum Bench 7	03-25-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
29	15' Aluminum Bench 8	03-25-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
30	15' Aluminum Bench 6	03-25-2019	908		100.00			908	7	200 DB HY	8.92	908		908	

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

2024

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Name(s) as shown on return

Social security number/EIN

Space Coast United Soccer Club, Inc

59-2377476

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	7.5' Aluminum Bench 7	03-25-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
32	7.5' Aluminum Bench 6	03-25-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
33	Drinks Cooler	05-06-2019	975		100.00			975	7	200 DB HY	8.92	975		975	
34	7.5' Aluminum Bench 8	09-12-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
35	Trailer	09-18-2019	731		100.00			731	7	200 DB HY	8.92	731		731	
36	6.5 x 18.5 Shooting G	10-04-2019	500		100.00			500	7	200 DB HY	8.92	500		500	
37	6.5 x 18.5 Shooting G	10-04-2019	500		100.00			500	7	200 DB HY	8.92	500		500	
38	8x24 Shooting Goal 2	10-04-2019	600		100.00			600	7	200 DB HY	8.92	600		600	
39	8x24 Shooting Goal	10-04-2019	600		100.00			600	7	200 DB HY	8.92	600		600	
40	Lightning Detector	03-09-2020	3,396		100.00			3,396	7	200 DB MQ	8.75	3,396		3,396	
41	7x12 Soccer Goal 2	04-28-2020	2,800		100.00			2,800	7	200 DB MQ	8.87	2,800		2,800	
42	Video Camera	08-25-2020	600		100.00			600	7	200 DB MQ	9.3	600		600	
43	Ipad	09-05-2020	1,099		100.00			1,099	7	200 DB MQ	9.3	1,099		1,099	
44	6.5 x 18.5 Soccer Goa	10-26-2020	2,800		100.00			2,800	7	200 DB MQ	10.04	2,800		2,800	
45	6.5 x 18.5 Soccer Goa	10-26-2020	2,800		100.00			2,800	7	200 DB MQ	10.04	2,800		2,800	
46	7x12 Soccer Goal 3	11-05-2020	2,800		100.00			2,800	7	200 DB MQ	10.04	2,800		2,800	
47	2 Soccer Goal Dollies	05-31-2022	1,318		100.00			1,318	7	200 DB HY	17.49	511	231	742	
48	2013 Yamaha Golf Cart	09-23-2022	3,000		100.00			3,000	7	200 DB HY	17.49	1,164	525	1,689	
49	7 x 21 Soccer Goas	04-30-2022	626		100.00			626	7	200 DB HY	17.49	242	109	351	
50	4 - 7 x 21 Soccer Goa	06-01-2022	6,975		100.00			6,975	7	200 DB HY	17.49	2,705	1,220	3,925	
51	4 - 8 x 24 Soccer Goa	06-30-2022	7,525		100.00			7,525	7	200 DB HY	17.49	2,918	1,316	4,234	
52	6.5 x 18.5 Soccer Goa	11-30-2022	3,150		100.00			3,150	7	200 DB HY	17.49	1,221	551	1,772	
53	iPad Pro 10.5 in 256	01-01-2022	800		100.00			800	7	200 DB HY	17.49	310	140	450	
54	Zoll AED Plus - 3	01-31-2023	1,420		100.00			1,420	5	200 DB HY	32	284	454	738	
55	Zoll AED Plus - 4	01-31-2023	1,420		100.00			1,420	5	200 DB HY	32	284	454	738	
56	Laptop - MacBook Air	01-31-2023	1,412		100.00			1,412	5	200 DB HY	32	282	452	734	
57	iPad Pro 12.9 in Wi-F	07-19-2023	1,149		100.00			1,149	5	200 DB HY	32	230	368	598	
58	Utility Cart	08-15-2023	2,500		100.00			2,500	5	200 DB HY	32	500	800	1,300	
59	Apple MacBook Air (O	04-30-2024	812		100.00			812	5	200 DB MQ	25		203	203	
60	4 - 7 x 21 Goals and	11-30-2024	7,200		100.00			7,200	5	200 DB MQ	5		360	360	

Depreciation Detail Listing

Program Services

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Program Services

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

Social security number/EIN

59-2377476

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
61	4 - 6.5 x 18.5 Goas	12-31-2024	5,880		100.00			5,880	5	200 DB MQ	5		294	294	
<div>Totals</div> <div>134,268</div> <div>134,268</div> <div>98,779</div> <div>8,090</div> <div>106,869</div>															

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Next Year's Depreciation Worksheet

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

2024

Name(s) as shown on return

Tax ID Number

Space Coast United Soccer Club, Inc

59-2377476

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

Next Year's Depreciation Worksheet

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

2024

Name(s) as shown on return

Tax ID Number

Space Coast United Soccer Club, Inc

59-2377476

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	iPad Pro 10.5 in 256 GB	01-01-2022	800	200 DBHY	7	100
PRG	1	Zoll AED Plus - 3	01-31-2023	1,420	200 DBHY	5	273
PRG	1	Zoll AED Plus - 4	01-31-2023	1,420	200 DBHY	5	273
PRG	1	Laptop - MacBook Air M1	01-31-2023	1,412	200 DBHY	5	271
PRG	1	iPad Pro 12.9 in Wi-Fi 5	07-19-2023	1,149	200 DBHY	5	221
PRG	1	Utility Cart	08-15-2023	2,500	200 DBHY	5	480
PRG	1	Apple MacBook Air (O Sim	04-30-2024	812	200 DBMQ	5	244
PRG	1	4 - 7 x 21 Goals and Whe	11-30-2024	7,200	200 DBMQ	5	2,736
PRG	1	4 - 6.5 x 18.5 Goas	12-31-2024	5,880	200 DBMQ	5	2,234
		TOTAL					9,992

**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.) Space Coast United 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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Other (see instructions) 501(c)3	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 <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 7824 Citrus Creek Dr	Requester's name and address (optional)
6 City, state, and ZIP code Melbourne, FL 32940		
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	-	2	3	7	7	4	7 6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 <i>Kelly Rogers</i>	Date <i>May 14, 2025</i>
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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	Space Coast Cup						
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Payroll	\$17,000.00	\$22,822.72	-\$5,822.72	Registration	\$81,000.00	\$104,520.00	-\$23,520.00
Referees	\$20,000.00	\$26,316.00	-\$6,316.00	Merchandise Vendor	\$3,000.00	\$3,745.00	-\$745.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
Expenses Subtotal	\$37,000.00	\$49,138.72	-\$12,138.72				\$0.00
Other Expenses							\$0.00
Registration Fees and Application	\$4,500.00	\$6,326.35	-\$1,826.35				\$0.00
Hotel Room	\$500.00	\$167.99	\$332.01				\$0.00
Trophies/Medals	\$5,000.00	\$1,575.00	\$3,425.00	Income Subtotal	\$84,000.00	\$108,265.00	-\$24,265.00
BCPR Staff	\$1,500.00	\$1,474.66	\$25.34				
Supplies/Food for staff & trainers	\$2,000.00	\$1,954.94	\$45.06	Cash in Bank to start			\$0.00
Athletic trainers	\$2,800.00	\$3,141.25	-\$341.25	Other Income			
Event insurance	\$1,000.00	\$963.10	\$36.90	TDC grant funding	\$23,145.00	\$15,000.00	\$8,145.00
Goals	\$0.00	\$2,085.00	-\$2,085.00				\$0.00
Transport goals	\$500.00	\$300.00	\$200.00				
Paint for fields	\$700.00	\$657.00	\$43.00				
Gas for golf carts	\$25.00	\$25.00	\$0.00				
				Other Income Subtotal	\$23,145.00	\$15,000.00	\$8,145.00
Other Expenses Subtotal	\$18,525.00	\$18,670.29	-\$145.29	Total Income	\$107,145.00	\$123,265.00	-\$16,120.00
Marketing - please specify Brevard/Out-of-County							
			\$0.00	Total Expenses Paid	\$55,525.00	\$67,809.01	-\$12,284.01
			\$0.00				
			\$0.00	Profit/Loss	\$51,620.00	\$55,455.99	-\$3,835.99
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$0.00	\$0.00	\$0.00				
Total Expenses 2025-2026	\$55,525.00	\$67,809.01	-\$12,284.01				

Space Coast FLORIDA

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

Applicant organization name: Space Coast Soccer

Space Coast Cup

Applicant name completing this form: Kelly Rogers

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

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

Kelly Rogers 6/4/25

Applicant signature & date

Florida Marathon Weekend

[Return to Table of Contents](#)



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

Applicant Organization Name: Smooth Running, LLC

Applicant Event Name: Florida Marathon Weekend

	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.

 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:34 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.thefloridamarathon.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**

Florida Marathon Weekend

Event website address (if different from organization website)

www.thefloridamarathon.com

Event location

Melbourne, Indialantic, Eau Gallie, Indian Harbour Beach, Melbourne and Eau Gallie Causeways

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?

Billboards

Digital advertising (banner ads, etc.)

Direct mail

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

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

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : #runfla

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.

[Florida_Marathon_Weekend_2026_Projected_revenues_and_expenses.pdf](#)

29. (untitled)

18. Upload your completed Checklist.

[Tourism_Grant_Checklist_updated_2025-2026_cycle.pdf](#)

30. (untitled)

19.

ATTESTATION

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



Signature of: Mitchell Varnes

31. Thank You!

New Send Email

May 30, 2025 16:53:16 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

Jul. 9. 2008 4:17 PM

L08000066265

0.247 ap. 1/31

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

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H080001694083ABC3

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To:

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

From:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL -9 AM 8:32

FILED

Electronic Filing Menu

Corporate Filing Menu

I. HAMPTON

Help

JUL 10 2008

ARTICLES OF ORGANIZATION
OF
SMOOTH RUNNING, LLC

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

ARTICLE I - NAME

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

ARTICLE II - PRINCIPAL OFFICE

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

ARTICLE III - REGISTERED AGENT AND OFFICE

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

ARTICLE IV - MANAGER

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

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization this 8th day of July, 2008.



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

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

Jul. 9. 2008 4:27PM
(11000000169408 3))

No. 2470 P. 3/3

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

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

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

ACKNOWLEDGMENT

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


JACK A. KIRSCHENBAUM

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
SMOOTH RUNNING, LLC

Filing Information

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

Principal Address

660 Cinnamon Ct.
Satellite Beach, FL 32937

Changed: 07/10/2017

Mailing Address

P O BOX 33100
INDIALANTIC, FL 32903

Registered Agent Name & Address

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

Name Changed: 02/17/2011

Address Changed: 07/10/2017

Authorized Person(s) Detail

Name & Address

Title MGR

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

Annual Reports

Report Year	Filed Date
2022	04/06/2022

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

Document Images

02/09/2024 -- ANNUAL REPORT	View image in PDF format
02/17/2023 -- ANNUAL REPORT	View image in PDF format
04/06/2022 -- ANNUAL REPORT	View image in PDF format
02/14/2021 -- ANNUAL REPORT	View image in PDF format
03/30/2020 -- ANNUAL REPORT	View image in PDF format
04/22/2019 -- ANNUAL REPORT	View image in PDF format
06/10/2018 -- ANNUAL REPORT	View image in PDF format
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04/30/2014 -- ANNUAL REPORT	View image in PDF format
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04/21/2010 -- ANNUAL REPORT	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
07/09/2008 -- Florida Limited Liability	View image in PDF format

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066265

Entity Name: SMOOTH RUNNING, LLC

Current Principal Place of Business:

660 CINNAMON CT.
SATELLITE BEACH, FL 32937

Current Mailing Address:

P O BOX 33100
INDIALANTIC, FL 32903

FEI Number: 26-3025672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VARNES, GARRY MJR
660 CINNAMON CT.
SATELLITE BEACH, FL 32937 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name VARNES, G. MITCHELL
Address 660 CINNAMON CT.
City-State-Zip: SATELLITE BEACH FL 32937

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

SIGNATURE: VARNES , G. MITCHELL

PRINCIPAL

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**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.) <i>Smooth Running, LLC</i>	
	2 Business name/disregarded entity name, if different from above. <i>Smooth Running, LLC</i>	
	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. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. <i>660 Cinnamon Ct.</i>	Requester's name and address (optional)
6 City, state, and ZIP code <i>Satellite Beach, FL</i>		
7 List account number(s) here (optional) <i>32937</i>		

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:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 <i>JMY</i>	Date <i>April 28, 2025</i>
------------------	--	-------------------------------

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	Florida Marathon Weekend						
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/Melbourne Police	\$14,000.00	\$13,000.00	\$1,000.00	Entry Fees	\$125,000.00	\$120,000.00	\$5,000.00
Brevard County Sheriff Fees	\$8,500.00	\$8,000.00	\$500.00				\$0.00
Timing	\$7,000.00	\$7,000.00	\$0.00				\$0.00
Athlete shirts and medals	\$19,000.00	\$16,000.00	\$3,000.00				\$0.00
USA Triathlon sanctioning fees	\$900.00	\$750.00	\$150.00				\$0.00
Traffic Control and barricading	\$16,000.00	\$16,000.00	\$0.00				\$0.00
Portalets	\$1,600.00	\$1,600.00	\$0.00				\$0.00
Medical Support	\$800.00	\$800.00	\$0.00				\$0.00
Expenses Subtotal	\$67,800.00	\$63,150.00	\$4,650.00				\$0.00
Other Expenses							\$0.00
Ice Trailer	\$750.00	\$750.00	\$0.00				\$0.00
Beverages/Snacks/Athletes/Vol	\$2,000.00	\$600.00	\$1,400.00				\$0.00
Awards	\$3,400.00	\$3,400.00	\$0.00	Income Subtotal	\$125,000.00	\$120,000.00	\$5,000.00
Light Tower Rentals	\$700.00	\$700.00	\$0.00				
Staffing	\$4,000.00	\$4,000.00	\$0.00	Cash in Bank to start	\$10,000.00	\$10,000.00	\$0.00
DJ/Announcer	\$800.00	\$800.00	\$0.00	Other Income			
				Sponsors	\$10,000.00	\$25,000.00	-\$15,000.00
				TDC grant funding	\$20,490.00	\$20,000.00	\$490.00
				Other Income Subtotal	\$30,490.00	\$45,000.00	-\$14,510.00
Other Expenses Subtotal	\$11,650.00	\$10,250.00	\$1,400.00	Total Income	\$155,490.00	\$165,000.00	-\$9,510.00
Marketing - please specify Brevard/Out-of-County							
Billboards in Brevard County	\$1,500.00	\$1,500.00	\$0.00	Total Expenses Paid	\$91,950.00	\$85,900.00	\$6,050.00
National Race Calendars	\$6,000.00	\$6,000.00	\$0.00				
Rack Cards & Mailing	\$2,000.00	\$2,000.00	\$0.00	Profit/Loss	\$63,540.00	\$79,100.00	-\$15,560.00
Social Media	\$3,000.00	\$3,000.00	\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$12,500.00	\$12,500.00	\$0.00				
Total Expenses 2025-2026	\$91,950.00	\$85,900.00	\$6,050.00				



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

Applicant organization name: Smooth Running, LLC

Applicant event name: Florida Marathon Weekend

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.

JMV June 8, 2025
Applicant signature & date

Cocoa Beach Half Marathon & 10k

[Return to Table of Contents](#)



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

Applicant Organization Name: Smooth Running, LLC

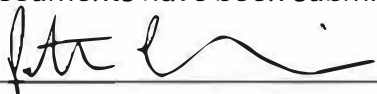
Applicant Event Name: Cocoa Beach Half Marathon and 10k

	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.

 7/7/2025


Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:33 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.runcocoabeach.com

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

For profit, LLC, Inc., etc.

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

26-3025672

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

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

8. (untitled)**7. EVENT INFORMATION - #1****Name of event**

Cocoa Beach Half Marathon & 10k

Event website address (if different from organization website)

www.runcocoabeach.com

Event location

Cocoa Beach, A1A, Patrick Space Force Base start

9. (untitled)

8. What is the first date of your event?

11/01/2025

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?

