Form	990
Form	000

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury

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

		enue Service						inspection
A			ndar year, or tax year beginning		nd ending			, 20
В		if applicable:	c Name of organization Double Play Sports Cor	mmunity	Center,	Inc.		er identification number
	Address	s change	Doing business as					224942
	Name c	change	Number and street (or P.O. box if mail is not delivered to street	address)	Room/suite		E Telephor	
	Initial re	eturn	5358 Waters Terrace				(315)	955-9936
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign post	tal code				
	Amende	ed return	Lowville, NY 13367				G Gross re	
	Applicat	tion pending	F Name and address of principal officer:			H(a) Is this a gr	oup return for s	subordinates? 🗌 Yes 🔀 No
			Daniel Myers, 5358 Waters Terrace, Lo	wville, M	NY 13367	H(b) Are all s	ubordinates	s included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	X 501(c)(3) 501(c) () ◄ (insert no.)	4947(a)(1) or	527	lf "No	o," attach a	list. (see instructions)
J	Website		ttp://doubleplaycc.com			H(c) Group	· · ·	
			X Corporation ☐ Trust ☐ Association ☐ Other ►	L Yea	r of formation	2013	B M State	of legal domicile: NY
P	art I	Summ						
	1	Briefly de	escribe the organization's mission or most significan	nt activities:	Improv	e the g	fuality	/ of life in NNY
lce								
Activities & Governance								
ver	2		is box \blacktriangleright if the organization discontinued its oper		•		25% of	its net assets.
ŝ	3		of voting members of the governing body (Part VI, li				3	14
∞ ∞	4		of independent voting members of the governing bo		,		4	14
itie	5		nber of individuals employed in calendar year 2018	•	,		5	34
živi	6		nber of volunteers (estimate if necessary)				6	10
Ac	7a	Total unr	elated business revenue from Part VIII, column (C),	line 12 .			7a	0.
	b	Net unre	ated business taxable income from Form 990-T, line	e38			7b	0.
						Prior Ye	ar	Current Year
e	8	Contribu	tions and grants (Part VIII, line 1h)			105	,996.	41,487.
Revenue	9	Program	service revenue (Part VIII, line 2g)			281	,578.	309,555.
leve	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)				3.	1.
ш.	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	and 11e) .		1	,873.	-158.
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, co	olumn (A), lin	ne 12)	389	,450.	350,885.
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-	-3)			543.	
	14	Benefits	paid to or for members (Part IX, column (A), line 4)					
ŝ	15	Salaries,	other compensation, employee benefits (Part IX, colum	nn (A), lines 5	5–10)	135	,335.	121,386.
Expenses	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)					
xpe	b	Total fun	draising expenses (Part IX, column (D), line 25) \blacktriangleright		0.			
Ш	17	Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)			238	,405.	227,625.
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column	n (A), line 25) .	374	,283.	349,011.
	19	Revenue	less expenses. Subtract line 18 from line 12			15	,167.	1,874.
or Ses					Beg	inning of Cu	rrent Year	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)			96	,961.	84,081.
t As	21		ilities (Part X, line 26)			35	,343.	20,899.
						61	,618.	63,182.
Pa	art II	Signa	ture 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.

				11/14/2019	
Sign	Signature of officer		[Date	
Here	Daniel Myers, Director				
	Type or print name and title				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗍 if	PTIN
Preparer	Gary E. Rowe, CPA	Gary E. Rowe, CPA	12/18/20	19 self-employed	P00052051
Use Only	Firm's name ► M. R. GAEBEL		F	irm's EIN ► 16–1	163906
	Firm's address ► PO BOX 69, CART	HAGE, NY 13619-0069	P	hone no. (315)4	93-1862
May the IRS	discuss this return with the preparer s	shown above? (see instructions)			🗙 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the separat	te instructions. BAA	REV 05/20/19 PR0	C	Form 990 (2018)

