Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
Form OOTO LO	For calendar year 2020, or fiscal year beginning OCT 1 , 2020, and ending SEP 30	₂₀ 21	0000
	► Do not send to the IRS. Keep for your records.	_ , 20 <u>2</u> 1	2020
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Taxpayer	identification number
	SPORTS ASSOCIATION, INC	59-2	381779
	· · · · · · · · · · · · · · · · · · ·	59-2	501//9
Name and title of officer or pe BRANDI HOLBROO			
PRESIDENT			
Part I Type of I	Return and Return Information (Whole Dollars Only)		
check the box on line 1a , 2 blank, then leave line 1b , 2 return, then enter -0- on the	n for which you are using this Form 8879-EO and enter the applicable amount, if any, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed w b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you er e applicable line below. Do not complete more than one line in Part I.	vith this form v ntered -0- on th	vas
1a Form 990 check here			
2a Form 990-EZ check h			
3a Form 1120-POL chec			
4a Form 990-PF check h 5a Form 8868 check here			
6a Form 990-T check here			
7a Form 4720 check here			
	ion and Signature Authorization of Officer or Person Subject to T	ax	
	I declare that X I am an officer of the above organization or I am a person s		with respect to
	, (EIN)	-	
Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its nic funds withdrawal (direct debit) entry to the financial institution account indicated ir e federal taxes owed on this return, and the financial institution to debit the entry to th the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days pri chorize the financial institutions involved in the processing of the electronic payment o cessary to answer inquiries and resolve issues related to the payment. I have selected as my signature for the electronic return and, if applicable, the consent to electronic f	n the tax prepa is account. To or to the payn f taxes to rece a personal	aration) revoke nent sive
X Lauthorize RA	NDALL L. SANSOM, CPA. PA	to enter m	v PIN 18000
	ERO firm name	_ 10 01101 11	Enter five numbers, but
			do not enter all zeros
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that as) regulating charities as part of the IRS Fed/State program, I also authorize the afore of's disclosure consent screen. person subject to tax with respect to the organization, I will enter my PIN as my signate d return. If I have indicated within this return that a copy of the return is being filed with es as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure	mentioned ER ure on the tax h a state ager	O to enter my year 2020 ncy(ies)
Signature of officer or person subject	t to tax tion and Authentication	Dat	e 🕨
	ur six-digit electronic filing identification your five-digit self-selected PIN. 5912827696 Do not enter all zer		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indi- turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Info siness Returns.		
ERO's signature ►	Date > 1.	1/02/21	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D		
LHA For Paperwork Red	uction Act Notice, see instructions.		Form 8879-EO (2020)
023051 11-03-20			

Form	990
Form	990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 20 **Open to Public** . Inspection

Department of the Treasury	
nternal Revenue Service	

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning ОСТ 1 2020 and ending SEP 30