Billboards

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 : #runcocoabeach

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.

[Cocoa_Beach_Half_Marathon_and_10k_2025_projected_revenues_and_expenses.pdf](#)

29. (untitled)

18. Upload your completed Checklist.

[Tourism_Grant_Checklist_updated_2025-2026_cycle.pdf](#)

30. (untitled)

19.

ATTESTATION

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

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

Signature of: Mitchell Varnes

31. Thank You!

New Send Email

May 30, 2025 16:40:25 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

Jul. 9. 2008 4:27 PM

0.247 ap. 1/31

L08000066265

Florida Department of State
Division of Corporations
Public Access System

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To:

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

From:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL -9 AM 8:32

FILED

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

Help

JUL 10 2008

**ARTICLES OF ORGANIZATION
OF
SMOOTH RUNNING, LLC**

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

ARTICLE I - NAME

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

ARTICLE II - PRINCIPAL OFFICE

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

ARTICLE III - REGISTERED AGENT AND OFFICE

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

ARTICLE IV - MANAGER

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

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization this 8th day of July, 2008.



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

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

**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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
SMOOTH RUNNING, LLC

Filing Information

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

Principal Address

660 Cinnamon Ct.
Satellite Beach, FL 32937

Changed: 07/10/2017

Mailing Address

P O BOX 33100
INDIALANTIC, FL 32903

Registered Agent Name & Address

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

Name Changed: 02/17/2011

Address Changed: 07/10/2017

Authorized Person(s) Detail

Name & Address

Title MGR

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

Annual Reports

Report Year	Filed Date
2022	04/06/2022

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

Document Images

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

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066265

Entity Name: SMOOTH RUNNING, LLC

Current Principal Place of Business:

660 CINNAMON CT.
SATELLITE BEACH, FL 32937

Current Mailing Address:

P O BOX 33100
INDIALANTIC, FL 32903

FEI Number: 26-3025672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VARNES, GARRY MJR
660 CINNAMON CT.
SATELLITE BEACH, FL 32937 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name VARNES, G. MITCHELL
Address 660 CINNAMON CT.
City-State-Zip: SATELLITE BEACH FL 32937

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

SIGNATURE: VARNES , G. MITCHELL

PRINCIPAL

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**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.) <i>Smooth Running, LLC</i>	
	2 Business name/disregarded entity name, if different from above. <i>Smooth Running, LLC</i>	
	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. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	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 <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. <i>660 Cinnamon Ct.</i>	6 City, state, and ZIP code <i>Satellite Beach, FL</i>
7 List account number(s) here (optional) <i>32937</i>		

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:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 <i>JMY</i>	Date <i>April 28, 2025</i>
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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	Cocoa Beach Half Marathon & 10K						
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
City Permitting and Park Usage	\$21,000.00	\$20,000.00	\$1,000.00	Entry Fees	\$70,000.00	\$70,000.00	\$0.00
Brevard County Sheriff Fees	\$1,000.00	\$1,000.00	\$0.00				\$0.00
Timing	\$7,000.00	\$6,000.00	\$1,000.00				\$0.00
Athlete shirts and medals	\$12,000.00	\$10,000.00	\$2,000.00				\$0.00
USA Triathlon sanctioning fees	\$900.00	\$750.00	\$150.00				\$0.00
Traffic Control and barricading	\$5,000.00	\$5,000.00	\$0.00				\$0.00
Portalets	\$1,200.00	\$1,200.00	\$0.00				\$0.00
Medical Support	\$800.00	\$800.00	\$0.00				\$0.00
Expenses Subtotal	\$48,900.00	\$44,750.00	\$4,150.00				\$0.00
Other Expenses							\$0.00
Ice Trailer	\$750.00	\$750.00	\$0.00				\$0.00
Beverages/Snacks/Athletes/Vol	\$1,500.00	\$1,500.00	\$0.00				\$0.00
Awards	\$2,600.00	\$2,600.00	\$0.00	Income Subtotal	\$70,000.00	\$70,000.00	\$0.00
Light Tower Rentals	\$700.00	\$700.00	\$0.00				
Staffing	\$4,000.00	\$4,000.00	\$0.00	Cash in Bank to start	\$10,000.00	\$10,000.00	\$0.00
DJ/Announcer	\$800.00	\$800.00	\$0.00	Other Income			
				Sponsors	\$15,000.00	\$15,000.00	\$0.00
				TDC grant funding	\$16,905.00	\$20,000.00	-\$3,095.00
				Other Income Subtotal	\$31,905.00	\$35,000.00	-\$3,095.00
Other Expenses Subtotal	\$10,350.00	\$10,350.00	\$0.00	Total Income	\$101,905.00	\$105,000.00	-\$3,095.00
Marketing - please specify Brevard/Out-of-County							
Billboards in Brevard County	\$1,500.00	\$1,500.00	\$0.00	Total Expenses Paid	\$69,250.00	\$65,100.00	\$4,150.00
National Race Calendars	\$4,000.00	\$4,000.00	\$0.00				
Rack Cards & Mailing	\$2,000.00	\$2,000.00	\$0.00	Profit/Loss	\$32,655.00	\$39,900.00	-\$7,245.00
Social Media	\$2,500.00	\$2,500.00	\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$10,000.00	\$10,000.00	\$0.00				
Total Expenses 2025-2026	\$69,250.00	\$65,100.00	\$4,150.00				

Space Coast FLORIDA

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

Applicant organization name: Smooth Running, LLC

Applicant event name: Cocoa Beach Half Marathon + 10K

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.

JMV June 8, 2025
Applicant signature & date

Space Coast Clash/Soccer

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

Applicant Organization Space Coast United Soccer

Applicant Event Name: Space Coast Clash

	Yes	No	Comment
1. Completed application	X		
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.

Peter Cranis 7/7/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:68 Data

2. (untitled)

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



Signature of: Kelly Rogers

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Space Coast United Soccer

Organization address

7824 Citrus Creek Dr

State

FL

City

Melbourne

Zip

32940

Primary contact name

Kelly Jean Rogers

Primary contact phone number

3214030755

Primary contact email

kelly.rogers@spacecoastsoccer.org

Secondary contact name

Bev Gibbs

Secondary contact phone number

3217200890

Secondary contact email

admin@spacecoastsoccer.org

Organization website address

<https://spacecoastsoccer.org/>

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

501(C)(3)

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

592377476

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

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

8. (untitled)**7. EVENT INFORMATION - #1****Name of event**

Space Coast Clash

Event website address (if different from organization website)

spacecoastsoccer.org

Event location

Viera Regional Park, Rotary Park, and Dick Blake

9. (untitled)

8. What is the first date of your event?

11/14/2025

10. (untitled)

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

3

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

11. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

12. What is the first date of your event?

14. (untitled)

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

15. (untitled)

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?

Direct mail

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

20. (untitled)

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

21. (untitled)

16. What are your social media handles?

Facebook : <https://facebook.com/SpaceCoastUnited>

Instagram : @spacecoastsoccer.org

YouTube : n/a

22. (untitled)

17. What hashtags do you currently use?

N/A

23. (untitled)

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

[SCUSC_cert_of_exemption_2025-2030.pdf](#)

24. (untitled)

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

[2024_Tax_Return_990_\(Space_Coast_United_Soccer_Club_Inc_-_Client_Copy\)_UL.pdf](#)

25. (untitled)

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

26. (untitled)

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

[Sunbiz_Detail_by_Entity.pdf](#)

27. (untitled)

21. Upload your completed W-9 form.

[W-9.pdf](#)

28. (untitled)

22. Upload your completed Event Income/Expense report.

[Space_Coast_Clash_Form.pdf](#)

29. (untitled)

23. Upload your completed Checklist.

[Space_Coast_Clash_Form.pdf](#)

30. (untitled)

24.

ATTESTATION

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

A handwritten signature in black ink, appearing to read "Kelly Rogers". The signature is written in a cursive, flowing style.

Signature of: Kelly Rogers

31. Thank You!

New Send Email

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

Internal Revenue Service

Department of the Treasury

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

Date: December 11, 2000

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

Person to Contact:
Tonya Martin 31-07387
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
59-2377476

Dear Sir or Madam:

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

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

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

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

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

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

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

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

Space Coast United Soccer Club, Inc.
59-2377476

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

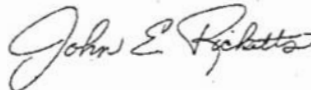
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public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

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

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

This letter affirms your organization's exempt status.

Sincerely,



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

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space coast united soccer cl

[Events](#) **No Name History**

Detail by Entity Name

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

Filing Information

Document Number	N05264
FEI/EIN Number	59-2377476
Date Filed	09/20/1984
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	06/11/1998

Principal Address

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/21/2007

Mailing Address

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/15/2009

Registered Agent Name & Address

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

Name Changed: 01/09/2025

Address Changed: 06/06/2014

Officer/Director Detail

Name & Address

Title President

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

Title VP

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

Title Treasurer

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

Title Administrator

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

Title Assistant

Gibbs, Beverly
PO Box 410301
Melbourne, FL 32941

Annual Reports

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

Document Images

FOR TAX YEAR 2024

SPACE COAST UNITED SOCCER CLUB, INC

Boehm & Associates, Inc.

1934 Dairy Road

W Melbourne, FL 32904

(321)956-1800

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

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

C Name of organization **Space Coast United Soccer Club, Inc**
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 410301
City or town, state or province, country, and ZIP or foreign postal code
Melbourne, FL 32941
F Name and address of principal officer:

D Employer identification number
59-2377476
E Telephone number
(321) 288-0449
G Gross receipts
\$ **2,237,767**
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.spacecoastsoccer.org**

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

L Year of formation: **1984**

M State of legal domicile: **FL**

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Promote youth physical activity through the sport of soccer</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	311	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	62	
	6	Total number of volunteers (estimate if necessary)	150	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,730,922	1,958,098
	9	Program service revenue (Part VIII, line 2g)	441,379	279,544
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	147	125
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,172,448	2,237,767
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,066,353	1,146,724
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,025,340	618,418
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,091,693	1,765,142
	19	Revenue less expenses. Subtract line 18 from line 12	80,755	472,625
	20	Total assets (Part X, line 16)	1,253,949	1,564,575
	21	Total liabilities (Part X, line 26)	81,792	133,930
	22	Net assets or fund balances. Subtract line 21 from line 20	1,172,157	1,430,645

Part II Signature Block

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

Sign Here

Brad Oxley
Signature of officer
Brad Oxley, Treasurer
Type or print name and title

Date

Paid Preparer Use Only

Preparer's name
Jacquelyn Boehm

Preparer's signature
03-16-2025

Date
03-16-2025

Check ☐ if self-employed PTIN
XXXXXXXXXX

Firm's name
Boehm & Associates, Inc.

Firm's EIN
321-956-1800

Firm's address
**1934 Dairy Road
W Melbourne FL 32904**

Phone no.

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 (2024)

EEA

1130

Part III

Statement of Program Service Accomplishments

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

- 1

Briefly describe the organization's mission:
Promote youth physcial activity through the sport of soccer
- 2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4

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

(Code:) (Expenses \$ **1,737,702** including grants of \$) (Revenue \$)
To provide educational, cultural, recreational, and/or social benefits to youth. The organization serves over 1450 youths annually through soccer training and competition.
- 4b

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

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

Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)
- 4e

Total program service expenses **1,737,702**

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 <input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <input checked="" type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 <input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I.</i>	25a	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	35
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	<input checked="" type="checkbox"/>

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 62		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

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

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

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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) Kara Ehrhardt Vice President	5.00	X						0	0	0
(2) Adam Ferguson Director	5.00	X						0	0	0
(3) Kevin Koegel Director	5.00	X						0	0	0
(4) Kellie McGuire Director	5.00	X						0	0	0
(5) Todd Olson Director	5.00	X						0	0	0
(6) Matt Shannon Director	5.00	X						0	0	0
(7) David Trout Director	5.00	X						0	0	0
(8) Allie Goff President	20.00			X				0	0	0
(9) Brad Oxley Treasurer	20.00			X				0	0	0
(10) Mike Perry Vice President	20.00			X				0	0	0
(11) Scott Armstrong Exec Dir Coaching	60.00				X			0	0	0
(12)										
(13)										
(14)										

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

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization0

3Did 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

Yes

No

x

4For 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

No

x

5Did 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

Yes

No

x

Section B. Independent Contractors

1Complete 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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	1,941,248			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions) . .	1e	16,850			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		1,958,098			
Program Service Revenue		Business Code				
	2a Misc Other Donations	900099	21,526	21,526		
	b Field Hosting Commssion	900099	1,853	1,853		
	c Camp Revenue	711210	84,624	84,624		
	d Rebates	711210	16,431	16,431		
	e Tournament Fees	711210	155,110	155,110		
	f All other program service revenue					
	g Total. Add lines 2a-2f		279,544			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		125	125		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
	11a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,237,767	279,669	0	0

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	203,520	203,520		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	862,016	831,116	30,900	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits				
10 Payroll taxes	81,188	81,188		
11 Fees for services (nonemployees):				
a Management				
b Legal	1,598	1,598		
c Accounting	1,300		1,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . .				
12 Advertising and promotion	4,555	4,555		
13 Office expenses	3,255		3,255	
14 Information technology				
15 Royalties				
16 Occupancy	74,393	74,393		
17 Travel	3,896	3,896		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,090	8,090		
23 Insurance	37,117	26,649	10,468	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Soccer Program Expenses	220,212	220,212		
b Continuing Education	3,719	3,719		
c Business License and Permits	20,775	20,775		
d Tournament Expenses	138,594	138,594		
e All other expenses	100,914	119,397	(18,483)	
25 Total functional expenses. Add lines 1 through 24e. .	1,765,142	1,737,702	27,440	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	493,370	1	563,070
	2 Savings and temporary cash investments	738,981	2	974,106
	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 134,268		
	b Less: accumulated depreciation	10b 106,869	21,598	10c 27,399
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,253,949	16	1,564,575	
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	81,792	25	133,930
	26 Total liabilities. Add lines 17 through 25	81,792	26	133,930
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,172,157	27	1,430,645
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,172,157	32	1,430,645
	33 Total liabilities and net assets/fund balances	1,253,949	33	1,564,575

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,237,767
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,765,142
3	Revenue less expenses. Subtract line 2 from line 1	3	472,625
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,172,157
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	(214,137)
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,430,645

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

EEA

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

Employer identification number

Space Coast United Soccer Club, Inc

59-2377476

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2024

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	896,953	1,142,890	1,447,232	1,730,924	1,958,098	7,176,097
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	247,368	357,311	4,520	20,915	279,544	909,658
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,144,321	1,500,201	1,451,752	1,751,839	2,237,642	8,085,755
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						8,085,755

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	1,144,321	1,500,201	1,451,752	1,751,839	2,237,642	8,085,755
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	981	277	138	147		1,543
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	981	277	138	147		1,543
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,145,302	1,500,478	1,451,890	1,751,986	2,237,642	8,087,298
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	99.98 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	99.97 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) . . .	17	0 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	0 %

- 19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
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.		
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.		
1		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

Client Copy

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

Open to Public
Inspection

Name of the organization

Employer identification number

Space Coast United Soccer Club, Inc

59-2377476

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

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

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

Part II Conservation Easements

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input checked="" type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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 **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	134,268		106,869	27,399
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				27,399

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll	86,613
(3) Chase CC	47,317
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	133,930

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)

Client Copy

Name of the organization	Employer identification number
Space Coast United Soccer Club, Inc	59-2377476

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

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

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

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

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

2024

Attachment
Sequence No. 179

Name(s) shown on return Space Coast United Soccer Club,	Business or activity to which this form relates FORM 990 - 1	Identifying number 59-2377476
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Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	7,233
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	January 2024					857
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	8,090
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

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

2024Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

Space Coast United Soccer Club, Inc**59-2377476**

Name and title of officer or person subject to tax

Brad Oxley, Treasurer**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 <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 2,237,767
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here. <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c).	5b
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19).	9b
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