Form 99	2018) Page	e 2
Part I		_
	Check if Schedule O contains a response or note to any line in this Part III	
1	riefly describe the organization's mission:	
	mprove the quality of life in NNY	
	id the organization undertake any significant program services during the year which were not listed on the	
	rior Form 990 or 990-EZ?	0
	id the organization cease conducting, or make significant changes in how it conducts, any program	
	ervices?	ο
	"Yes," describe these changes on Schedule O.	
	escribe the organization's program service accomplishments for each of its three largest program services, as measured	
	kpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe le total expenses, and revenue, if any, for each program service reported.	rs,
	e total expenses, and revenue, il any, for each program service reported.	
4a	Code:) (Expenses \$ 349,011. including grants of \$ 0.) (Revenue \$ 350,885.)	
	roviding premier facilities, programs and staff to meet the needs	
	f all community members including children, at risk youth, athletes	
	md the disabled.	
4b	Code:) (Expenses \$including grants of \$) (Revenue \$)	
40		
4.		
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	ther program services (Describe in Schedule O.)	
40	including grants of \$) (Revenue \$) otal program service expenses > 349,011.	
<u>4e</u>	otal program service expenses 349,011.	

Form 99	0 (2018)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		×
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>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	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		×
20 a	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? #E ⁽ /@B0) ⁽¹ 6 PR0) plete Schedule I, Parts I and II	21		×

Form 99	00 (2018)		I	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i> .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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? <i>If "Yes," complete Schedule L, Part I </i>	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32 33	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		×
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
54	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? <i>If "Yes," complete Schedule R, Part V, line</i> 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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		×
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.1a0Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Form 99	D (2018)		F	Page 5
Part	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 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	00		
40	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:	Tu		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fo	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	50		×
-		5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
		15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O.	10		
				(