B Check Her C Name of organization D Employer identification number Advance NAVARRE YOUTH SPORTS ASSOCIATION, INC 59-2381779 Doing business as Doing business as 546,442. Market Point Number and states (or PL. box if mails not delivered to street address) Room/sulte E Telephone number Bridget F.O., BOX 5518 Concervalues 3 546,442. MAVARRE, PL 32569 Na Has group return For subordinates? Yes No Market Point SME AS C ABOVE H(a) Is this a group return No H(b) Are stacedimes induced? Yes No J Breidy describe the organization Tax exempt status: S01(c)(3) S01(c) (1) < (inset1 no.) H(b) Are stacedimes induced? Yes No Versett? Summary Tax exempt status: S01(c)(3) S01(c) (1) < (inset1 no.) H(b) Are stacedimes induced? No H(b) Are stacedimes induced? Yes No I Breify describe the organization sinsion or most significant activities: TO PROVIDE ATHLETIC PROGRAMS H(b) Are stacedimes induced? H(b) Are stacedimes induced? If a state i hace	Α	For the	2020 calendar year, or tax year beginning OCT 1, 2020 and	ending S	EP 30, 2021				
Image Interverse Interv	В	Check if applicable	C Name of organization D Employer identification number						
Desig business as 59-2381779 Number and street (or P.0, box if mail is not delivered to street address) Room/suite E Telephone number Proc. BOX 5518 City or town, state or province, country, and ZIP or foreign postal code Gover receipts 6 546,442. Name and address of principal officer: PAUL VILLANOVA Hole is this a group return for subordinates? Ves No I taxexempt status: IS 10(12) 501(2) Image: Solution is instance or most significant activities: For an address of principal officer: PAUL VILLANOVA J Website: WWW.NYSASPORTS.COM H(P) Are all subordinates inclustor) Ves No Herein or organization; X Corporation is mission or most significant activities: TO PROVIDE ATLLETIC PROGRAMS WITH SUPERVISION AND GUIDANCE BY ADULTS TO INVOLVE YOUTH IN 4 1150 2 Check this box ▶ if the organization discontinue dits operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2020 (Part V, line 1a) 4 1150 5 Total number of individuals employed in calendar year 2020 (Part V, line 1a) 3 12 6 Total number of individuals employed in calendar year 2020 (Part V, line 1a) 3 14 14 14 14 <	Γ	Addres	NAVARRE YOUTH SPORTS ASSOCIATION, INC						
Number and street (of P.0. box if mail is not delivered to street address) Normsute Elephone number Number and street (of P.0. box if mail is not delivered to street address) Normsute Elephone number Preventer Normsute Elephone number 850-939-5202 City or town, state or province, country, and ZIP or foreign postal code If Course receipts if the agroup return If Course receipts if the agroup return SAME AS C ABOVE If accessent is 501(c)(1) < (insert no.)		Name change		59-23817	79				
Image: Construction of the second		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
Image of the second		return/	P.O. BOX 5518		850-939-5				
Prime and address of principal officer: PAUL VILLANOVA for subordinates? Yes X No Princemp SAME AS C ABOVE No Hill a subordinates included? Yes X No Hill a subordinates included? Yes X No Hill a subordinates included? Yes X No Hill a subordinates include? Yes X No Hill a subordinates include? Yes X No Hill a subordinates include? Yes X No Hill a subordinates include? Yes X No Hill a subordinates? Yes X No Hill a subordinates? Yes X No Hill a subordinates? No state of legal domicile? FL Part I Summary Hill a subordinates? Yes X No Hill a subordinates? No Hill a subordinates assets.	_				G Gross receipts \$	546,442.			
SAME AS C ABOVE H(b) Are all subcodinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c) (▲ (insert no.) 4947(a)(1) or 527 H(b) Are all subcodinates included? Yes No 7 Website: WWN. NYSASPORTS.COM H(b) Are all subcodinates included? Yes Work Status: X 501(c)(3) 501(c) (▲ (insert no.) 4947(a)(1) or 527 Partil Summary Partil Summary I Briefly describe the organization's mission or most significant activities: TO PROVIDE ATHLETIC PROGRAMS WITH SUPERVISION AND GUIDANCE BY ADULTS TO INVOLVE YOUTH IN 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 1b) 4 11150 5 Total number of individuals employed in calendar year 2020 (Part Vi, line 2a) 5 6 Total number of votinteers (estimate in necessary) 6 7 Total unrelated business revenue from Part VIII, column (O), line 12 Tra 3, 103. b Net unrelated business taxable income from Form 990-T, Part I, line 11 To 23, 695. 9 Program service revenue (Part VIII, line 2g) 84, 952. 98, 571. 9 Program service revenue (Part VIII, lines 3, 4, and 7d) 3, 560. 3, 103. 10 Unverterwenue (Part VIII, column		return			H(a) Is this a group re				
INDER TAS C CABOVE INDER TAS C CABOVE I accevemption tabues induced > 1 (Yes = No I ABS C ABOVE I ABS C CABOVE I Website: > WWW NYSASPORTS . COM I No if No, "attached lists See instructions I Briefly describe the organization `s mission or most significant activities: TO PROVIDE ATHLETIC PROGRAMS WITH SUPERVISION AND GUIDANCE BY ADULTS TO INVOLVE YOUTH IN 2 Octock 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) 4 4 Number of individuals employed in calendar year 2020 (Part VI, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 7 a Total numeber of undividuals employed in calendar year 2020 (Part VI, line 2a) 5 6 Ortal number of volunteers (estimate if necessary) 6 7 a Total number of volunteers (estimate if necessary) 7 7 a Total uncelade business revenue from Form 990-T, Part I, line 11 Total or evenue (Part VIII, column (A), lines 3, 4, and 70 10 Investment income (Part VIII, column (A), lines 1, 4, 169 201, 675 11 Other revenue (Part VIII, column (A), lines 1, 4, 169 201, 675		Ition							
J Website: WWW.NYSASPORTS.COM H(c) Group exemption number ▶ K Form of organization: IX Corporation Trust Association Other ▶ L Year of formation: 1983 M State of legal domicile: FL Part II Summary Interfy describe the organization's mission or most significant activities: TO PROVIDE ATHLETIC PROGRAMS WITH SUPERVISION AND GUIDANCE BY ADULTS TO INVOLVE YOUTH IN Interfy describe the organization is discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) Inter 1 Interfy describe the organization is all calendar year 2020 (Part VI, line 12) 5 3 6 Total number of individuals employed in calendar year 2020 (Part VI, line 12) Frior Year Current Year 7 Total number of subiness revenue (rom Part VIII, column (C), line 12 7a 3, 103. 9 Program service revenue (Part VIII, column A), lines 3, 4, and 7d) 14, 169. 23, 695. 75. 9 Program service revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 201, 675. 421, 073. 10 Investment income (Part VIII, column (A), lines 13. 0. 0. 0. </td <td>_</td> <td></td> <td>SAME AS C ABOVE</td> <td></td> <td>1 • 7</td> <td></td>	_		SAME AS C ABOVE		1 • 7				
K Form of organization: X Corporation Trust Association Other L Year of formation: 1983 M State of legal domicile: FL PartI Summary I Briefly describe the organization's mission or most significant activities: TO PROVIDE ATHLETIC PROGRAMS WITH SUPERVISION AND GUIDANCE BY ADULTS TO INVOLVE YOUTH IN 3 12 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 3 6 Total number of individuals employed in calendar year 2020 (Part VI, line 2a) 5 3 6 Total number of volunteers (estimate if necessary) 7a 3, 103. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3, 103. b Net unrelated business revenue (Part VIII, line 1) Prior Year Current Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3, 560. 3, 103. 11 Other revenue (Part VIII, column (A), lines 1.3) 0. 0. 0. 12 Total revenue. add (Part IX, column (A)				or 527	1				
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 201, 673. 421, 073. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 304, 356. 546, 442. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 32, 305. 33, 620. 16a Professional fundraising fees (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e) 378, 598. 525, 561. 19 Revenue less expenses. Subtract line 18 from line 12 -74, 242. 20, 881. 20 Total assets (Part X, line 16) 2, 196. 2, 196. 2, 091. 21 Total liabilities (Part X, line 26) 2, 196. 2, 091. 389, 148. 450, 767.	e	8 (e () , , , , , , , , , , , , , , , , , ,						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 201, 673. 421, 073. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 304, 356. 546, 442. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 32, 305. 33, 620. 16a Professional fundraising fees (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e) 378, 598. 525, 561. 19 Revenue less expenses. Subtract line 18 from line 12 -74, 242. 20, 881. 20 Total assets (Part X, line 16) 2, 196. 2, 196. 2, 091. 21 Total liabilities (Part X, line 26) 2, 196. 2, 091. 389, 148. 450, 767.	ent.	9			/				
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22 Net assets or fund balances. Subtract line 21 from line 20	sets	20	Total assets (Part X, line 16)						
	tAs	21	Total liabilities (Part X, line 26)						
			Net assets or fund balances. Subtract line 21 from line 20		389,148.	450,767.			