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

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

PIN: check one box only

☒ I authorize **Boehm & Associates, Inc.** to enter my PIN **77476** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date **03-20-2025****Part III Certification and Authentication**

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

504572 32904**Do not enter all zeros**

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

ERO's signature

Date **03-16-2025**

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

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

Form 8879-TE (2024)

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

Space Coast United Soccer Club, Inc

59-2377476

Form 4562 - Line 19b

Statement #567

Basis	RP	CV	Method	Deduction
812	5	MQ	200 DB	203
7,200	5	MQ	200 DB	360
5,880	5	MQ	200 DB	<u>294</u>
Total				<u><u>857</u></u>

Client Copy

990

Overflow Statement

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

2024

Page 1

Name(s) as shown on return

FEIN

Space Coast United Soccer Club, Inc

59-2377476

Membership Dues

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

Part IX, Line 24e, Other Expenses Program Services

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

Pt IX, Line 24e Other Expenses Mgmt and General

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

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

2024

PAGE 1

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

Name(s) as shown on return

Social security number/EIN

Space Coast United Soccer Club, Inc

59-2377476

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Trailer 2	07-24-2021	799		100.00			799	7	200 DB HY	12.49	799		799	
2	Aed	08-18-2021	650		100.00			650	7	200 DB HY	12.49	650		650	
3	Aed-2	08-18-2021	650		100.00			650	7	200 DB HY	12.49	650		650	
4	4x16 Forza Goal	09-15-2021	1,067		100.00			1,067	7	200 DB HY	12.49	1,067		1,067	
5	4x16 Forza Goal-2	09-15-2021	1,067		100.00			1,067	7	200 DB HY	12.49	1,067		1,067	
6	Goals	08-24-2012	4,000		100.00			4,000	7		0	4,000		4,000	
7	Golf Cart	10-19-2014	2,000		100.00			2,000	7		0	2,000		2,000	
8	Pop Up Goals	02-26-2015	4,500		100.00			4,500	7		0	4,500		4,500	
9	Pop Up Goals	06-04-2015	3,786		100.00			3,786	7		0	3,786		3,786	
10	Shed	09-10-2015	15,050		100.00			15,050	7		0	15,049		15,049	
11	Field Security Netting	09-22-2015	6,750		100.00			6,750	7		0	6,750		6,750	
12	8x24 Soccer Goal	08-22-2017	2,650		100.00			2,650	7	200 DB HY	4.46	2,532	118	2,650	
13	6.5x18.5 Soccer Goal	08-22-2017	2,400		100.00			2,400	7	200 DB HY	4.46	2,293	107	2,400	
14	Computer (New in 2017)	08-30-2017	2,000		100.00			2,000	7	200 DB HY	4.46	2,000		2,000	
15	7.5' Aluminum Bench	10-02-2018	709		100.00			709	7	200 DB MQ	8.73	593	62	655	
16	8'x24' Soccer Goal 2	10-23-2018	2,825		100.00			2,825	7	200 DB MQ	8.73	2,363	247	2,610	
17	15' Aluminum Bench	11-12-2018	908		100.00			908	7	200 DB MQ	8.73	759	79	838	
18	15' Aluminum Bench 2	01-16-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
19	15' Aluminum Bench 3	01-16-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
20	15' Aluminum Bench 4	01-16-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
21	15' Aluminum Bench 5	01-16-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
22	7.5" Aluminum Bench 3	01-16-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
23	7.5" Aluminum Bench 2	01-16-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
24	7.5" Aluminum Bench 4	01-16-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
25	7' x 21' Soccer Goal	03-13-2019	2,800		100.00			2,800	7	200 DB HY	8.92	2,800		2,800	
26	8'x24' Soccer Goal 3	03-13-2019	2,950		100.00			2,950	7	200 DB HY	8.92	2,950		2,950	
27	7.5' Aluminum Bench 5	03-25-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
28	15' Aluminum Bench 7	03-25-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
29	15' Aluminum Bench 8	03-25-2019	908		100.00			908	7	200 DB HY	8.92	908		908	
30	15' Aluminum Bench 6	03-25-2019	908		100.00			908	7	200 DB HY	8.92	908		908	

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

2024

PAGE 2

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

Name(s) as shown on return

Social security number/EIN

Space Coast United Soccer Club, Inc

59-2377476

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	7.5' Aluminum Bench 7	03-25-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
32	7.5' Aluminum Bench 6	03-25-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
33	Drinks Cooler	05-06-2019	975		100.00			975	7	200 DB HY	8.92	975		975	
34	7.5' Aluminum Bench 8	09-12-2019	709		100.00			709	7	200 DB HY	8.92	709		709	
35	Trailer	09-18-2019	731		100.00			731	7	200 DB HY	8.92	731		731	
36	6.5 x 18.5 Shooting G	10-04-2019	500		100.00			500	7	200 DB HY	8.92	500		500	
37	6.5 x 18.5 Shooting G	10-04-2019	500		100.00			500	7	200 DB HY	8.92	500		500	
38	8x24 Shooting Goal 2	10-04-2019	600		100.00			600	7	200 DB HY	8.92	600		600	
39	8x24 Shooting Goal	10-04-2019	600		100.00			600	7	200 DB HY	8.92	600		600	
40	Lightning Detector	03-09-2020	3,396		100.00			3,396	7	200 DB MQ	8.75	3,396		3,396	
41	7x12 Soccer Goal 2	04-28-2020	2,800		100.00			2,800	7	200 DB MQ	8.87	2,800		2,800	
42	Video Camera	08-25-2020	600		100.00			600	7	200 DB MQ	9.3	600		600	
43	Ipad	09-05-2020	1,099		100.00			1,099	7	200 DB MQ	9.3	1,099		1,099	
44	6.5 x 18.5 Soccer Goa	10-26-2020	2,800		100.00			2,800	7	200 DB MQ	10.04	2,800		2,800	
45	6.5 x 18.5 Soccer Goa	10-26-2020	2,800		100.00			2,800	7	200 DB MQ	10.04	2,800		2,800	
46	7x12 Soccer Goal 3	11-05-2020	2,800		100.00			2,800	7	200 DB MQ	10.04	2,800		2,800	
47	2 Soccer Goal Dollies	05-31-2022	1,318		100.00			1,318	7	200 DB HY	17.49	511	231	742	
48	2013 Yamaha Golf Cart	09-23-2022	3,000		100.00			3,000	7	200 DB HY	17.49	1,164	525	1,689	
49	7 x 21 Soccer Goas	04-30-2022	626		100.00			626	7	200 DB HY	17.49	242	109	351	
50	4 - 7 x 21 Soccer Goa	06-01-2022	6,975		100.00			6,975	7	200 DB HY	17.49	2,705	1,220	3,925	
51	4 - 8 x 24 Soccer Goa	06-30-2022	7,525		100.00			7,525	7	200 DB HY	17.49	2,918	1,316	4,234	
52	6.5 x 18.5 Soccer Goa	11-30-2022	3,150		100.00			3,150	7	200 DB HY	17.49	1,221	551	1,772	
53	iPad Pro 10.5 in 256	01-01-2022	800		100.00			800	7	200 DB HY	17.49	310	140	450	
54	Zoll AED Plus - 3	01-31-2023	1,420		100.00			1,420	5	200 DB HY	32	284	454	738	
55	Zoll AED Plus - 4	01-31-2023	1,420		100.00			1,420	5	200 DB HY	32	284	454	738	
56	Laptop - MacBook Air	01-31-2023	1,412		100.00			1,412	5	200 DB HY	32	282	452	734	
57	iPad Pro 12.9 in Wi-F	07-19-2023	1,149		100.00			1,149	5	200 DB HY	32	230	368	598	
58	Utility Cart	08-15-2023	2,500		100.00			2,500	5	200 DB HY	32	500	800	1,300	
59	Apple MacBook Air (O	04-30-2024	812		100.00			812	5	200 DB MQ	25		203	203	
60	4 - 7 x 21 Goals and	11-30-2024	7,200		100.00			7,200	5	200 DB MQ	5		360	360	

Name(s) as shown on return

Program Services

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

PAGE 3

Social security number/EIN

59-2377476

Totals	134,268					134,268				98,779	8,090	106,869
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134,268

8,090

ST ADJ:

1162

Next Year's Depreciation Worksheet

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

2024

Name(s) as shown on return

Tax ID Number

Space Coast United Soccer Club, Inc

59-2377476

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

Next Year's Depreciation Worksheet

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

2024

Name(s) as shown on return

Tax ID Number

Space Coast United Soccer Club, Inc

59-2377476

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	iPad Pro 10.5 in 256 GB	01-01-2022	800	200 DBHY	7	100
PRG	1	Zoll AED Plus - 3	01-31-2023	1,420	200 DBHY	5	273
PRG	1	Zoll AED Plus - 4	01-31-2023	1,420	200 DBHY	5	273
PRG	1	Laptop - MacBook Air M1	01-31-2023	1,412	200 DBHY	5	271
PRG	1	iPad Pro 12.9 in Wi-Fi 5	07-19-2023	1,149	200 DBHY	5	221
PRG	1	Utility Cart	08-15-2023	2,500	200 DBHY	5	480
PRG	1	Apple MacBook Air (O Sim	04-30-2024	812	200 DBMQ	5	244
PRG	1	4 - 7 x 21 Goals and Whe	11-30-2024	7,200	200 DBMQ	5	2,736
PRG	1	4 - 6.5 x 18.5 Goas	12-31-2024	5,880	200 DBMQ	5	2,234
		TOTAL					9,992

**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.) Space Coast United 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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Other (see instructions) 501(c)3		
	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 <input type="checkbox"/>		
5 Address (number, street, and apt. or suite no.). See instructions. 7824 Citrus Creek Dr		Requester's name and address (optional)	
6 City, state, and ZIP code Melbourne, FL 32940			
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	-	2	3	7	7	4	7 6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 <i>Kelly Rogers</i>	Date <i>May 14, 2025</i>
-----------	---	-----------------------------

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

Space Coast FLORIDA

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

Applicant organization name: Space Coast Soccer
 Applicant event name: Space Coast Soccer
 Applicant name completing this form: Kelly Rogers

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

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

Kelly Rogers 6/4/25
 Applicant signature & date

Cocoa Beach Triathlon & Duathlon

[Return to Table of Contents](#)



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

Applicant Organization Name: Smooth Running, LLC

Applicant Event Name: Cocoa Beach Triathlon and Duathlon

	Yes	No	Comment
1. Completed application	✗		
2. Copy of IRS Articles of Incorporation – (if applicable)	✗		
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 7/7/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:32 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

h

Secondary contact phone number

3217597200

Secondary contact email

info@thefloridamarathon.com

Organization website address

660 Cinnamon Court

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

For profit, LLC, Inc., etc.

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

26-3025672

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

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

8. (untitled)**7. EVENT INFORMATION - #1****Name of event**

Cocoa Beach Triathlon & Duathlon

Event website address (if different from organization website)

www.cocoabeachtriathlon.com

Event location

Cocoa Beach, A1A, Patrick Space Force Base

9. (untitled)

8. What is the first date of your event?

04/11/2026

10. (untitled)

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

2

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Direct mail

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

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

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : #cocoabeachtri

Instagram : n/a

YouTube : n/a

22. (untitled)

13. What hashtags do you currently use?

#runfla

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

[Smooth_Running_Articles_of_Incorporation.pdf](#)

26. (untitled)

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

[smooth_running_sun_biz.pdf](#)

27. (untitled)

16. Upload your completed W-9 form.

[Smooth_Running_w9_as_of_April_2025.pdf](#)

28. (untitled)

17. Upload your completed Event Income/Expense report.

[Cocoa_Beach_Triathlon_2026_projected_revenues_and_expenses.pdf](#)

29. (untitled)

18. Upload your completed Checklist.

[Tourism_Grant_Checklist_updated_2025-2026_cycle.pdf](#)

30. (untitled)

19.

ATTESTATION

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



Signature of: Mitchell Varnes

31. Thank You!

New Send Email

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

Jul. 9. 2008 4:27 PM

0.247 ap. 1/31

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)))



H080001694083ABC3

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

To:

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

From:

Account Name : GRAY ROBINSON, P.A.
Account Number : 075154001651
Phone : (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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL -9 AM 8:32

FILED

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

Help

JUL 10 2008

ARTICLES OF ORGANIZATION
OF
SMOOTH RUNNING, LLC

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

ARTICLE I - NAME

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

ARTICLE II - PRINCIPAL OFFICE

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

ARTICLE III - REGISTERED AGENT AND OFFICE

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

ARTICLE IV - MANAGER

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

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization this 8th day of July, 2008.



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL -9 AM 8:32

FILED

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

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

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

ACKNOWLEDGMENT:

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



JACK A. KIRSCHENBAUM

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
SMOOTH RUNNING, LLC

Filing Information

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

Principal Address

660 Cinnamon Ct.
Satellite Beach, FL 32937

Changed: 07/10/2017

Mailing Address

P O BOX 33100
INDIALANTIC, FL 32903

Registered Agent Name & Address

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

Name Changed: 02/17/2011

Address Changed: 07/10/2017

Authorized Person(s) Detail

Name & Address

Title MGR

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

Annual Reports

Report Year	Filed Date
2022	04/06/2022

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

Document Images

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

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066265

Entity Name: SMOOTH RUNNING, LLC

Current Principal Place of Business:

660 CINNAMON CT.
SATELLITE BEACH, FL 32937

Current Mailing Address:

P O BOX 33100
INDIALANTIC, FL 32903

FEI Number: 26-3025672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VARNES, GARRY MJR
660 CINNAMON CT.
SATELLITE BEACH, FL 32937 US

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

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name VARNES, G. MITCHELL
Address 660 CINNAMON CT.
City-State-Zip: SATELLITE BEACH FL 32937

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

SIGNATURE: VARNES , G. MITCHELL

PRINCIPAL

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**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.) <i>Smooth Running, LLC</i>	
	2 Business name/disregarded entity name, if different from above. <i>Smooth Running, LLC</i>	
	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. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	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 _____ <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. <i>660 Cinnamon Ct.</i>	6 City, state, and ZIP code <i>Satellite Beach, FL</i>
7 List account number(s) here (optional) <i>32937</i>		

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	
<input type="text"/>	<input type="text"/>
or	
Employer identification number	
<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 <i>JMY</i>	Date <i>April 28, 2025</i>
------------------	---	--------------------------------------

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



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

Applicant organization name: Smooth Running, LLC

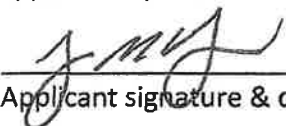
Applicant event name: Cocoa Beach Triathlon + Duathlon

Applicant name completing this form: Mitch Varner

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.

 June 8, 2025
Applicant signature & date

Brevard Winter Classic/Soccer

[Return to Table of Contents](#)



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

Applicant Organization Name: Central Brevard Soccer

Applicant Event Name: Brevard Winter Classic

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

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

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

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

 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:85 Data

2. (untitled)

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



Signature of: Brittany J Lee

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Central Brevard Soccer

Organization address

PO Box 540241

State

Florida

City

Merritt Island

Zip

32953

Primary contact name

Brittany Lee

Primary contact phone number

303-895-6902

Primary contact email

treasurer@centralbrevardsoccer.com

Secondary contact name

Jenna Scaglione

Secondary contact phone number

321-271-6583

Secondary contact email

cbs.scaglione@gmail.com

Organization website address

www.centralbrevardsoccer.com

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

501(C)(3)

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

59-2193805

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

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

8. (untitled)**7. EVENT INFORMATION - #1****Name of event**

Brevard Winter Classic

Event website address (if different from organization website)

www.centralbrevardsoccer.com

Event location

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

9. (untitled)

8. What is the first date of your event?

01/24/2026

10. (untitled)

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

2

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

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

Social hashtags

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

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : Central Brevard Soccer

Instagram : @centralbrevardsoccer

22. (untitled)

13. What hashtags do you currently use?

#TeamCBS #winterclassic

23. (untitled)

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

[TaxExemptCBS.pdf](#)

24. (untitled)

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

[990.pdf](#)

25. (untitled)

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

26. (untitled)

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

[Sunbiz.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[W9.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[Expense_Report-Brevard_Winter_Classic.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

[MSP_applicant_checklist_5.30.2025.pdf](#)

30. (untitled)

20.