EPERTAU Governance, Management, and Disclosure. For each "Yes" response to lines 2, through 7b below, and for a "No" response to line 8, ask, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check If Schedule O contains a response or note to any line in this Part VI. Image: Schedule O. See instructions. Check If Schedule O. See instructions. Section A. Governing Body and Management Image: Schedule O. See instructions. Image: Schedule O. See instructions. 1a. Enter the number of voting members of the governing body at the end of the tax year. Image: Schedule O. Image: Schedule O. 1b. Enter the number of voting members included in line 1a, above, who are independent. Image: Schedule O. Image: Schedule O. 2 Did the organization make any significant charges to its governing body at the end of the schedule O. Image: Schedule O. Image: Schedule O. 3 Did the organization have members or stockholders? Image: Schedule O. Image: Schedule O. Image: Schedule O. 4 Did the organization have members scheduholders? Image: Schedule O. Image: Schedule O. Image: Schedule O. 5 Did the organization have members scheduholders? Image: Schedule O. Image: Schedule O. Image: Schedule O. 4 Did the organization have members scheduholder. Image: Schedule O.	Form 99	0 (2018)			F	Page 6
Section A. Governing Body and Management Yes 1a Enter the number of voling members of the governing body, or if there are material differences in voling rights among members of the governing body, or if the governing body, or if the governing body, or if the governing body, or issues relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, set were only the set of the governing body, or if the governing body, or if the governing body and if the governing body are independent. 1a 14 2 Did the organization delegate control over management duties customarily performed by or under the director. 3 X 4 Did the organization bave members, stocholders, or other persons who had the power to elect or appoint on the organization have members are stocholders, or other persons who had the power to elect or appoint on the governing body? 6 X 5 Did the organization have members are stocholders, or other persons who had the power to elect or appoint on the year at significant diversion the activation undertaken during the year of significant diversion and diverses in Schedule Q. 7a X 6 Did the organization have members are consider the meetings held or written actions undertaken during the year at significant diversion addresses in Schedule Q. 7b X 7b Did the organization nave written policies and procedures governing body? 7b X 8a the organization nave any displication about of the	Part					
a Enter the number of voting members of the governing body at the end of the tax year. 1a		Check if Schedule O contains a response or note to any line in this Part VI				X
1a Enter the number of voling members of the governing body, and if there are natarial differences in voling rights among members of the governing body, or if the governing body delegated broad alturbrity to an executive committee or similar and the moment of voling members included in line 1a, above, who are independent. 1a 1a 1a 2 X 10 any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, or trustee, or key employees to a management company or other person? 2 X 3 Did the organization delegate control over management dulise customarily performed by or under the direct supervision of officers, directors, or trustee, or key employees to a management company or other person? 4 1a X 4 Did the organization have members, stockholders? 6 X 6 X 7a Did the organization contemportaneously document the meetings held or written actions undertaken during the year of a significant diversion of the organization? 7a X 7b Lax 7a X 7b X 7a Did the organization contemportaneously document the meetings held or written actions undertaken during the year of a significant diversion of the organization are and addresses in Schedule 0. 7a X 7b Lax 7b x 7b x 7b x </th <th>Secti</th> <th>on A. Governing Body and Management</th> <th></th> <th></th> <th></th> <th></th>	Secti	on A. Governing Body and Management				
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad suthority to an executive committee or similar committee, explain in Schedule 0. Image: Committee or similar committee or similar committee or similar committee, explain in Schedule 0. D Enter the number of voting members included in line 1a, above, who are independent . Image: Committee or similar committee or simmittee committ					Yes	No
if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. ID 14 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 person? 3 X 4 Did the organization baces any significant diverges to a management company or other person? 4 X 5 Did the organization baces any significant diverges to a management company or other person? 6 X 5 Did the organization baces members or stockholders? 6 X 7 Did the organization have members or stockholders? 6 X 7 Did the organization nave members or tockholders? 7 X 8 Did the organization nave members or tockholders? 7 X 8 Did the organization nave members or tockholders? 7 X 9 Is there any officer, director, trustee, or key employee! 8 X 8 X 9 Each committee with authority to act on behalf of the governing body? 8a X 8a X 8a<	1a		1a 14			
committee, explain in Schedule 0. 10 14 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management dutes customarily performed by or under the direct 3 2 × 3 Did the organization degate control over management dutes customarily performed by or under the direct 3 3 × 4 Did the organization have members or stockholders? 6 × 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7a × 6 Nx Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a × 7b Lx Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). 10a <						
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

					C)					,
(A)	(B)	(do n	ot ch		ition	e than o	no	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	erson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any		-			or/truste		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	40.00									
(1) Daniel Myers Executive Director	40.00	×			×	×		37,402.	0.	0.
(2) Dr. Raymond Higby, Jr.	2.00							57,402.	0.	0.
Board Member	2.00			×				0.	0.	0.
(3) Chris Bach	2.00									
Board Member				×				0.	0.	0.
(4) Michael Dicob	2.00									
Board Member				×				0.	0.	0.
(5) Rebecca Matteson	2.00									
Board Member				×				0.	0.	0.
(6) Adam Matteson	2.00									
Board Member				×				0.	0.	0.
(7) Ed Murphy	2.00									
President				×				0.	0.	0.
(8) Leo Sammon	2.00									
Board Member				×				0.	0.	0.
(9) Dan Rivers	2.00			x						
Board Member				^				0.	0.	0.
(10) Amber Stevens Board Member	2.00			x				0.	0.	0.
(11) Gwynne Myers	2.00							0.	0.	
Secretary	2.00			×				0.	0.	0.
(12) Jim Deavers	2.00									
Board Member				×				0.	0.	0.
(13) Bethany Munn	2.00									
Board Member				×				0.	0.	0.
(14) Jeanna Judd	0.00									
	2.00									