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	Signature of officer		Date					
Here	PAUL VILLANOVA, PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature	Date	Check PTIN					
Paid	RANDALL L. SANSOM, CPA		self-employed P00183821					
Preparer	Firm's name 🕒 RANDALL L. SANSOM, CPA. PA		Firm's EIN 59-3584193					
Use Only	Firm's address 87 BAYBRIDGE PARK							
	GULF BREEZE, FL 32561		Phone no. 850 - 932 - 5335					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) NAVARRE YOUTH SPORTS ASSOCIATION, INC 59-2381779 Page 2
Par	
1	Check if Schedule O contains a response or note to any line in this Part III
	TO PROVIDE ATHLETIC PROGRAMS WITH SUPERVISION AND GUIDANCE BY ADULTS
	TO INVOLVE YOUTH IN ACTIVITIES THAT TEACH RESPONSIBILITY AND GOOD
	SPORTSMANSHIP.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	brior Form 990 or 990-EZ?Yes LA No f "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	f "Yes," describe these changes on Schedule O.
	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. Code:) (Expenses \$ 525,561. including grants of \$) (Revenue \$ 524,987.
	A FULL RANGE OF ATHLETIC EVENTS OPEN TO THE YOUTH OF THE COMMUNITY TO
	BUILD THE IDEALS OF GOOD SPORTSMANSHIP, TEAMWORK, HONESTY AND RESPECT
	FOR AUTHORITY.
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
<u> </u>	Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 525,561. Form 990 (2020
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Form	990	(2020)	
	000	(2020)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	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,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
0	Schedule D, Part III	–		<u></u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10		10		х
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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.			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~~	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.1		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	<u>^</u> (2020)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		
	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		<u> </u>
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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	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			v
	Part V, line 1	34		X
	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	0.51		
~~	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?			v
07	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	07		х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>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?	0	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטע זו סטוופטעוב ט טטווגמווז א ופאטטואב טו זוטנב נט אוזע וווופ ווז נוווא דאור ע		V	
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-				
с	(gambling) winnings to prize winners?	1c		Х