ATTESTATION

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

A handwritten signature in black ink, appearing to read 'Brittany Lee', with a stylized, cursive-like script.

Signature of: Brittany Lee

31. Thank You!

New Send Email

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



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

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

This certifies that

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

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



Important Information for Exempt Organizations

DR-14
R. 01/18

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
CENTRAL BREVARD SOCCER, INC.

Filing Information

Document Number	763720
FEI/EIN Number	59-2193805
Date Filed	06/16/1982
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	03/27/2003
Event Effective Date	05/01/2003

Principal Address

1265 Little Oak Circle
Titusville, FL 32780

Changed: 05/01/2025

Mailing Address

P.O. BOX 540241
MERRITT ISLAND, FL 32954

Changed: 09/02/2023

Registered Agent Name & Address

Baker, Jonathan
1265 Little Oak Circle
Titusville, FL 32780

Name Changed: 05/01/2025

Address Changed: 05/01/2025

Officer/Director Detail

Name & Address

Title Treasurer

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

Title VP

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

Title President

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

Title Director of Coaching

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

Title Director of Coaching

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

Annual Reports

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

Document Images

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

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

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763720

Entity Name: CENTRAL BREVARD SOCCER, INC.**Current Principal Place of Business:**1265 LITTLE OAK CIRCLE
TITUSVILLE, FL 32780**Current Mailing Address:**P.O. BOX 540241
MERRITT ISLAND, FL 32954 US**FEI Number:** 59-2193805**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAKER, JONATHAN
1265 LITTLE OAK CIRCLE
TITUSVILLE, FL 32780 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JONATHAN BAKER

05/01/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title PRESIDENT
Name BAKER, JONATHAN PRESIDENT
Address 1265 LITTLE OAK CIRCLE
City-State-Zip: TITUSVILLE FL 32780

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

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

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

SIGNATURE: JONATHAN BAKER

PRESIDENT

05/01/2025

Electronic Signature of Signing Officer/Director Detail

Date

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

2022
Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning **05/01/22**, and ending **04/30/23**

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

C Name of organization
CENTRAL BREVARD SOCCER
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address)
P.O. BOX 540241
 City or town, state or province, country, and ZIP or foreign postal code
MERRITT ISLAND FL 32954

D Employer identification number
****-***3805**

E Telephone number
321-917-3273

G Gross receipts \$ **222,510**

F Name and address of principal officer:
JENNA SCAGLIONE
PO BOX 540241
MERRITT ISLAND FL 32954

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

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

J Website: **CENTRALBREVARD SOCCER.ORG**

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

L Year of formation: **M** State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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) **7**

4 Number of independent voting members of the governing body (Part VI, line 1b) **7**

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) **0**

6 Total number of volunteers (estimate if necessary) **0**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		200,949
9 Program service revenue (Part VIII, line 2g)		21,561
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		222,510
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)		5,553
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		187,889
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		187,889
19 Revenue less expenses. Subtract line 18 from line 12		34,621
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	74,450	77,625
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	74,450	77,625

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
JENNA SCAGLIONE
 Type or print name and title
PRESIDENT

Date

Paid Preparer Use Only

Print/Type preparer's name
CHRISTOPHER DAVIS
 Preparer's signature
CHRISTOPHER DAVIS
 Date
09/28/23
 Check ☐ if self-employed ☐ PTIN

 Firm's EIN
****-***8410**
 Firm's name
BREVARD ACCOUNTING GROUP, CPA'S, PA
 150 FORTENBERRY RD STE A
 MERRITT ISLAND, FL 32952-3681
 Phone no.
321-452-5061
 Firm's address
MERRITT ISLAND, FL 32952-3681

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

For Paperwork Reduction Act Notice, see the separate instructions.
 DAA

Form **990** (2022)

**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.)		
	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6 City, state, and ZIP code		
	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											
					-						

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 6/9/2025
------------------	--	----------------------

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

Space Coast

F L O R I D A

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

Applicant organization name: Central Brevard Soccer


Applicant event name: Brevard Winter Classic

Applicant name completing this form: Brittany Lee

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

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

 6/9/2025
Applicant signature & date

Brevard Hurricane Classic/Soccer

[Return to Table of Contents](#)



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

Applicant Organization Name: Central Brevard Soccer

Applicant Event Name: Brevard Hurricane Classic

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

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

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

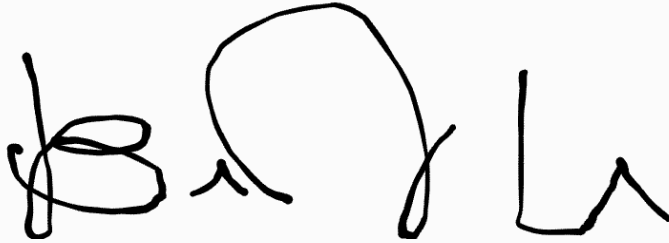
All documents have been submitted, reviewed and/or addressed in the comments.

 7/3/2025

Peter Cranis, Executive Director

2. (untitled)

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



Signature of: Brittany J Lee

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Central Brevard Soccer

Organization address

PO Box 540241

State

Florida

City

Merritt Island

Zip

32954

Primary contact name

Brittany Lee

Primary contact phone number

303-895-6902

Primary contact email

treasurer@centralbrevardsoccer.com

Secondary contact name

Jenna Scaglione

Secondary contact phone number

321-271-6583

Secondary contact email

cbs.scaglione@gmail.com

Organization website address

www.centralbrevardsoccer.com

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

501(C)(3)

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

59-2193805

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

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

8. (untitled)**7. EVENT INFORMATION - #1****Name of event**

Brevard Winter Classic

Event website address (if different from organization website)

www.centralbrevardsoccer.com

Event location

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

9. (untitled)

8. What is the first date of your event?

01/24/2026

10. (untitled)

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

2

11. (untitled)

10. Do you have a second event?

Yes

12. (untitled)

11. **EVENT INFORMATION - #2**

Name of event

Brevard Hurricane Classic

Event website address (if different from organization website)

www.centralbrevardsoccer.com

Event location

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

13. (untitled)

12. What is the first date of your event?

08/22/2026

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?

Billboards

Digital advertising (banner ads, etc.)

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

Social hashtags

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

20. (untitled)

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

21. (untitled)

16. What are your social media handles?

Facebook : Central Brevard Soccer

Instagram : @centralbrevardsoccer

22. (untitled)

17. What hashtags do you currently use?

#TeamCBS #winterclassic #hurricaneclassic

23. (untitled)

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

[TaxExemptCBS.pdf](#)

24. (untitled)

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

[990.pdf](#)

25. (untitled)

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

26. (untitled)

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

[Sunbiz.pdf](#)

27. (untitled)

21. Upload your completed W-9 form.

[W9.pdf](#)

28. (untitled)

22. Upload your completed Event Income/Expense report.

[Expense_Report-Brevard_Winter_Classic.pdf](#)

29. (untitled)

23. Upload your completed Checklist.

[Checklist.pdf](#)

30. (untitled)

24.

ATTESTATION

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

comply with the requirements set forth, if awarded support.

A handwritten signature in black ink, appearing to read 'BJL', with a large loop over the 'J'.

Signature of: Brittany J Lee

31. Thank You!

New Send Email

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



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

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

This certifies that

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

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



Important Information for Exempt Organizations

DR-14
R. 01/18

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
CENTRAL BREVARD SOCCER, INC.

Filing Information

Document Number	763720
FEI/EIN Number	59-2193805
Date Filed	06/16/1982
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	03/27/2003
Event Effective Date	05/01/2003

Principal Address

1265 Little Oak Circle
Titusville, FL 32780

Changed: 05/01/2025

Mailing Address

P.O. BOX 540241
MERRITT ISLAND, FL 32954

Changed: 09/02/2023

Registered Agent Name & Address

Baker, Jonathan
1265 Little Oak Circle
Titusville, FL 32780

Name Changed: 05/01/2025

Address Changed: 05/01/2025

Officer/Director Detail

Name & Address

Title Treasurer

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

Title VP

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

Title President

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

Title Director of Coaching

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

Title Director of Coaching

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

Annual Reports

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

Document Images

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

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

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763720

Entity Name: CENTRAL BREVARD SOCCER, INC.**Current Principal Place of Business:**1265 LITTLE OAK CIRCLE
TITUSVILLE, FL 32780**Current Mailing Address:**P.O. BOX 540241
MERRITT ISLAND, FL 32954 US**FEI Number:** 59-2193805**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAKER, JONATHAN
1265 LITTLE OAK CIRCLE
TITUSVILLE, FL 32780 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JONATHAN BAKER

05/01/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title PRESIDENT
Name BAKER, JONATHAN PRESIDENT
Address 1265 LITTLE OAK CIRCLE
City-State-Zip: TITUSVILLE FL 32780

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

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

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

SIGNATURE: JONATHAN BAKER

PRESIDENT

05/01/2025

Electronic Signature of Signing Officer/Director Detail

Date

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

2022
Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning **05/01/22**, and ending **04/30/23**

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

C Name of organization**CENTRAL BREVARD SOCCER**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 540241

Room/suite

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

MERRITT ISLAND**FL 32954****F** Name and address of principal officer:**JENNA SCAGLIONE****PO BOX 540241****MERRITT ISLAND****FL 32954****D** Employer identification number****-***3805****E** Telephone number**321-917-3273****G** Gross receipts \$**222,510****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.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **CENTRALBREVARD SOCCER.ORG****H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation:**M** State of legal domicile:**Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:**SEE SCHEDULE O****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** **7****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **7****5** Total number of individuals employed in calendar year 2022 (Part V, line 2a)**5** **0****6** Total number of volunteers (estimate if necessary)**6** **0****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **0****b** Net unrelated business taxable income from Form 990-T, Part I, line 11**7b** **0**

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

200,949**9** Program service revenue (Part VIII, line 2g)**21,561****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**0****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**0****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**222,510**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)**0****14** Benefits paid to or for members (Part IX, column (A), line 4)**0****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**0****16a** Professional fundraising fees (Part IX, column (A), line 11e)**0****b** Total fundraising expenses (Part IX, column (D), line 25) **5,553****187,889****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**187,889****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**34,621****19** Revenue less expenses. Subtract line 18 from line 12

Beginning of Current Year

End of Year

74,450**77,625**

Net Assets or Fund Balances

20 Total assets (Part X, line 16)**0****0****21** Total liabilities (Part X, line 26)**74,450****77,625****22** Net assets or fund balances. Subtract line 21 from line 20**Part II Signature Block**

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

Sign Here

Signature of officer

JENNA SCAGLIONE**PRESDENT**

Type or print name and title

Date

Paid

Print/Type preparer's name

CHRISTOPHER DAVIS

Preparer's signature

CHRISTOPHER DAVIS

Date

09/28/23Check ☐ if

self-employed

PTIN

Preparer Use Only

Firm's name

BREVARD ACCOUNTING GROUP, CPA'S, PA

Firm's EIN

****--***8410**

Firm's address

**150 FORTENBERRY RD STE A
MERRITT ISLAND, FL 32952-3681**

Phone no.

321-452-5061

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** (2022)

DAA

**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.)		
	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6 City, state, and ZIP code		
	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											
					-						

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 6/9/2025
------------------	--	----------------------

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	Central Brevard Soccer Hurricane Classic						
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Signs and Banners	\$600.00	\$585.00	\$15.00	Quinter Tournaments	\$10,000.00	\$9,700.00	\$300.00
Flags	\$150.00	\$110.00	\$40.00				\$0.00
Parking Cones/Nets/Zipties	\$360.00	\$360.00	\$0.00				\$0.00
Registration/Scheduler	\$1,000.00	\$750.00	\$250.00				\$0.00
Referee Assignor	\$1,000.00	\$750.00	\$250.00				\$0.00
Athletic Trainer	\$1,130.00	\$1,130.00	\$0.00				\$0.00
Game Balls/Ball Pumps	\$650.00	\$620.00	\$30.00				\$0.00
Field Paint	\$950.00	\$930.00	\$20.00				\$0.00
Expenses Subtotal	\$5,840.00	\$5,235.00	\$605.00				\$0.00
Other Expenses							\$0.00
Facility Permit and Staff	\$1,000.00	\$1,750.00	-\$750.00				\$0.00
Tournament Bookkeeper	\$1,000.00	\$250.00	\$750.00				\$0.00
Concession Fridge	\$0.00	\$500.00	-\$500.00	Income Subtotal	\$10,000.00	\$9,700.00	\$300.00
Field Prep/Set up	\$2,150.00	\$2,150.00	\$0.00				
Golf cart rental	\$600.00	\$600.00	\$0.00	Cash in Bank to start			\$0.00
Volunteer Meals	\$500.00	\$140.00	\$360.00	Other Income			
Field Painting/Robot rental	\$1,500.00	\$1,100.00	\$400.00	TDC grant funding	\$8,055.00	\$15,000.00	-\$6,945.00
Nets	\$1,500.00	\$1,435.00	\$65.00				
Tournament Coordinators	\$3,500.00	\$2,000.00	\$1,500.00				
Staff Apparel	\$250.00	\$250.00	\$0.00				
Photographer	\$800.00	\$800.00	\$0.00				
Field Marshalls	\$1,500.00	\$500.00	\$1,000.00				
Benches, goals, tents	\$1,500.00	\$1,000.00	\$500.00	Other Income Subtotal	\$8,055.00	\$15,000.00	-\$6,945.00
Other Expenses Subtotal	\$15,800.00	\$12,475.00	\$3,325.00	Total Income	\$18,055.00	\$24,700.00	-\$6,645.00
Marketing - please specify Brevard/Out-of-County							
Social Media	\$500.00	\$250.00	\$250.00	Total Expenses Paid	\$22,640.00	\$18,060.00	\$4,580.00
Signs and banners-Brevard	\$500.00	\$100.00	\$400.00				
			\$0.00	Profit/Loss	-\$4,585.00	\$6,640.00	-\$11,225.00
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$1,000.00	\$350.00	\$650.00				
Total Expenses 2025-2026	\$22,640.00	\$18,060.00	\$4,580.00				



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

Applicant organization name: Central Brevard Soccer

Applicant event name: Brevard Hurricane Classic

Applicant name completing this form: Brittany Lee

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

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

 6/9/20205
Applicant signature & date

NKF Rich Salick Surf Fest

[Return to Table of Contents](#)



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

Applicant Organization Name: National Kidney Foundation

Applicant Event Name: NKF Rich Salick Surf Fest

	Yes	No	Comment
1. Completed application	✗		
2. Copy of IRS Articles of Incorporation – (if applicable)		✗	N/A
3. Copy of IRS Determination letter – (if applicable)	✗		
4. Copy of SunBiz.org (if applicable)	✗		
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.

 7/3/2025

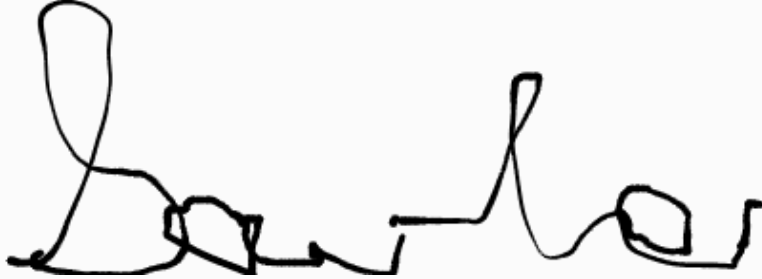
Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:26 Data

2. (untitled)

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



Signature of: Savanna Lanza

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

National Kidney Foundation of FL

Organization address

5756 S. Semoran Blvd

State

FL

City

Orlando

Zip

32822

Primary contact name

Savanna Lanza

Primary contact phone number

1321298443

Primary contact email

slanza@kidneyfla.org

Secondary contact name

Phil Salick

Secondary contact phone number

321-848-1507

Secondary contact email

slanza@kidneyfla.org

Organization website address

www.kidneyfl.org

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

501(C)(3)

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

59-2190073

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

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

8. (untitled)**7. EVENT INFORMATION - #1****Name of event**

NKF Rich Salick Surf Fest

Event website address (if different from organization website)

www.nkfsurf.com

Event location

Westgate Cocoa Beach Pier

9. (untitled)

8. What is the first date of your event?

10/10/2025

10. (untitled)

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

4

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Digital advertising (banner ads, etc.)