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (continι	ued)		
					(0									
	(A)	(B)	(do n	ot ch	Pos		e than c	ne	(D)	(E)		(F)	
	Name and title	Average					is both		Reportable	Reportab			nated	
		hours per	office	er and	dad	irecto	or/trust	ee)	compensation	compensatio			unt of	
		week (list any hours for	or	Ins	Of	Ke	Hig em	Fo	from the	related organizati	I		her ensatio	n
		related	dire	titu	Officer	Key employee	ghes	Former	organization	(W-2/1099-N			n the	
		organizations	dual	tion	~	ldu	st co yee	4	(W-2/1099-MISC)				ization	
		below dotted line)	r tru	al ti		oye	duic						elated	
			Individual trustee or director	Institutional trustee		œ	ens					organ	Zatione	,
				ee			Highest compensated employee							
(15)							<u>u</u>							
(13)														
(4.0)														
(16)														
··>														
(17)														
(18)														
(19)														
(20)														
(21)														
·ź														
(22)														
<u></u> /														
(23)														
(20)														
(04)														
(24)														
(05)														
(25)														
1b	Sub-total		• •	·	·		·		37,402.		0.			0.
С	Total from continuation sheets to Part			·	•		•							
d	Total (add lines 1b and 1c)								37,402.		0.			0.
2	Total number of individuals (including but		l to th	lose	list	ed a	above	e) w	ho received me	ore than \$1	00,000) of		
	reportable compensation from the organi	zation 🕨												
													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key e	emp	oloyee, or high	est compe	ensated	1 k		
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indi	ividu	ıal					3		×
4	For any individual listed on line 1a, is the	sum of rei	oortal	ble d	com	nper	isatio	n a	nd other comp	ensation fr	om the	-		
-	organization and related organizations	greater that	an \$1	150,	000	? //	"Yes	s."	complete Sch	edule J fo	or such	2		
	individual	-										4		×
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	ion	fror	n anv	' un	related organiz	ation or ind	dividua			
-	for services rendered to the organization'											5		×
Sectio	on B. Independent Contractors	,	- 1-											
1	Complete this table for your five highest of	omponent	od ind	long	and	ont	oontr	oot	ore that receive	d more the	n ¢10	000 of		
I	compensation from the organization. Rep													NV.
		on compe	iisalii		וות	ie C	alenu	ar y	ear enuing wit		uie oi (Janizalio	11510	17
	year.											(
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensa	ation	
									2000			20		

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 ►

Form 990 (2018)
Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (D) Revenue excluded from tax (B) Related or (A) Total revenue exempt revenue under sections 512–514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . 1a b Membership dues 1b Fundraising events . . . 1c С **d** Related organizations . . . 1d 35,000 Government grants (contributions) е 1e All other contributions, gifts, grants, f and similar amounts not included above 6,487. 1f Noncash contributions included in lines 1a-1f: \$ g Total. Add lines 1a-1f . . 41,487 h Program Service Revenue **Business Code** 2a b С d е 309,555. 309,555. 0. 0 f All other program service revenue . Total. Add lines 2a-2f . . g 309,555. 3 Investment income (including dividends, interest, and other similar amounts) ▶ 0. 0. 1 1. Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal Gross rents . . 6a Less: rental expenses b Rental income or (loss) С Net rental income or (loss) d (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory Less: cost or other basis b and sales expenses . С Gain or (loss) . d Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 а 3,065. Less: direct expenses b b 3,223. Net income or (loss) from fundraising events С -158. -158. 0. 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b Net income or (loss) from gaming activities . . С Gross sales of inventory, less 10a returns and allowances . . . а b Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . С Miscellaneous Revenue **Business Code** 11a b С All other revenue d Total. Add lines 11a-11d . е Total revenue. See instructions 12 350,885. 309,556. 0. -158.