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Statement	s Regarding Otl	ner IRS F	ilings 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	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)				
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-	4a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?					X
b	If "Yes," enter the name of the foreign country					
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac			F -		x
5a ⊾				5a 5b		X
b C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 5c		- 23
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
u	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 contribution					
	were not tax deductible?			6b		
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 ser	vices p	rovided to the payor?	7a		х
b				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	ıs req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0		
a h				9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90		
10 а	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		1		
11	Section 501(c)(12) organizations. Enter:		•	1		
а		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		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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 the	ı	1			
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c		4.		v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> to the expansion of the explanation of th			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		x
	excess parachute payment(s) during the year?			15		- 23
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		x
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

Part V

Form	990	(2020)
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NAVARRE YOUTH SPORTS ASSOCIATION, INC 59-2381779 Page 6

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.

					—	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			12		
	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	50		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny othe	er			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	superv	vision			
	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 99	90 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			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 ap	point c	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, sto						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	-		-	. 8a	X	
	Each committee with authority to act on behalf of the governing body?					Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						
		<u>renue</u>	<u>0000.</u> ,			Yes	N
02	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			104		
10	Has the organization provided a complete copy of this Form 990 to all members of its governing body						-
		Delon	e ming				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10		X
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12 k		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,					
•	in Schedule O how this was done					:	X
3	Did the organization have a written whistleblower policy?						_
4	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 inc	lepend	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official						
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	th 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	e its pa	articipa	tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization	's				
	exempt status with respect to such arrangements?				16k		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed $ ightarrow FL$						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-	T (Sect	ion 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	on Sc	hedule	O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con				and fina	ncial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	record	ls 🕨			
-	BOARD OF DIRECTORS - (850) 939-5202						
	P.O. BOX 5518, NAVARRE, FL 32569						

Form 990 (2									
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 Complet	e 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.