Radio

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

Social hashtags

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

TV/Video

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : NKF Rich Salick Pro-Am Surf Festival

Instagram : nkf_surf_fest

22. (untitled)

13. What hashtags do you currently use?

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

23. (untitled)

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

[FL_Tax_Exempt_Form_2023-2028.pdf](#)

24. (untitled)

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

[National_Kidney_Foundation_of_Florida_Financial_Statements.pdf](#)

25. (untitled)

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

26. (untitled)

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

[NKFF_SunBiz.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[2025_W9_NKFF.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[Event_Income_Expense_Report_nkff.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

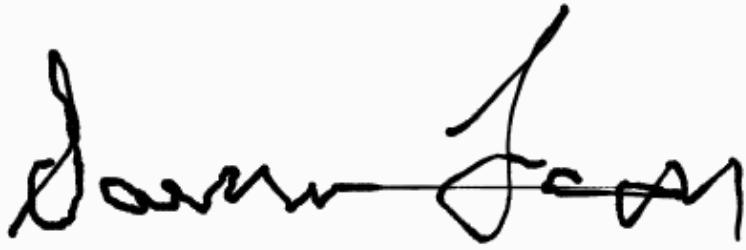
[NKFF_Checklist.pdf](#)

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.

A handwritten signature in black ink, appearing to read 'Savanna Lanza', is displayed within a light gray rectangular box.

Signature of: Savanna Lanza

31. Thank You!

New Send Email

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

Internal Revenue Service
District Director

Department of the Treasury

DEC 27 1983

Date: DEC 23 1983

Our Letter Dated:

July 30, 1982

Person to Contact:

Cheryl Mahle/jdf

Contact Telephone Number:

(404) 221-4516

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

Employer Identification Number:

59-2190073

File Folder Number:

580017121

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

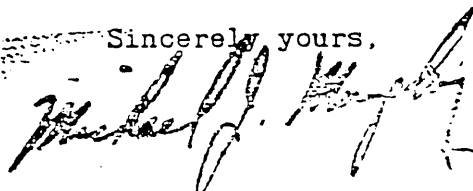
Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section *. Your exempt status under section 501(c)(3) of the code is still in effect.

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

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

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

Sincerely yours,



District Director

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation

NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

Filing Information

Document Number	758225
FEI/EIN Number	59-2190073
Date Filed	10/29/1981
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	06/01/2017
Event Effective Date	NONE

Principal Address

5756 S. SEMORAN BLVD
ORLANDO, FL 32822

Changed: 05/04/2021

Mailing Address

5756 S. SEMORAN BLVD
ORLANDO, FL 32822

Changed: 05/04/2021

Registered Agent Name & Address

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

Name Changed: 01/02/2018

Address Changed: 01/26/2022

Officer/Director Detail

Name & Address

Title CEO

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

Title Secretary

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

Title Treasurer

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

Title President

SACKET, KEVIN
570 TYLER AVE
CAPE CANAVERAL, FL 32920

Title Past President

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

Annual Reports

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

Document Images

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

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

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758225

Entity Name: NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.**Current Principal Place of Business:**5756 S. SEMORAN BLVD
ORLANDO, FL 32822**Current Mailing Address:**5756 S. SEMORAN BLVD
ORLANDO, FL 32822 US**FEI Number:** 59-2190073**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LANZA, SAVANNA
5756 S. SEMORAN BLVD
ORLANDO, FL 32822 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** SAVANNA LANZA

02/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name LANZA, SAVANNA
Address 5756 S. SEMORAN BLVD
City-State-Zip: ORLANDO FL 32822

Title TREASURER
Name HOWARD, LUCAS
Address 8300 SW 84TH TERRACE
City-State-Zip: MIAMI FL 33143

Title PAST PRESIDENT
Name MARVE ANN, ALAIMO
Address 9132 STRADA PLACE 3RD FLOOR
City-State-Zip: NAPLES FL 34108

Title SECRETARY
Name KNOTT, SARAH
Address 4631 WOODLAND CORPORATE BLVD.
SUITE 113
City-State-Zip: TAMPA FL 33614

Title PRESIDENT
Name SACKET, KEVIN
Address 570 TYLER AVE
City-State-Zip: CAPE CANAVERAL FL 32920

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

SIGNATURE: SAVANNA LANZA

CEO

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

Product: **Exempt**
Name: **NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.**
FEIN: *******0073**
Bank Info:
Fiscal Year Begin Date: **7/1/2023**
IRS Message:

Category:

Plan Number:

Fiscal Year End Date: **6/30/2024**

IRS Center: **Ogden**
e-Postmark: **4/7/2025 11:52 AM**

Notification:

eSigned:

Return Information

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

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

ELECTRONIC FILING STATUS REPORT

[illegible]

Electronic Filing History and Return Results

Taxing Authority FEDERAL	Prior Export	Current Export
Form 990		
Date		04/07/2025
Time		12:49:46
Release Number		2023.05060
Taxable Income		1764931.
Tax		0.
Refund / Balance Due		0.

Taxing Authority	Prior Export	Current Export
Form		
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority	Prior Export	Current Export
Form		
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority	Prior Export	Current Export
Form		
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority	Prior Export	Current Export
Form		
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Product: **Exempt Extension**
Name: **NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.**
FEIN: *******0073**
Bank Info:
Fiscal Year Begin Date: **7/1/2023**
IRS Message:

Category:

Plan Number:

Fiscal Year End Date: **6/30/2024**

IRS Center: **Ogden**
e-Postmark: **10/22/2024 12:16 PM**

Notification:

eSigned:

Return Information

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

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

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

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.	Taxpayer identification number (TIN) 59-2190073
	Number, street, and room or suite no. If a P.O. box, see instructions. 5756 S. SEMORAN BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32822	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

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

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

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

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

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

The books are in the care of **SAVANNA LANZA**
5756 S. SEMORAN BLVD. - ORLANDO, FL 32822

Telephone No. **800-927-9659** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024**2023**Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to www.irs.gov/Form8879TE for the latest information.**Name of filer **NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**EIN or SSN
59-2190073Name and title of officer or person subject to tax **SAVANNA LANZA
CEO****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 <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b <u>1585626.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) 2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) 3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) 4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c) 5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) 6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) 7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) 8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) 9b _____
10a Form 8038-CP check here <input type="checkbox"/>	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) Savanna Lanza, (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 PORTER WRIGHT MORRIS & ARTHUR LLP to enter my PIN 90073
ERO firm name Enter five numbers, but
do not enter all zeros

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 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

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.

31055781482

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

3/31/2025**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

17580310 758901 208486

2023.05060 NATIONAL KIDNEY FOUNDATION

208486 1
1237

EXTENDED TO MAY 15, 2025

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

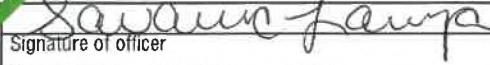
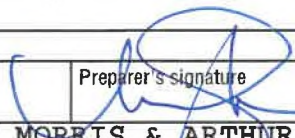
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.		D Employer identification number 59-2190073
	Doing business as		E Telephone number 800-927-9659
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1987733.
	5756 S. SEMORAN BLVD.		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32822		G Gross receipts \$ 1987733.	
F Name and address of principal officer: SAVANNA LANZA 5756 S. SEMORAN BLVD., ORLANDO, FL 32822		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.KIDNEYFLA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1981 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE NATIONAL KIDNEY FOUNDATION OF FLORIDA IS TO PREVENT KIDNEY AND URINARY TRACT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	120
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1106904.	1665063.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11035.	14819.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35640.	58812.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-118169.	-153068.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1035410.	1585626.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	235832.	284745.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	409184.	429889.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	87533.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	437480.	447146.
	19 Revenue less expenses. Subtract line 18 from line 12	1082496.	1161780.
	20 Total assets (Part X, line 16)	-47086.	423846.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
22 Net assets or fund balances. Subtract line 21 from line 20	1526361.	2003498.	
	228618.	238567.	
	1297743.	1764931.	

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		3-25-25
	Signature of officer	Date
Paid Preparer Use Only	SAVANNA LANZA, CEO	
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	MARVE ANN M. ALAIMO	
	Firm's name	Date
	PORTER WRIGHT MORRIS & ARTHUR LLP	3/31/2025
Paid Preparer Use Only	Firm's address	Check <input type="checkbox"/> if self-employed
	9132 STRADA PLACE, STE. 301	PTIN
	NAPLES, FL 34108-2683	P00655179
	Firm's EIN	Phone no. (239) 593-2900
	31-4373657	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ NoLHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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:
THE MISSION OF THE NATIONAL KIDNEY FOUNDATION OF FLORIDA IS TO PREVENT KIDNEY AND URINARY TRACT DISEASES, IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS AND FAMILIES AFFECTED BY THESE DISEASES AND INCREASE THE AVAILABILITY OF ALL ORGANS FOR TRANSPLANTATION.

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 \$ 421063. including grants of \$ 284745.) (Revenue \$)
PATIENT SERVICES - LOW INCOME AND OTHER KIDNEY PATIENTS RECEIVE MEDICINES, TRANSPORTATION, SEMINARS, RETREATS AND OTHER KIDNEY DISEASE RELATED SERVICES. THROUGH THE DIRECT AID PROGRAM, THE NATIONAL KIDNEY FOUNDATION OF FLORIDA PROVIDED \$167,815 IN DIRECT FINANCIAL AID TO PATIENTS FOR GROCERIES, GAS, TRANSPORTATION, UTILITIES, AND RENT IN FISCAL YEAR 2024. THIS AID WAS DISTRIBUTED TO 1597 INDIVIDUALS OVER THE COURSE OF THE YEAR.

THE HAWTHORNE FUND - DESIGNED TO ASSIST KIDNEY TRANSPLANT RECIPIENTS WHO MEET STATED CRITERIA WITH THE COST OF THEIR POST-TRANSPLANT MEDICATIONS, INCLUDING IMMUNOSUPPRESSANT AND PROPHYLAXIS DRUGS. IN FISCAL YEAR 2024, THE NKFF DISTRIBUTED NEARLY \$57,655 TO OVER 70

4b (Code:) (Expenses \$ 226126. including grants of \$) (Revenue \$)
PROFESSIONAL EDUCATION AND RESEARCH - SEMINARS, LITERATURE AND RESEARCH FUNDING TO EDUCATE HEALTHCARE PERSONNEL IN THE TREATMENT OF KIDNEY DISEASE.

4c (Code:) (Expenses \$ 172729. including grants of \$) (Revenue \$)
COMMUNITY SERVICES - THE FLORIDA KIDNEY PATIENT SUPPORT GROUP PROVIDES FREE VIRTUAL EDUCATIONAL SEMINARS FOR PATIENTS WITH KIDNEY DISEASE AND THEIR CAREGIVERS. THE NKFF PARTNERS WITH COMMUNITY LEADERS AND EDUCATORS TO HOLD MONTHLY MEETINGS, SUPPORTING HUNDREDS OF PATIENTS AND THEIR CAREGIVERS ACROSS THE STATE. DURING THE LAST FISCAL YEAR, THE NKFF CONDUCTED TWELVE SUPPORT GROUP MEETINGS AND CONTINUES TO GROW THIS PROGRAM THROUGH ADDITIONAL ORGANIZATIONAL PARTNERSHIPS. IN ADDITION, NKFF EMPLOYS A FULL TIME PATIENT ADVOCATE TO LEAD THE MEETINGS AND WORK WITH PATIENTS ONE ON ONE TO PROMOTE BETTER OUTCOMES.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 132774. including grants of \$) (Revenue \$ 14819.)

4e Total program service expenses 952692.

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

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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 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	
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	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	
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?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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 4	
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 X	

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 6		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		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		

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

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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	32	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b	32	
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 **NONE**

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
SAVANNA LANZA - 800-927-9659
5756 S. SEMORAN BLVD., ORLANDO, FL 32822

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Form 990 (2023)

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

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

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

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

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

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

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

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

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

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 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) SAVANNA LANZA CHIEF EXECUTIVE OFFICER	40.00			X				98468.	0.	0.
(2) DOUGLAS RAY PAST-PRESIDENT	2.00	X						0.	0.	0.
(3) MARVE ANN ALAIMO, ESQ. PRESIDENT	2.00	X		X				0.	0.	0.
(4) AMY KOZSUCH PAST-PRESIDENT	2.00	X						0.	0.	0.
(5) HOWARD LUCAS TREASURER	2.00	X		X				0.	0.	0.
(6) SARAH KNOTT SECRETARY	2.00	X		X				0.	0.	0.
(7) ANDREW HELFAN PAST-PRESIDENT	2.00	X						0.	0.	0.
(8) KEVIN SACKET VICE PRESIDENT	2.00	X		X				0.	0.	0.
(9) ANTHONY DEFEO, MD PAST-PRESIDENT	2.00	X						0.	0.	0.
(10) WILLIAM CARRIERE, MD TRUSTEE	2.00	X						0.	0.	0.
(11) THOMAS PETERS, MD TRUSTEE	2.00	X						0.	0.	0.
(12) STEVE LOSO TRUSTEE	2.00	X						0.	0.	0.
(13) BOB WINSTON TRUSTEE	2.00	X						0.	0.	0.
(14) AMMA SEEWA-BONSU TRUSTEE	2.00	X						0.	0.	0.
(15) MARK RUSSO, MD TRUSTEE	2.00	X						0.	0.	0.
(16) GARY GREEN TRUSTEE	2.00	X						0.	0.	0.
(17) CHRISTOPHER S. REID, MD TRUSTEE	2.00	X						0.	0.	0.

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
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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 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) GORDON BURTCH, MD TRUSTEE	2.00	X						0.	0.	0.
(19) FEDERICO DUMENIGO TRUSTEE	2.00	X						0.	0.	0.
(20) DAN MACKIN TRUSTEE	2.00	X						0.	0.	0.
(21) JOSEPH MOSCATO TRUSTEE	2.00	X						0.	0.	0.
(22) PAUL SAPIA TRUSTEE	2.00	X						0.	0.	0.
(23) SHANNON L. MOORE TRUSTEE	2.00	X						0.	0.	0.
(24) VICTORIA PAGE TRUSTEE	2.00	X						0.	0.	0.
(25) AARON EMMEL TRUSTEE	2.00	X						0.	0.	0.
(26) BARBARA VALLE TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								98468.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								98468.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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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 line)	(C) Position (check all that apply)						(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			
(27) REX BUCHANAN PAST-PRESIDENT	2.00	X						0.	0.	0.
(28) FATIMA AMMONS TRUSTEE	2.00	X						0.	0.	0.
(29) AARON BANGSUND TRUSTEE	2.00	X						0.	0.	0.
(30) RACHEL CAFARCHIO THOMAS TRUSTEE	2.00	X						0.	0.	0.
(31) ANTONE P. CRASTO TRUSTEE	2.00	X						0.	0.	0.
(32) LISA GOODWIN SECRETARY	2.00	X						0.	0.	0.
(33) HOLLY PELTON TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

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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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	842096.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	822967.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 47614.				
	h Total. Add lines 1a-1f		1665063.				
	Program Service Revenue	2 a <u>RPF SEMINAR REGISTRATI</u>	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			14819.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			58812.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ <u>842096.</u> of contributions reported on line 1c). See Part IV, line 18	8a	197422.				
	b Less: direct expenses	8b	402107.				
	c Net income or (loss) from fundraising events			-204685.			-204685.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a 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	11 a <u>THRIFT STORE</u>	Business Code	459510	51617.	51617.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			51617.			
	12 Total revenue. See instructions			1585626.	66436.	0.	-145873.