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must com				
Dong	Check if Schedule O contains a response of include amounts reported on lines 6b, 7b,			(C)	(D)
8b, 9l	b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	37,402.	37,402.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	75,358.	75,358.	0.	0.
9 10	Other employee benefits	8,626.	8,626.	0.	0.
11 a	Fees for services (non-employees): Management				
b c	Legal	3,636. 5,305.	3,636. 5,305.	0.	0.
d		5,505.	5,505.	0.	0.
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses	26,255.	26,255.	0.	0.
14	Information technology				
15		71 577	71 577	0	0
16 17	Occupancy	71,577.	71,577.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	1,342.	1,342.	0.	0.
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	14,059.	14,059.	0.	0.
24	Other expenses. Itemize expenses not covered	11,055.	11,055.	0.	0.
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Community Center Expense	15,295.	15,295.	0.	0.
b	Equipment Expense	8,666.	8,666.	0.	0.
C	Subcontracted Services	75,534.	75,534.	0.	0.
d	Bank Fees & Charges	4,943.	4,943.	0.	0.
е 25	All other expenses	1,013. 349,011.	1,013. 349,011.	0.	0.
25	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	573,UII.	579,UII.		0.

Form 990 (2018)

Part X				
	Check if Schedule O contains a response or note to any line in this Pa	rt X	<u></u>	<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	46,878.	1	23,397
2	Savings and temporary cash investments		2	10,601
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0
	Notes and loans receivable, net	0.	7	0
2 8			8	
9	Prepaid expenses and deferred charges		9	
10a			9	
	other basis. Complete Part VI of Schedule D 10a 50,083.			
b		50,083.	10c	50,083
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 34)	96,961.	16	84,081
17	Accounts payable and accrued expenses	6,682.	17	3,598
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	
8 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0.	22	0
20	Secured mortgages and notes payable to unrelated third parties	28,661.	23	17,301
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	35,343.	26	20,899
ß	Organizations that follow SFAS 117 (ASC 958), check here ► ⊠ and complete lines 27 through 29, and lines 33 and 34.			
27 28 29	Unrestricted net assets	51,671.	27	63,182
28	Temporarily restricted net assets	9,947.	28	· · ·
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
0 30 30 31 32 33	Total net assets or fund balances	61,618.	33	63,182
z 33 34	Total liabilities and net assets/fund balances	96,961.	34	84,081
		J0,J01.		Form 990 (20 ⁻

Form 99	90 (2018)			Pa	ge 12
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	3	50,8	85.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	49,0	11.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,8	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		61,6	18.
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		-3	10.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		63,1	82.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other	<u></u>			
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	plain in			
0-			0.0		~
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both:	iled or			
	Separate basis Consolidated basis, or both.				
h	Were the organization's financial statements audited by an independent accountant?		2b		×
b	If "Yes," check a box below to indicate whether the financial statements for the year were audite	· ·	20		×
	separate basis, consolidated basis, or both:	uona			
	Separate basis, Consolidated basis, or both				
<u> </u>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	orsight			
U	of the audit, review, or compilation of its financial statements and selection of an independent accourt		2c		
	If the organization changed either its oversight process or selection process during the tax year, exp				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		
				000	

SCH	EDUL	E A
(Form	990 oi	r 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury
Internal Revenue Service

(E) Total 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.