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	ss per	more rson i	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAUL VILLANOVA	10.00	.,,							0	0
PRESIDENT	10.00	Х		X				0.	0.	0.
(2) JAMES HAWLEY	10.00	x		x				0.	0.	0
VICE-PRESIDENT (3) GINGER SHERMAN	10.00	~		<u> </u>				0.	0.	0.
(3) GINGER SHERMAN SECRETARY	10.00	x		x				0.	0.	0.
(4) BRANDI HOLBROOK	10.00	Δ		<u> </u>				0.	0.	0.
TREASURER	10.00	х		x				0.	0.	0.
(5) LEO STOLTZ	10.00									0.
DIRECTOR	10.00	x						0.	0.	0.
(6) AMY HOFFNER	10.00									
DIRECTOR		х						0.	0.	0.
(7) DAN BACCARINI	10.00									
DIRECTOR		Х						0.	Ο.	0.
(8) ROB SIMON	10.00									
DIRECTOR		Х						0.	0.	0.
(9) JASON VANCE	10.00									
DIRECTOR		Х						0.	0.	0.
(10) BRIAN GARRETT	10.00									-
DIRECTOR		х						0.	0.	0.
(11) AMANDA HUMBER	10.00								0	0
DIRECTOR		Х						0.	0.	0.
032007 12-23-20		•	•		•					Form 990 (2020)

7

032007 12-23-20

Form 990 (2020)

12251102 769629 N180

	990 (2020)	NAVARRE	YOUTH SE	POF	TS	A	SS	OC	IA	ATION, INC	59-23	<u>381'</u>	779	Pa	age 8
Par	t VII Section A. Officer	s, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and titl	e	(B) Average hours per week	box	not c , unles	ss per	ition more rson i	l than c s both r/trus	n an	(D) Reportable compensation	(E) Reportable compensatio	on amount o			
			(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	compensation from the organization and related organizations		
				-											
				-											
	Subtotal									0.		0.			0.
	Total from continuation									0.		0.			0.
	Total (add lines 1b and										000 - (-			0.
2	Total number of individua		iot limited to th	ose	liste	a ap	ove) wn	o re	eceived more than \$100	UUU of reportable)			0
	compensation from the o	organization												Yes	No
3	Did the organization list a	,						·	0	, , ,	2	[•	163	
4	line 1a? If "Yes," complet For any individual listed of												3		X
F	and related organizations												4		X
5	Did any person listed on rendered to the organization												5		х
Sec	tion B. Independent Con		-												
1	Complete this table for ye the organization. Report											ensat	ion fro	m	
		(A)								(B)			(0		
	N	ame and business	address	N	ONE	5			_	Description of s	services	0	ompei	nsatior	1
2	Total number of independent \$100,000 of compensation			ot lir	nitec	d to t	thos (ted	above) who received m	ore than				
													Form	990 (2	2020)