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

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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	284745.	284745.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	352863.	285819.	17643.	49401.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	49419.	40029.	2471.	6919.
10 Payroll taxes	27607.	22361.	1381.	3865.
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 Sch O.)	82784.	31439.	50848.	497.
12 Advertising and promotion				
13 Office expenses	21455.	17379.	1072.	3004.
14 Information technology				
15 Royalties				
16 Occupancy	49638.	40207.	2482.	6949.
17 Travel	51096.	33543.	17553.	
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	194651.	164616.	17714.	12321.
22 Depreciation, depletion, and amortization				
23 Insurance	4368.	3539.	217.	612.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PATIENT ADVOCATE	17760.	15984.	533.	1243.
b TELEPHONE	7322.	5931.	366.	1025.
c POSTAGE & SHIPPING	7311.	620.	6114.	577.
d PRINTING & PUBLICATIONS	6339.	5135.	317.	887.
e All other expenses	4422.	1345.	2844.	233.
25 Total functional expenses. Add lines 1 through 24e	1161780.	952692.	121555.	87533.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	204975.	1	241074.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5000.	4	20375.
	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	2504.		
	b Less: accumulated depreciation	2504.	10c	2504.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1211837.	12	1660239.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	102045.	15	79306.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1526361.	16	2003498.	
Liabilities	17 Accounts payable and accrued expenses	46559.	17	50050.
	18 Grants payable		18	
	19 Deferred revenue	85073.	19	116450.
	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	96986.	25	72067.
	26 Total liabilities. Add lines 17 through 25	228618.	26	238567.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	904576.	27	1305672.
	28 Net assets with donor restrictions	393167.	28	459259.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1297743.	32	1764931.
	33 Total liabilities and net assets/fund balances	1526361.	33	2003498.

Form **990** (2023)

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Form 990 (2023)

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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	1585626.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1161780.
3	Revenue less expenses. Subtract line 2 from line 1	3	423846.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1297743.
5	Net unrealized gains (losses) on investments	5	43342.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1764931.

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

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.** Employer identification number **59-2190073**

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

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

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

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

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Schedule A (Form 990) 2023

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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.")	396476.	375384.	356633.	333575.	709111.	2171179.
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	396476.	375384.	356633.	333575.	709111.	2171179.
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.						2171179.

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	396476.	375384.	356633.	333575.	709111.	2171179.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25761.	16364.	17990.	35640.	58812.	154567.
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.)	58786.	57821.	49493.	54651.	51617.	272368.
11 Total support. Add lines 7 through 10						2598114.

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	83.57	%
15	Public support percentage from 2022 Schedule A, Part II, line 14	15	81.21	%
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			

Schedule A (Form 990) 2023

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Schedule A (Form 990) 2023

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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 ☐

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Schedule A (Form 990) 2023

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Schedule A (Form 990) 2023

59-2190073 Page 5

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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			

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Schedule A (Form 990) 2023

59-2190073 Page 6

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

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

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

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

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

Schedule A (Form 990) 2023

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Schedule A (Form 990) 2023

59-2190073 Page 7

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 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 - <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 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			

Schedule A (Form 990) 2023

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Employer identification number

59-2190073

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

Schedule B (Form 990) (2023)

Name of organization NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.	Employer identification number 59-2190073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.	Employer identification number 59-2190073
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Employer identification number

59-2190073

Part II

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

Name of organization

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Employer identification number

59-2190073

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 info. once.) \$ _____

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

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

SCHEDULE 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 **NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Employer identification number
59-2190073

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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

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

Schedule D (Form 990) 2023

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets <i>(continued)</i>
-----------------	---

- 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	0.				
b Contributions	97632.				
c Net investment earnings, gains, and losses	1372.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	99004.				

- 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 | <u>100</u> % |
| 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
3a(i)		X
3a(ii)		X
3b		

- (i) Unrelated organizations?
- (ii) Related organizations?
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 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	2504.			2504.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2504.

Schedule D (Form 990) 2023

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Schedule D (Form 990) 2023

59-2190073 Page **3**

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) EQUITY INVESTMENTS	1660239.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1660239.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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. (Col. (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) OPERATING LEASE LIABILITY	34956.
(3) OPERATING LEASE LIABILITY LESS	
(4) CURRENT OBLIGATIONS	37111.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	72067.

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... ☐

Schedule D (Form 990) 2023

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Schedule D (Form 990) 2023

59-2190073 Page **4**

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	1628968.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	43342.
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	43342.
3 Subtract line 2e from line 1	3	1585626.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1585626.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1 Total expenses and losses per audited financial statements	1	1161780.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1161780.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1161780.

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 V, LINE 4:

THE INCOME EARNED BY THE ENDOWMENT FUNDS SHALL BE WITHDRAWN ANNUALLY, BUT IS AVAILABLE TO THE FOUNDATION TO USE TOWARDS THEIR CHARITABLE PURPOSE WITHOUT RESTRICTION.

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 **NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.**

Employer identification number
59-2190073

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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.

**NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.**

Schedule G (Form 990) 2023

59-2190073 Page **2**

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 GOLF - LAKELAND	(b) Event #2 SURF - COCOA BEACH	(c) Other events 14	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	276784.	143282.	619452.	1039518.
	2 Less: Contributions	157370.	127890.	556836.	842096.
	3 Gross income (line 1 minus line 2)	119414.	15392.	62616.	197422.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	119414.	78957.	203736.	402107.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				402107.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-204685.

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.

Schedule G (Form 990) 2023

59-2190073 Page 3

- 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 _____

- 15a 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 explanations 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.

Part IV	Supplemental Information <i>(continued)</i>
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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.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Employer identification number
59-2190073

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.

59-2190073

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 noncash assistance
DIRECT ASSISTANCE IS GIVEN TO LOW INCOME AND OTHER DIALYSIS PATIENTS TO AID WITH MEDICINE, TRANSPORTATION, FOOD, EMERGENCY ASSISTANCE AND OTHER RELATED SERVICES.	1597	167815.	0.	BOOK	GAS, FOOD, TRANSPORTATION AND VOUCHERS.

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

SCHEDULE I, PART I, LINE 2

THE CEO AND BOARD TREASURER MONITOR ALL GRANTS, INCOME AND EXPENDITURES. ALL GRANT INCOME IS DEPOSITED IN A PROGRAM SUB ACCOUNT AND EXPENDITURE CHECKS ARE WRITTEN OUT OF THAT SUB ACCOUNT. THE EXPENDITURES ARE REVIEWED BY THE CEO AND A CHECK SIGNING BOARD MEMBER.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public
Inspection

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.

Name of the organization **NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.** Employer identification number **59-2190073**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	26	19939.	SALE PRICE LESS EXPE
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 (.....)				

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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2023

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.

SCHEDULE M, LINE 32B:

THE NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC. BENEFITS FROM A VEHICLE
DONATION PROGRAM THAT IS MANAGED BY THE NATIONAL KIDNEY FOUNDATION,
INC. THE NATIONAL KIDNEY FOUNDATION, INC. FULFILLS ALL NECESSARY IRS
DISCLOSURE AND REPORTING REQUIREMENTS FOR THE VEHICLE DONATIONS WITH
THE LIQUIDATED AMOUNT OF THE VEHICLES, NET OF EXPENSES, GOING TO THE
NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.

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

NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.

Employer identification number
59-2190073

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISEASES, IMPROVE THE HEALTH AND WELL-BEING OF PATIENTS AND FAMILIES

AFFECTED BY THESE DISEASES AND INCREASE THE AVAILABILITY OF ALL ORGANS

FOR TRANSPLANTATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INDIVIDUAL PATIENTS FOR ASSISTANCE.

PUBLIC EDUCATION - LITERATURE AND SPEAKING ENGAGEMENTS TO EDUCATE THE

PUBLIC OF THE NEEDS OF KIDNEY PATIENTS AND TO TEACH ABOUT THE EARLY

DETECTION OF THE DISEASE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ITEM 1. PUBLIC EDUCATION - NKFF PROVIDES LITERATURE AND HOLDS SPEAKING

ENGAGEMENTS TO EDUCATE THE PUBLIC OF THE NEEDS OF KIDNEY PATIENTS AND

TO TEACH ABOUT THE EARLY DETECTION OF THE DISEASE.

ITEM 2. NKFF HOLDS PROFESSIONAL EDUCATIONAL SEMINARS DESIGNED TO BRING

UP-TO-DATE RENAL-SPECIFIC INFORMATION TO NURSES, SOCIAL WORKERS,

TECHNICIANS, AND DIETICIANS WHO CARE FOR KIDNEY PATIENTS. DURING THE

LAST FISCAL YEAR, THE NKFF PARTNERED WITH SEVERAL ORGANIZATIONS TO

CONDUCT VIRTUAL EDUCATIONAL OPPORTUNITIES FOR HEALTHCARE PROFESSIONALS

IN ADDITION TO HOLDING THE RENAL PROFESSIONAL FORUM (RPF). 84

PROFESSIONALS ATTENDED RPF AND RECEIVED UP TO 18 CONTINUING EDUCATION

CREDITS FOR ATTENDING ALL SESSIONS.

Name of the organization	NATIONAL KIDNEY FOUNDATION OF FLORIDA, INC.	Employer identification number	59-2190073
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ITEM 3. PATIENT ADVOCACY - NKFF IS UNIQUE IN THAT IT HAS A FULL-TIME EXPERIENCED PATIENT ADVOCATE. THE ADVOCATE TRAVELS AROUND THE STATE OFFERING PROGRAMS DESIGNED TO APPEAL TO THE SPECIFIC AUDIENCE. HIS RECENT PRESENTATIONS ARE TO HEALTH CARE PROFESSIONALS, CORPORATIONS, TRANSPLANT CENTERS, THE NAACP AND OTHER ORGANIZATIONS, COLLEGE STUDENTS, AND THE GENERAL PUBLIC. HE IS ALSO AVAILABLE 7 DAYS A WEEK BY PHONE OR EMAIL TO PATIENTS OR THE GENERAL PUBLIC.

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

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

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

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

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

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

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

Name of the organization NATIONAL KIDNEY FOUNDATION OF FLORIDA,
INC.Employer identification number
59-2190073

FORM 990, PART XII, 2C

THE ORGANIZATION FORMED A COMMITTEE THAT CONSISTS OF THREE NATIONAL
KIDNEY FOUNDATION OF FLORIDA, INC. BOARD MEMBERS WHO ASSUME
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN
INDEPENDENT AUDITOR.

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.) National Kidney Foundation of FL	
	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Other (see instructions) 501 (C)(3)Charitable Organization	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 _____ <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 5756 S. Semoran Blvd 6 City, state, and ZIP code Orlando, FL 32822 7 List account number(s) here (optional)	Requester's name and address (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	-	2	1	9	0	0	7	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 <i>Savanna Lopez</i>	Date <i>1-7-25</i>
------------------	--	---------------------------

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	NKF Rich Salick Surf Fest						
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
Trophies	\$3,000.00	\$2,615.00	\$385.00	Donations	\$10,000.00	\$6,061.00	\$3,939.00
Pro Cash Payouts	\$15,000.00	\$13,068.00	\$1,932.00	t-shirt/sales	\$10,000.00	\$13,121.00	-\$3,121.00
Staging	\$7,174.00	\$7,174.00	\$0.00	Raffles	\$3,000.00	\$1,600.00	\$1,400.00
City of Cocoa Beach	\$7,500.00	\$6,590.00	\$910.00	Surf registration	\$12,000.00	\$9,271.00	\$2,729.00
Tents/Tables/Chairs	\$5,000.00	\$3,918.00	\$1,082.00	Sponsorship	\$75,000.00	\$68,000.00	\$7,000.00
				Taste of Brevard	\$35,000.00	\$27,500.00	\$7,500.00
				Block party	\$10,000.00	\$10,000.00	\$0.00
Expenses Subtotal	\$37,674.00	\$33,365.00	\$4,309.00	Income Sponsors	\$155,000.00	\$135,553.00	\$19,447.00
Other Expenses							
Judges	\$5,000.00	\$4,900.00	\$100.00				
Taste of Brevard expenses	\$6,000.00	\$5,439.00	\$561.00	Cash in Bank to start	\$0.00	\$0.00	\$0.00
Meetings	\$1,200.00	\$1,200.00	\$0.00	Income Other			
Pods	\$400.00	\$400.00	\$0.00	TDC grant funding	\$7,800.00	\$6,666.66	\$1,133.34
Shirts	\$7,000.00	\$6,335.00	\$665.00	(520 projected RN x \$15)			
Radios	\$200.00	\$200.00	\$0.00				
Supplies	\$1,500.00	\$1,084.00	\$416.00				
			\$0.00				
			\$0.00				
			\$0.00	Total Income	\$162,800.00	\$142,219.66	\$20,580.34
			\$0.00				
			\$0.00	Total Expenses Paid	\$74,439.00	\$68,388.00	\$6,051.00
Other Expenses Subtotal	\$21,300.00	\$19,558.00	\$1,742.00	Profit/Loss	\$88,361.00	\$73,831.66	\$14,529.34
Marketing - please specify Brevard/Out-of-County							
Palapa Mac Rado (OOC)	\$2,760.00	\$2,760.00	\$0.00				
iHeart Radio - OOC	\$11,055.00	\$11,055.00	\$0.00				
NPI productions	\$1,650.00	\$1,650.00	\$0.00				
Marketing Subtotal	\$15,465.00	\$15,465.00	\$0.00				
Total Expenses 2025-2026	\$74,439.00	\$68,388.00	\$6,051.00				



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

Applicant organization name: National Kidney Foundation

Applicant event name: NKF Rich Salick Surf Fest

Applicant name completing this form: Savanna Lanza

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

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

Savanna Lanza 6-17-25
Applicant signature & date

University of Louisville Athletic Association/Moon Golf Invitational

[Return to Table of Contents](#)



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

Applicant Organization Name: University of Louisville Athletic Association

Applicant Event Name: Moon Golf Invitational

	Yes	No	Comment
1. Completed application	✗		
2. Copy of IRS Articles of Incorporation – (if applicable)		✗	N/A
3. Copy of IRS Determination letter – (if applicable)	✗		
4. Copy of SunBiz.org (if applicable)		✗	N/A
5. Copy of 990 (if applicable)	✗		
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:22 Data

2. (untitled)

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



Signature of: Whitney Young

3. (untitled)

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

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

University of Louisville Athletic Association

Organization address

1670 S. Floyd St.

State

KY

City

Louisville

Zip

KY

Primary contact name

Whitney Young

Primary contact phone number

2707797367

Primary contact email

whitney@gocards.com

Secondary contact name

Zach Brooks

Secondary contact phone number

502-852-7079

Secondary contact email

zach@gocards.com

Organization website address

www.gocards.com

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

501(C)(3)

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

31-1106941

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

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

8. (untitled)**7. EVENT INFORMATION - #1****Name of event**

Moon Golf Invitational

Event website address (if different from organization website)

www.gocards.com

Event location

Suntree Country Club in Melbourne, FL

9. (untitled)

8. What is the first date of your event?

02/15/2026

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.....: programs will be printed along with signage around the course

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : MGI

Instagram : MGI

YouTube : n/a

22. (untitled)

13. What hashtags do you currently use?

#MGI

23. (untitled)

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

[irsletterulaa.pdf](#)

24. (untitled)

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

[ULAA_-_2023_-_990_-_Public_Disclosure.pdf](#)

25. (untitled)

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

26. (untitled)

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

27. (untitled)

17. Upload your completed W-9 form.

[W-9_ULAA_2024.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[2025_MGI_Event_Report.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

[MSP_applicant_checklist_4.30.2025.pdf](#)

30. (untitled)

20.