Internal Revenue Service Co			to www.irs.gov/Form990 for instructions and the latest information.				ation.	Inspection
	of the organization						Employer identification	number
		ports Communit					45-4224942	
Pa				organizations must			,	ns.
	•			s: (For lines 1 through		-	,	
1				on of churches descri				
2				(Attach Schedule E (F				
3 4	•	•		anization described in onjunction with a hosp				(iii) Enter the
4		ame, city, and state	•					
5	🗌 An organiza	-	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in
6	🗌 A federal, s	tate, or local gover	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7		ation that normally n section 170(b)(1)		tantial part of its sup e Part II.)	port from	i a goveri	nmental unit or from	the general public
8	🗌 A communi	ity trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9				d in section 170(b)(1) iculture (see instruction				
10	receipts fro support fro	m activities related m gross investmen	to its exempt fur t income and uni	e than 331/3% of its sunctions—subject to cure lated business taxal 75. See section 509(a	ertain exc ble incom	ceptions, ne (less se	and (2) no more that action 511 tax) from	n 331/3% of its
11		•		sively to test for public				
12	of one or n	nore publicly suppo	orted organizatio	ively for the benefit or ns described in secti scribes the type of sup	on 509(a) (1) or se	ection 509(a)(2). See	e section 509(a)(3).
а	the sup	ported organization	(s) the power to	, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t		
b	control	or management of	the supporting o	ed or controlled in co rganization vested in V, Sections A and C .	the same			
С				ting organization oper ns). You must comp				ally integrated with,
d	that is n	not functionally integ	grated. The orga	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribu	ition requirement an	
е				a written determination tionally integrated sup				e II, Type III
f		nber of supported of	•					
g	Provide the fe	ollowing information	n about the supp	orted organization(s).				
	(i) Name of suppo	rted organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								

	lle A (Form 990 or 990-EZ) 2018						Page 2
Part	Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Sect	on A. Public Support					-	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	on B. Total Support	1	1	I	1	1	
	idar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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					12	
13	First five years. If the Form 990 is for the	•					
0	organization, check this box and stop he						· · ►
	on C. Computation of Public Suppor	·		1			0/
14	Public support percentage for 2018 (line 6		•			14 15	<u>%</u>
15 16a	Public support percentage from 2017 Sch 33 ¹ / ₃ % support test-2018. If the organization qua	ization did not	check the box	k on line 13, ai	nd line 14 is 3	3 ¹ /3% or more,	
b	33 ¹ / ₃ % support test — 2017. If the organi this box and stop here. The organization	zation did not	check a box c	on line 13 or 16	Sa, and line 15	is 331/3% or m	ore, check
17a							
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization resupported organization	017. If the org ation meets th neets the "fac	anization did r e "facts-and-o ts-and-circum	not check a bo circumstances stances" test.	ox on line 13, ⁻ " test, check The organizat	16a, 16b, or 17 this box and s ion qualifies as	a, and line stop here. a publicly

Schedule A (Form 990 or 990-EZ) 2018

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.)

Secti	on A. Public Support				·	/			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")	49,322.	42,153.	81,943.	105,996.	41,487.	320,901.		
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		81,797.	214,041.	294,578.	312,920.	903,336.		
3	Gross receipts from activities that are not an		01,191.	211,011.	201,010.	512,520.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ū	unrelated trade or business under section 513								
4	Tax revenues levied for the								
4	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								
•		40.000	102 050	005 004	400 574		1 004 027		
6	Total. Add lines 1 through 5	49,322.	123,950.	295,984.	400,574.	354,407.	1,224,237.		
/a	Amounts included on lines 1, 2, and 3 received from disgualified persons .								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from								
	line 6.)						1,224,237.		
	on B. Total Support								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9	Amounts from line 6	49,322.	123,950.	295,984.	400,574.	354,407.	1,224,237.		
10a	Gross income from interest, dividends,								
	payments received on securities loans, rents,								
	royalties, and income from similar sources .	2.	3.	3.	3.	1.	12.		
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b	2.	3.	3.	3.	1.	12.		
11	Net income from unrelated business								
	activities not included in 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.)	49,324.	123,953.	295,987.	400.577.	354.408.	1,224,249.		
14	First five years. If the Form 990 is for th								
	organization, check this box and stop he	re					🕨 🔲		
Secti	on C. Computation of Public Suppor								
15	Public support percentage for 2018 (line a			13, column (f))		15	100 %		
16	Public support percentage from 2017 Scl					16	%		
Secti	Section D. Computation of Investment Income Percentage								
17	Investment income percentage for 2018 (-	by line 13, colu	ımn (f))	17	0 %		
18	Investment income percentage from 2017			•			%		
19a	33 ¹ / ₃ % support tests – 2018. If the organ								
	17 is not more than $33^{1/3}$ %, check this box								
b	33 ¹ /3% support tests – 2017. If the organiz	-	-	-		-			
~	line 18 is not more than 33 ¹ / ₃ %, check this								
20	Private foundation. If the organization di	-	-	-					
	i mate roundation. It the organization of		/ 10/24/18 PRO	, 130, 01 130, 0			0 or 990-EZ 2018		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

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).