ATTESTATION

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

A handwritten signature in black ink, appearing to read 'Whitney Young', with a stylized, cursive script.

Signature of: Whitney Young

31. Thank You!

New Send Email

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



Department of the Treasury
Internal Revenue Service

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

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

00031935
BODC: TE

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



012409

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

Dear Taxpayer:

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

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

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

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

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

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

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

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

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

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

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

time).

Thank you for your cooperation.

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, EO Rulings & Agreements

PUBLIC DISCLOSURE COPY

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

2022**Open to Public Inspection**

A For the 2022 calendar year, or tax year beginning <u>07/01</u> , 2022, and ending <u>06/30</u> , 20 <u>23</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION</u>
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>2215 S. BROOK STREET</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>LOUISVILLE, KY 40208-2772</u>
	F Name and address of principal officer: <u>KIM E. SCHATZEL, PH.D.</u> <u>SAME AS C ABOVE</u>
D Employer identification number <u>31-1106941</u>	E Telephone number <u>(502) 852-7072</u>
G Gross receipts \$ <u>137,009,046</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: <u>HTTP://WWW.GOCARDS.COM/</u>
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: <u>1984</u> M State of legal domicile: <u>KY</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION IS ORGANIZED TO DEVELOP INTERCOLLEGIATE ATHLETIC TEAMS COMPOSED OF STUDENTS OF THE</u> <u>(CONTINUED ON SCHEDULE O)</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>29</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>11</u>
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 <u>624</u>
	6	Total number of volunteers (estimate if necessary)	6 <u>121</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a <u>391,889</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b <u>391,889</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>36,767,130</u> Current Year <u>38,545,944</u>
	9	Program service revenue (Part VIII, line 2g)	<u>46,932,228</u> <u>47,440,204</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>24,434</u> <u>24,702</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>54,133,035</u> <u>50,954,406</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>137,856,827</u> <u>136,965,256</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>17,670,370</u> <u>19,916,667</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>53,583,004</u> <u>51,523,589</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u> <u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>2,494,395</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>75,231,128</u> <u>69,587,686</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>146,484,502</u> <u>141,027,942</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>(8,627,675)</u> <u>(4,062,686)</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>329,843,287</u> End of Year <u>352,949,635</u>
	21	Total liabilities (Part X, line 26)	<u>221,785,725</u> <u>249,575,937</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>108,057,562</u> <u>103,373,698</u>

Part II Signature Block

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

Sign Here	Signature of officer <u>MICHELLE COMER, ASST VICE PRES - TREASURER/CONTROLLER</u>		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>RACHEL SPURLOCK</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P00520729</u>
	Firm's name <u>CROWE LLP</u>	Firm's EIN <u>35-0921680</u>		Phone no. <u>(502) 326-3996</u>	
	Firm's address <u>9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-3902</u>				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2022)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

THE UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION IS ORGANIZED TO DEVELOP INTERCOLLEGIATE ATHLETIC TEAMS COMPOSED OF STUDENTS OF THE UNIVERSITY OF LOUISVILLE AND TO SCHEDULE AND MANAGE INTERCOLLEGIATE ATHLETIC CONTESTS, ALL IN THE HARMONY WITH AND IN SUBJECTION TO THE GENERAL EDUCATION POLICY OF THE UNIVERSITY OF LOUISVILLE.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 135,468,504 including grants of \$ 19,916,667) (Revenue \$ 49,042,579)

THE UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION (ULAA) CONTINUED TO FURTHER AND ENHANCE ITS MISSION DURING FISCAL YEAR 2023, PROVIDING INVALUABLE SUPPORT FOR BOTH THE STUDENT ATHLETES AND THE UNIVERSITY WHICH IT SERVES.

DURING THE YEAR, ULAA AWARDED OVER \$16.1 MILLION IN SCHOLARSHIPS TO NEARLY 800 STUDENTS. THE GRADUATION SUCCESS RATE FOR ULAA STUDENT ATHLETES DURING THE YEAR WAS 92% -- A RATE WHICH TIES FOR THE HIGHEST IN PROGRAM HISTORY. OVERALL STUDENT GRADE POINT AVERAGE (GPA) OF 3.28 WAS THE HIGHEST IN THE PROGRAM'S HISTORY, WITH FISCAL YEAR 2023 ALSO CONTAINING THE 25TH CONSECUTIVE SEMESTER WHERE STUDENTS EARNED A DEPARTMENT GRADE POINT AVERAGE (GPA) OF 3.0 OR HIGHER.

ULAA'S STUDENT ATHLETES COMPLETED MORE THAN 4,000 HOURS OF COMMUNITY SERVICE THROUGH THE CARDS (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 135,468,504

Part IV Checklist of Required Schedules

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

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 non-cash contributions? If "Yes," complete Schedule M	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 258	
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 <i>(continued)</i>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	624
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>	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.		
1b Enter the number of voting members included on line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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 COMER, SERVICE COMPLEX-UNIV OF LOUISVILLE, LOUISVILLE, KY 40292, (502) 852-6164

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

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

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

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

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

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

See 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) CHRISTOPHER L. MACK FORMER HCE AS MEN'S BB COACH TO 1/31/22	50.0 0.0						✓	5,105,691	0	1,774
(2) FREDRIC SCOTT SATTERFIELD HEAD FOOTBALL COACH	50.0 0.0					✓		3,241,608	0	50,328
(3) KENNETH PAYNE MEN'S BB COACH FROM 3/18/22	50.0 0.0					✓		2,750,005	0	217,059
(4) JEFF WALZ WOMEN'S BASKETBALL COACH	50.0 0.0					✓		1,952,678	0	45,478
(5) DANIEL S. MCDONNELL MEN'S BASEBALL COACH	50.0 0.0					✓		1,618,421	0	150,076
(6) JOSHUA HEIRD ATHLETIC DIRECTOR	50.0 0.0			✓				844,410	0	159,705
(7) LORI GONZALEZ, PH.D. PRES/CHAIR TO 1/31/23	0.5 49.5	✓		✓				0	834,244	48,556
(8) DR. THOMAS GERARD BRADLEY DIRECTOR	0.5 49.5	✓						0	583,531	52,303
(9) DANIEL A. DURBIN ASST. TREASURER	0.5 49.5	✓		✓				0	433,919	52,259
(10) DR. NEELI BENDAPUDI FORMER PRES/CHAIR	50.0						✓	0	318,001	20,898
(11) AMY S. LINGO DIRECTOR	0.5 49.5	✓						0	271,764	44,552
(12) PROF. LARS S. SMITH DIRECTOR	0.5 49.5	✓						0	256,748	47,987
(13) MARVIN MITCHELL DEPUTY ATHLETIC DIRECTOR	50.0 0.0				✓			234,270	0	37,314
(14) AMY M CALABRESE DEPUTY ATHLETIC DIRECTOR	50.0 0.0				✓			181,726	0	38,268

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) DOUGLAS CRADDOCK DIRECTOR	0.5 49.5	<input checked="" type="checkbox"/>						0	170,821	41,093
(16) LEE A. GILL, J.D. DIRECTOR	0.5 49.5	<input checked="" type="checkbox"/>						0	184,555	19,341
(17) SHANNON I. RICKETT DIRECTOR	0.5 49.5	<input checked="" type="checkbox"/>						0	158,968	31,028
(18) CAROLYN KLINGE, PH.D. DIRECTOR	0.5 49.5	<input checked="" type="checkbox"/>						0	149,294	33,993
(19) CLAUDIA ANGELI, PH.D. DIRECTOR	0.5 49.5	<input checked="" type="checkbox"/>						0	147,335	29,872
(20) EUGENE G. MUELLER FORMER VICE CHAIR	50.0						<input checked="" type="checkbox"/>	0	134,441	28,102
(21) DR. KRISTA B. WALLACE-BOAZ DIRECTOR	0.5 49.5	<input checked="" type="checkbox"/>						0	128,231	33,390
(22) JEREMY D. CLARK DIRECTOR	0.5 49.5	<input checked="" type="checkbox"/>						0	122,683	23,172
(23) PROF. SHARON MOORE DIRECTOR	0.5 49.5	<input checked="" type="checkbox"/>						0	111,740	27,334
(24) MARGARET HANCOCK, PH.D. DIRECTOR	0.5 49.5	<input checked="" type="checkbox"/>						0	102,983	26,015
(25) (SEE STATEMENT)										
1b Subtotal								15,928,809	4,109,258	1,259,897
c Total from continuation sheets to Part VII, Section A								0	314,689	91,546
d Total (add lines 1b and 1c)								15,928,809	4,423,947	1,351,443
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								79		

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
	AT&T CORP, 360 GEES MILL PKWY, CONYERS, GA 30013	UPGRADE STADIUM WIFI	4,997,411
	BUFFALO CONSTRUCTION, INC., 12700 OTTO KNOP DR, LOUISVILLE, KY 40299	CONSTRUCTION SERVICES	4,853,620
	SERVICE AMERICA CORPORATION, 300 FIRST STAMFORD PL, STAMFORD, CT 06904-2203	CONCESSION SERVICES	1,890,199
	SHORTS TRAVEL MANAGEMENT INC, 1203 WEST RIDGEWAY AVE, WATERLOO, IA 50701	TRAVEL SERVICES	1,270,755
	ANC SPORTS ENTERPRISES LLC, 2 MANHATTANVILLE RD, PURCHASE, NY 10577	MEDIA SERVICES	1,113,603
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		46

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	991,300			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	37,554,644			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 178,000			
	h	Total. Add lines 1a-1f		38,545,944			
Program Service Revenue				Business Code			
	2a	TOTAL SPORTS REVENUE		711210	46,540,204	46,148,315	391,889
	b	STUDENT ATHLETIC FEES AND RELATED		713940	900,000	900,000	
	c						
	d						
	e						
	f	All other program service revenue			0	0	0
g	Total. Add lines 2a-2f			47,440,204			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			68,492		68,492
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties			48,960,142		48,960,142
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	(43,790)	0			
	d	Net gain or (loss)			(43,790)		(43,790)
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue				Business Code			
	11a	ADMINISTRATIVE SUPPORT SERVICES		561990	1,850,801	1,850,801	
	b	MARKETING AND DEVELOPMENT REVENUE		711320	143,463	143,463	
	c						
	d	All other revenue			0	0	0
e	Total. Add lines 11a-11d			1,994,264			
12	Total revenue. See instructions			136,965,256	49,042,579	391,889	48,960,142

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,731,006	3,731,006		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	16,185,661	16,185,661		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,273,913		1,273,913	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	40,725,429	38,814,553	961,100	949,776
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,839,963	5,325,950	285,344	228,669
10 Payroll taxes	3,684,284	3,522,527	93,688	68,069
11 Fees for services (nonemployees):				
a Management				
b Legal	240,925	240,925		
c Accounting	44,522	10,787	26,800	6,935
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	6,959,769	6,601,723	273,148	84,898
12 Advertising and promotion	642,792	609,717	5,300	27,775
13 Office expenses	238,153	226,886	5,294	5,973
14 Information technology	1,332,227	1,275,497	12,416	44,314
15 Royalties				
16 Occupancy	3,601,992	3,508,983		93,009
17 Travel	17,058,742	16,436,733	19,700	602,309
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,749	18,749		
20 Interest	2,543,125	2,543,125		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,381,428	12,381,428		
23 Insurance	1,645,889	1,645,889		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>ATHLETIC EVENT FEES AND EXPENSES</u>	3,348,237	3,330,049	8,824	9,364
b <u>REPAIRS AND MAINTENANCE</u>	3,737,004	3,630,924		106,080
c <u>SMALL EQUIPMENT PURCHASES AND RENTALS</u>	3,229,064	3,017,251	2,316	209,497
d <u>OTHER LICENSES AND FEES</u>	2,079,294	2,054,950	24,344	
e All other expenses	10,485,774	10,355,191	72,856	57,727
25 Total functional expenses. Add lines 1 through 24e	141,027,942	135,468,504	3,065,043	2,494,395
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	51,500	1	51,500
	2 Savings and temporary cash investments	24,272,306	2	11,043,895
	3 Pledges and grants receivable, net	9,279,214	3	8,948,229
	4 Accounts receivable, net	34,604,358	4	70,241,413
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,838,215	8	5,400,451
	9 Prepaid expenses and deferred charges	821,499	9	1,543,051
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 361,591,073		
	b Less: accumulated depreciation	10b 111,296,767		
	11 Investments—publicly traded securities	250,451,565	10c	250,294,306
	12 Investments—other securities. See Part IV, line 11	3,961,002	11	3,907,852
	13 Investments—program-related. See Part IV, line 11	0	12	0
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,563,628	15	1,518,938	
Liabilities	17 Accounts payable and accrued expenses	329,843,287	16	352,949,635
	18 Grants payable	25,619,562	17	21,836,554
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	31,111,297	19	70,378,248
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	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	21	0
	23 Secured mortgages and notes payable to unrelated third parties	34,777,313	22	32,348,965
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26 Total liabilities. Add lines 17 through 25	130,277,553	25	125,012,170
	Net Assets or Fund Balances	27 Net assets without donor restrictions	221,785,725	26
28 Net assets with donor restrictions			27	
29 Capital stock or trust principal, or current funds			28	
30 Paid-in or capital surplus, or land, building, or equipment fund			29	
31 Retained earnings, endowment, accumulated income, or other funds			30	
32 Total net assets or fund balances		108,057,562	31	103,373,698
33 Total liabilities and net assets/fund balances		108,057,562	32	103,373,698
33 Total liabilities and net assets/fund balances		329,843,287	33	352,949,635

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	136,965,256
2	Total expenses (must equal Part IX, column (A), line 25)	2	141,027,942
3	Revenue less expenses. Subtract line 2 from line 1	3	(4,062,686)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	108,057,562
5	Net unrealized gains (losses) on investments	5	821,175
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(1,442,353)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	103,373,698

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) MICHAEL BRANDON MCCORMACK ----- DIRECTOR	0.5 ----- 49.5	✓						0	96,468	21,719
(26) KYLE J. BEAMER ----- ASSISTANT SECRETARY	0.5 ----- 49.5			✓				0	84,348	22,736
(27) ROBERT K DETMERING ----- VICE CHAIR	0.5 ----- 49.5	✓		✓				0	70,688	26,651
(28) KEVIN LEDFORD ----- TREASURER	0.5 ----- 49.5	✓		✓				0	61,285	20,440
(29) DORAIN BROWN ----- SECRETARY	0.5 ----- 10.5	✓		✓				0	1,900	0
(30) DR. KIM SCHATZEL ----- PRES/CHAIR FROM 2/1/23	0.5 ----- 49.5	✓		✓				0	0	0
(31) DENNIS P. HEISHMAN ----- DIRECTOR	0.5 ----- 0.0	✓						0	0	0
(32) GAYLE SAUNDERS ----- DIRECTOR	0.5 ----- 0.0	✓						0	0	0
(33) JAMES M. ROGERS ----- DIRECTOR	0.5 ----- 0.5	✓						0	0	0
(34) LAURENCE BENZ ----- DIRECTOR	0.5 ----- 0.5	✓						0	0	0
(35) ROBERT KOHN ----- DIRECTOR	0.5 ----- 0.0	✓						0	0	0
(36) RONALD L. WRIGHT ----- DIRECTOR	0.5 ----- 0.0	✓						0	0	0
(37) RYAN BRIDGEMAN ----- DIRECTOR	0.5 ----- 0.0	✓						0	0	0
(38) SAM RECHTER ----- DIRECTOR	0.5 ----- 0.0	✓						0	0	0
(39) SHERRILL ZIMMERMAN ----- DIRECTOR	0.5 ----- 0.5	✓						0	0	0
(40) STEVE JONES ----- DIRECTOR	0.5 ----- 0.0	✓						0	0	0
(41) TAYLAR HART-NOLDEN ----- DIRECTOR	0.5 ----- 0.0	✓						0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number

31-1106941

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) (SEE STATEMENT)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,938,861	39,240,784	35,399,937	36,767,130	38,545,944	191,892,656
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	41,938,861	39,240,784	35,399,937	36,767,130	38,545,944	191,892,656
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						191,892,656

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	41,938,861	39,240,784	35,399,937	36,767,130	38,545,944	191,892,656
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,095,908	42,326,450	44,629,525	50,047,757	49,028,634	226,128,274
9 Net income from unrelated business activities, whether or not the business is regularly carried on	196,695	83,512	32,704	76,186	391,889	780,986
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						418,801,916
12 Gross receipts from related activities, etc. (see instructions)					12	210,875,819
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	45.82 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	46.82 %
16a 33¹/₃% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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 .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018 . . .			
b Excess from 2019 . . .			
c Excess from 2020 . . .			
d Excess from 2021 . . .			
e Excess from 2022 . . .			

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.)

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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 2 - SUPPORTED ORG. WITHOUT IRS STATUS 509(A)1 OR (2)	THE UNIVERSITY OF LOUISVILLE ATHLETICS ASSOCIATION SUPPORTS THE UNIVERSITY OF LOUISVILLE, A STATE UNIVERSITY EXEMPT UNDER IRC SEC 115.

Part I

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

Part ILine 12g. **Information about the supported organization(s).** (continued)

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

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number

31-1106941

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number

31-1106941

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		\$ 1,700,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number

31-1106941

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

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

Name of organization

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number

31-1106941

Part III

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

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

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

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number

31-1106941

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,399,568	3,468,200	5,459,918	11,148,321	12,229,757
b Contributions	20,878	0	339,000	15,091	21,334
c Net investment earnings, gains, and losses	163,638	25,325	740,747	420,662	2,802,971
d Grants or scholarships	20,878	60,000	1,492,944	476,275	1,061,273
e Other expenditures for facilities and programs	0	0	1,528,552	5,544,637	2,575,413
f Administrative expenses	26,013	33,957	49,969	103,244	269,055
g End of year balance	3,537,193	3,399,568	3,468,200	5,459,918	11,148,321

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 39.10 %
b Permanent endowment 60.90 %
c Term endowment 0.00 %

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) <input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) Related organizations	3a(ii) <input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b <input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,150,911		5,150,911
b Buildings		286,646,320	93,850,793	192,795,527
c Leasehold improvements		799,301	675,600	123,701
d Equipment		14,154,976	8,182,121	5,972,855
e Other		54,839,565	8,588,253	46,251,312
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				250,294,306

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	
(2) DUE TO UNIVERSITY OF LOUISVILLE	81,153,338
(3) LEASES PAYABLE	42,858,832
(4) DUE TO UNIVERSITY OF LOUISVILLE FOUNDATION	1,000,000
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	125,012,170

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	135,939,446
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	821,175
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	821,175
3	Subtract line 2e from line 1	3	135,118,271
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,846,985
c	Add lines 4a and 4b	4c	1,846,985
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	136,965,256

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	139,180,957
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	(1,846,985)
e	Add lines 2a through 2d	2e	(1,846,985)
3	Subtract line 2e from line 1	3	141,027,942
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	141,027,942

Part XIII Supplemental Information.

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

[SEE STATEMENT](#)

Part XIII

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

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

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION'S MAIN ENDOWMENT INVESTMENTS ARE INTENDED FOR ATHLETIC SCHOLARSHIPS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number

31-1106941

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in 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) SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDENT ATHLETE RECRUITING	5,099
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	STUDENT ATHLETE RECRUITING	57,222
(3) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDENT ATHLETE RECRUITING	11,276
(4) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDENT ATHLETE RECRUITING	4,721
(5) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDENT ATHLETE RECRUITING	3,030
(6) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	STUDENT ATHLETE RECRUITING	5,641
(7) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TEAM TRAVEL	6,578
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			93,567
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			93,567

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 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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Part V

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

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

**SCHEDULE I
(Form 990)**

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

2022

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number

31-1106941

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 LOUISVILLE 2215 S. BROOK ST., LOUISVILLE, KY 40208	61-1014882	115	3,731,006				(SEE STATEMENT)
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- 3** Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2022

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	778	16,185,661			
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.
----------------	--

(SEE STATEMENT)

Part IV

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

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

31-1106941

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

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. <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b ✓	
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 ✓	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	✓ ✓ ✓
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	✓ ✓
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	✓ ✓
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	✓
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	✓
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				
1 CHRISTOPHER L. MACK FORMER HCE AS MEN'S BB COACH TO 1/31/22	(i)	353,420	0	4,752,271	0	1,774	5,107,465	0
	(ii)	0	0	0	0	0	0	0
2 FREDRIC SCOTT SATTERFIELD HEAD FOOTBALL COACH	(i)	3,008,066	199,000	34,542	29,646	20,682	3,291,936	0
	(ii)	0	0	0	0	0	0	0
3 KENNETH PAYNE MEN'S BB COACH FROM 3/18/22	(i)	2,726,644	0	23,361	200,000	17,059	2,967,064	0
	(ii)	0	0	0	0	0	0	0
4 JEFF WALZ WOMEN'S BASKETBALL COACH	(i)	1,647,879	250,000	54,799	24,240	21,238	1,998,156	0
	(ii)	0	0	0	0	0	0	0
5 DANIEL S. MCDONNELL MEN'S BASEBALL COACH	(i)	1,267,894	331,000	19,527	130,103	19,973	1,768,497	180,357
	(ii)	0	0	0	0	0	0	0
6 JOSHUA HEIRD ATHLETIC DIRECTOR	(i)	825,436	0	18,974	141,829	17,876	1,004,115	0
	(ii)	0	0	0	0	0	0	0
7 LORI GONZALEZ, PH.D. PRES/CHAIR TO 1/31/23	(i)	0	0	0	0	0	0	0
	(ii)	831,958	0	2,286	30,500	18,056	882,800	0
8 DR. THOMAS GERARD BRADLEY DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	582,757	0	774	29,000	23,303	635,834	0
9 DANIEL A. DURBIN ASST. TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	432,731	0	1,188	30,500	21,759	486,178	0
10 DR. NEELI BENDAPUDI FORMER PRES/CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	311,614	0	6,387	16,023	4,875	338,899	0
11 AMY S. LINGO DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	271,350	0	414	27,545	17,007	316,316	0
12 PROF. LARS S. SMITH DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	255,974	0	774	26,436	21,551	304,735	0
13 MARVIN MITCHELL DEPUTY ATHLETIC DIRECTOR	(i)	231,656	0	2,614	22,692	14,622	271,584	0
	(ii)	0	0	0	0	0	0	0
14 AMY M CALABRESE DEPUTY ATHLETIC DIRECTOR	(i)	175,204	0	6,522	17,740	20,528	219,994	0
	(ii)	0	0	0	0	0	0	0
15 DOUGLAS CRADDOCK DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	170,659	0	162	18,077	23,016	211,914	0
16 (SEE STATEMENT)	(i)							
	(ii)							

Part II
Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) LEE A. GILL, J.D. DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	183,113	0	1,442	10,938	8,403	203,896	0
(17) SHANNON I. RICKETT DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	158,788	0	180	16,086	14,942	189,996	0
(18) CAROLYN KLINGE, PH.D. DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	147,008	0	2,286	15,285	18,708	183,287	0
(19) CLAUDIA ANGELI, PH.D. DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	146,921	0	414	14,902	14,970	177,207	0
(20) EUGENE G. MUELLER FORMER VICE CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	133,667	0	774	12,809	15,293	162,543	0
(21) DR. KRISTA B. WALLACE-BOAZ DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	127,817	0	414	13,258	20,132	161,621	0

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Employer identification number

31-1106941

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art			
2	Art—Historical treasures			
3	Art—Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities—Publicly traded			
10	Securities—Closely held stock			
11	Securities—Partnership, LLC, or trust interests			
12	Securities—Miscellaneous			
13	Qualified conservation contribution—Historic structures			
14	Qualified conservation contribution—Other			
15	Real estate—Residential			
16	Real estate—Commercial			
17	Real estate—Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other (<u>MATERIALS & SUPPLIES</u>)	✓	2	178,000 COST
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	0
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	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?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	OTHER - MATERIALS & SUPPLIES MULTIPLE CONTRIBUTIONS OF MATERIALS AND SUPPLIES USED IN CONSTRUCTION PROJECT

**SCHEDULE O
(Form 990)**Department of Treasury Internal
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the Organization
UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATIONEmployer Identification Number
31-1106941

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

Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S ATHLETIC DIRECTOR, THE TOP MANAGEMENT OFFICIAL, INVOLVED ALL OF THE FOLLOWING ELEMENTS:</p> <p>- DATA GATHERING AND ANALYSIS OF COMPENSATION AT COMPARABLY SIZED ORGANIZATIONS BY AN INDEPENDENT THIRD-PARTY CONSULTING FIRM ALONG WITH BENCHMARKING AGAINST OTHER QUALIFIED OFFICIALS IN SIMILARLY SITUATED POSITIONS;</p> <p>- REVIEW AND APPROVAL OF THE THIRD-PARTY FIRM'S ANALYSIS BY THE ORGANIZATION'S INDEPENDENT PERSONNEL COMMITTEE;</p> <p>- REVIEW AND APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS PURSUANT TO FEEDBACK FROM THE PERSONNEL AND THE THIRD-PARTY CONSULTING FIRM; AND</p> <p>- CONTEMPORANEOUS DOCUMENTATION OF THE COMPENSATION DETERMINATION PROCESS BY THE THIRD-PARTY CONSULTING FIRM AND BY BOTH THE PERSONNEL COMMITTEE AND THE BOARD OF DIRECTORS IN EACH BODY'S RESPECTIVE MINUTES.</p>						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE PROCESS FOR DETERMINING COMPENSATION OF THE DEPUTY ATHLETIC DIRECTOR INVOLVED ALL OF THE FOLLOWING ELEMENTS:</p> <p>- DATA GATHERING BY THE BOARD'S INDEPENDENT PERSONNEL COMMITTEE AND ANALYSIS OF COMPENSATION AT COMPARABLY SIZED ORGANIZATIONS ALONG WITH BENCHMARKING AGAINST OTHER QUALIFIED OFFICIALS IN SIMILARLY SITUATED POSITIONS;</p> <p>- REVIEW AND APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS; AND</p> <p>- CONTEMPORANEOUS DOCUMENTATION OF THE COMPENSATION DETERMINATION PROCESS BY THE ORGANIZATION'S ADMINISTRATION AND BY THE PERSONNEL COMMITTEE AND THE BOARD OF DIRECTORS IN EACH BODY'S RESPECTIVE MINUTES.</p>						
FORM 990, PART VI, LINE 18 - TAX RETURN DISCLOSURE	COPIES OF THE ORGANIZATION'S MOST RECENT FORMS 990 AND 990-T ARE AVAILABLE UPON REQUEST.						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	COPIES OF THE ORGANIZATION'S FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE AT WWW.LOUISVILLE.EDU OR UPON REQUEST.						
FORM 990, PART XI, LINE 8 - PRIOR PERIOD ADJUSTMENTS	NET PRIOR PERIOD ADJUSTMENTS PERTAIN TO (1) \$5.3 MILLION REDUCTION IN LOSS RELATING TO UNDERSTATED BALANCE DUE TO THE UNIVERSITY FOR DEBT SERVICE, AND (2) \$600 THOUSAND REDUCTION IN NET INVESTED IN CAPITAL ASSETS DUE TO IMPLEMENTATION OF GASB STATEMENT NO. 87, LEASES.						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>ADJUST FOR GASB STATEMENT NO. 94 (P3 ARRANGEMENTS) CHANGE IN ACCOUNTING</td><td>- 1,332,403</td></tr><tr><td>ADJUST FOR GASB STATEMENT NO. 96 (SUBSCRIPTION-BASED ARRANGMENTS) CHANGE IN ACCOUNTING</td><td>- 109,950</td></tr></table>	(a) Description	(b) Amount	ADJUST FOR GASB STATEMENT NO. 94 (P3 ARRANGEMENTS) CHANGE IN ACCOUNTING	- 1,332,403	ADJUST FOR GASB STATEMENT NO. 96 (SUBSCRIPTION-BASED ARRANGMENTS) CHANGE IN ACCOUNTING	- 109,950
(a) Description	(b) Amount						
ADJUST FOR GASB STATEMENT NO. 94 (P3 ARRANGEMENTS) CHANGE IN ACCOUNTING	- 1,332,403						
ADJUST FOR GASB STATEMENT NO. 96 (SUBSCRIPTION-BASED ARRANGMENTS) CHANGE IN ACCOUNTING	- 109,950						

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

31-1106941

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(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
(1) UNIVERSITY OF LOUISVILLE (61-1014882) UNIVERSITY OF LOUISVILLE, LOUISVILLE, KY 40292	EDUCATION	KY			N/A		✓
(2) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. (61-1029626) UNIVERSITY OF LOUISVILLE, LOUISVILLE, KY 40292	RESEARCH	KY	501(C)(3)	5	UNIVERSITY OF LOUISVILLE		✓
(3) UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL PRACTICE ASSOC. (61-1250153) 550 SOUTH JACKSON STREET, LOUISVILLE, KY 40202	MEDICAL CARE	KY	501(C)(3)	7	UNIVERSITY OF LOUISVILLE		✓
(4) UNIVERSITY PHYSICIANS GROUP, INC. (61-1346817) 323 EAST CHESTNUT STREET, LOUISVILLE, KY 40202-1823	MEDICAL CARE	KY	501(C)(3)	3	UNIVERSITY OF LOUISVILLE		✓
(5) UNIVERSITY MEDICAL CENTER, INC. (61-1293786) 250 E LIBERTY ST, LOUISVILLE, KY 40202	MEDICAL CARE	KY	501(C)(3)	3	UNIVERSITY OF LOUISVILLE		✓
(6)							
(7)							

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?		(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	
(1)												
(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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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 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)			
(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)													

**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.) UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION, INC.	
	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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Other (see instructions) 501(C)(3) TAX EXEMPT CORPORATION	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 3 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	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 <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 2215 S. BROOK STREET 6 City, state, and ZIP code LOUISVILLE, KY 40208 7 List account number(s) here (optional)	Requester's name and address (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								
3	1	-	1	1	0	6	9	4 1

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 4/11/2025
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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	Moon Golf Invitational						
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Golf course Green Fees	\$18,000.00	\$18,000.00	\$0.00	Entry Fees from teams	\$43,200.00	\$43,200.00	
Live scoring for Moon Golf Inv.	\$400.00	\$400.00	\$0.00				
Signage	\$10,000.00	\$10,000.00	\$0.00				
Rules Officials & athletic Trainer	\$2,500.00	\$2,500.00	\$0.00				
breakfast & lunch each day for players	\$23,000.00	\$21,000.00	-\$2,000.00				
Cart attendants	\$500.00	\$500.00	\$0.00				
Dinner one night & snacks/water for event	\$6,000.00	\$5,872.92	-\$127.08				
Hotel nights for officials, trainer & sponsors	\$2,500.00	\$2,400.00	\$0.00				
Other Expenses	\$62,900.00	\$60,672.92	-\$2,227.08				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00	Income Sponsors			
			\$0.00				
			\$0.00	Cash in Bank to start			
			\$0.00	Income Other			
			\$0.00	TDC grant funding	\$6,630.00	\$15,000.00	
			\$0.00	Total Income	\$49,830.00	\$58,200.00	
			\$0.00				
			\$0.00	Total Expenses Paid	\$63,200.00	\$60,972.92	
			\$0.00				
			\$0.00	Profit/Loss	-\$13,370.00	-\$2,772.92	
Marketing - please specify Brevard/Out-of-County	\$0.00	\$0.00	\$0.00				
programs	\$300.00	\$300.00	\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Expense	\$300.00	\$300.00	\$0.00				
Total Expenses 2025-2026	\$63,200.00	\$60,972.92	-\$2,227.08				



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

Applicant organization name: Whitney Young

Applicant event name: Moon Golf Invitational

Applicant name completing this form: Whitney Young

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

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

Whitney Young 06/18/25
Applicant signature & date