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,

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete **line 3** below.
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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 in (a) 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.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2

1

Yes No

Yes No

2a

2b

3a

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.

instructions. All other Type III non-functionally integrated supporting organ Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions).	0		

7 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 or 990-EZ) 2018

Part	e A (Form 990 or 990-EZ) 2018 V Type III Non-Functionally Integrated 509(a)(3	N Supporting Organi	zations (continued)	Page /
		b) Supporting Organi		
Secti	on D-Distributions			Current Year
1				
2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE D		Supplament	al Financial Statements			OMB No. 1545-0047
(Forn	n 990)	► Complete if the or	2018			
		Part IV, line 6, 7, 8, 9, 1	0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 ▶ Attach to Form 990.			Open to Public
	ent of the Treasury Revenue Service		990 for instructions and the latest inform	mation.		Inspection
Name o	of the organization			Employe	er identi	fication number
		ports Community Center, I		45-4		
Par			vised Funds or Other Similar Fun		Αςςοι	ints.
	Comple	ete if the organization answered	"Yes" on Form 990, Part IV, line 6. (a) Donor advised funds		(b) Fun	ds and other accounts
1	Total number	at end of year			(6) 1 611	
2		ue of contributions to (during year)				
3		ue of grants from (during year)				
4		ue at end of year				
5			advisors in writing that the assets h			
•		• • • • •	e organization's exclusive legal contro			
6			and donor advisors in writing that gran fit of the donor or donor advisor, or f			
				-		
Par		rvation Easements.				
		ete 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).			
			tion or education) 🔲 Preservation o			
		of natural habitat	Preservation o	f a certif	ied his	storic structure
2		on of open space	eld a qualified conservation contributio	on in the	form	of a conconvation
2		he last day of the tax year.				eld at the End of the Tax Year
а				[2a	
b			ts	[2b	
с			nistoric structure included in (a)		2c	
d			(c) acquired after 7/25/06, and not		2d	
3	Number of cor tax year ►	nservation easements modified, trans	sferred, released, extinguished, or terr	minated	by the	organization during the
4		tes where property subject to conse				
5			garding the periodic monitoring, ins sements it holds?			
6	Staff and volunt	teer hours devoted to monitoring, inspe	cting, handling of violations, and enforcin	g conser	vation	easements during the year
7	Amount of exp ► \$	enses incurred in monitoring, inspectin	ng, handling of violations, and enforcing	conserv	ation e	asements during the year
8			2(d) above satisfy the requirements of			
9	balance sheet		conservation easements in its revenue of the footnote to the organization's fir			
Parl	III Organi	izations Maintaining Collection	s of Art, Historical Treasures, or "Yes" on Form 990, Part IV, line 8.		Simil	ar Assets.
1a			AS 116 (ASC 958), not to report in its		e state	ement and balance sheet
	works of art,	historical treasures, or other similar	assets held for public exhibition, economic to its financial statements that	ducation	, or re	esearch in furtherance of
b	works of art,		FAS 116 (ASC 958), to report in its r assets held for public exhibition, ec ing to these items:			
	(i) Revenue in	cluded on Form 990, Part VIII, line 1			. 🕨	\$
	(ii) Assets inclu	uded in Form 990, Part X			. Þ	\$
2	If the organization following amo	ation received or held works of art, unts required to be reported under S	, historical treasures, or other similar FAS 116 (ASC 958) relating to these it	r assets tems:	for fi	nancial gain, provide the
а	Revenue inclu	ded on Form 990, Part VIII, line 1 .			. 🕨	\$
b	Assets include	ed in Form 990, Part X			. 🕨	\$

Schedu	ıle D (Form 990) 2018									Page 2
Part	t III Organizations Maintain	ng Col	lections of	Art, His	torical T	Freasures	, or O	ther Similar A	ssets (con	tinued)
3	Using the organization's acquisition collection items (check all that app		ssion, and o	ther reco	rds, chec	k any of th	e follo	wing that are a	significant u	use of its
а	Public exhibition	• •		d	🗌 Loan	or exchance	ae proc	rams		
b	Scholarly research									
c	Preservation for future generat	ons		Ũ						
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?									
Part	t IV Escrow and Custodial A	rrange	ments.							
	Complete if the organizat 990, Part X, line 21.	ion ans	wered "Yes	s" on For	m 990, F	Part IV, line	e 9, or	reported an a	mount on I	Form
1a	Is the organization an agent, trus included on Form 990, Part X? .									5 🗌 No
b	If "Yes," explain the arrangement i	n Part XI	II and compl	ete the fo	llowing ta	able:				
									Amount	
С	Beginning balance						10			
d	Additions during the year						10	k		
е	Distributions during the year .						16	•		
f	Ending balance						11	F		
2a	Did the organization include an am	ount on	Form 990, P	Part X, line	21, for e	scrow or cu	ustodia	l account liabilit	y? 🗌 Yes	No 🗌 No
b	If "Yes," explain the arrangement i	n Part XI	II. Check her	re if the ex	kplanatio	n has been	provid	ed on Part XIII .		
Par										
	Complete if the organizat							1		
		(a)	Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years bad	ck (e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, ar losses									
d	Grants or scholarships									
е	Other expenditures for facilities ar programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage	of the cu	urrent year ei	nd balanc	e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endow	ment 🕨		%						
b	Permanent endowment 🕨	%								
С	Temporarily restricted endowment		%							
	The percentages on lines 2a, 2b, a	nd 2c sł	nould equal 1	00%.						
3a	Are there endowment funds not in	the pos	session of t	he organi	zation tha	at are held	and ac	Iministered for t	he	
	organization by:								Y	'es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	d organi	zations listed	d as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended u	ises of th	ne organizati	on's endo	wment fu	unds.				
Part	t VI Land, Buildings, and Eq	uipmer	nt.							
	Complete if the organizat	ion ans	wered "Yes	s" on For	m 990, F	Part IV, line	ə 11a.	See Form 990), Part X, lir	ne 10.
	Description of property		(a) Cost or o (investre			or other basis ther)	• • •	Accumulated epreciation	(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			0.		50,083.			50	0,083.
e	Other									
Total.	Add lines 1a through 1e. (Column (equal Form 9	90, Part X	, columr	n (B), line 10)c.) .		50),083.
					PO					

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 (c) Method of valuation: (b) Book value (including name of security) 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. (c) Method of valuation: (a) Description of investment (b) Book value 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.) Other Assets. Part IX 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.) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (b) Book value (a) Description of liability (1) Federal income taxes (2) (3)(4) (5) (6) (7)

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	e D (Form 990) 2018				Page 4
Part				Returr	۱.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, 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:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	-			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, lin</i> XIII Supplemental Information.	e 18.)		5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				

Schedule D (Form 990) 2018 Page 5					
Part XIII	Supplemental Information (continued)				

SCHEDULE O	Supplemental Information to Form 990 or 990-	
(Form 990 or 990-EZ)	^{is on} 20 18	
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	Open to Public
Internal Revenue Service Name of the organization	► Go to <i>www.irs.gov/Form</i> 990 for the latest information.	Inspection Employer identification number
õ	orts Community Center, Inc.	45-4224942
Double Play Spo	Sits community center, me.	13-1221912
Pt VI, Line 11	o: Form 990 reviewed by the Executive Director brfc	ore filing

BAA. No. 51056K