032008 12-23-20

	<u>1 990 (</u>			SPORTS 2	ASSOCIATION	I, INC	59-2381	779 Page 9
Pa	rt VII	Statement of Re	venue					_
		Check if Schedule O	contains a response	or note to any lin			(C)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under
								sections 512 - 514
nts 1ts	1 a	Federated campaigns						
Gra	b		1b					
Βr, (С	Fundraising events						
ilar İlar	d	Related organizations						
ns,	е	Government grants (contr						
er (f	All other contributions, gifts,		22 605				
oth Oth		similar amounts not included		23,695.				
Contributions, Gifts, Grants and Other Similar Amounts	g b	Noncash contributions included in			23,695.			
00		Total. Add lines 1a-1f		Business Code	25,055			
	2 a	MEMBERSHIPS A	ND REGIST	713990	98,571.	98,571.		
vice	z a b			713330	,,,,,,,	50,571.		
Ser	c							
am Ser	d							
Program Service Revenue	e							
Pro	f	All other program service	revenue					
	g	Total. Add lines 2a-2f			98,571.			
	3	Investment income (includ						
		other similar amounts)		►	3,103.		3,103.	
	4	Income from investment of	of tax-exempt bond p	proceeds 🕨 🕨				
	5	Royalties	· · · · · · · · · · · · · · · · · · ·					
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
	dd							
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	h.	assets other than inventory	7a					
Ð	a	Less: cost or other basis and sales expenses	76					
evenue	~	Gain or (loss)	7b 7c		•			
leve		Net gain or (loss)		►				
Other R		Gross income from fundraisi						
Ę	• -		of					
-		contributions reported on						
		Part IV, line 18		1				
	b	Less: direct expenses		,				
	с	Net income or (loss) from	fundraising events	<u></u>				
	9 a	Gross income from gamin	ng activities. See					
		Part IV, line 19						
)				
		()		🕨				
	10 a	Gross sales of inventory,						
	_	and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from	sales of inventory .	Business Code				
sn	11 a	SPORTS TOURNA	MENTS	713990	367,376.	367,376.		
oer ue	n a b			713990	28,049.	28,049.		
scellaneo Revenue	0	FUNDRAISING S		713990	25,648.	25,648.		
Miscellaneous Revenue	с А	All other revenue						
Σ		Total. Add lines 11a-11d		►	421,073.			
	12	Total revenue. See instruction			546,442.	519,644.	3,103.	0.
03200	9 12-23-							Form 990 (2020)

NAVARRE YOUTH SPORTS ASSOCIATION, INC

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) Χ Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and 21,871. 21,871. persons described in section 4958(c)(3)(B) 8,995. 8,995. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 2,754. 2,754. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 5,095. 5,095. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 1,141. 1,141. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A) amount, list line 11g expenses on Sch O.) 15,349. 15,349. Advertising and promotion 12 6,122. 6,122. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 12,239. 12,239. Depreciation, depletion, and amortization 22 36,285. 36,285. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 149,956. 149,956. UMPIRES, REFEREES AND C а 85,158. TOURNAMENT REGISTRATION 85,158. b 77,694. 77,694. UNIFORMS С <u>35,</u>974. FIELD MAINTENANCE AND E 35,974. d

66,928.

10

525,561.

 e All other expenses SEE SCH O
 25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► If following SOP 98-2 (ASC 958-720)

032010 12-23-20

Form 990 (2020)

0.

0.

66,928.

525,561.

Form 990 (2020)
Part X Balance Sheet NAVARRE YOUTH SPORTS ASSOCIATION, INC 59-2381779 Page 11

		Check if Schedule O contains a response or no	ote to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			147,747.	1	165,406.
	2	Savings and temporary cash investments			209,253.	2	221,870.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	tion 4958(c)(3)(B)		6		
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	_				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	84,138.			
	b	Less: accumulated depreciation	10b	18,556.	34,344.	10c	65,582.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				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 equ			391,344.	16	452,858.
	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				21	
s	22	Loans and other payables to any current or for	mer offic	er, director,			
itie		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
Ë	23	Secured mortgages and notes payable to unrel	lated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	oarties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			2,196.	25	2,091.
	26				2,196.	26	2,091.
		Organizations that follow FASB ASC 958, ch	eck her	e ▶ 🗌 🔰			
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions				27	
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC	eck here 🕨 🗴				
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		389,148.	29	450,767.	
set	30	Paid-in or capital surplus, or land, building, or e			0.	30	0.
As	31	Retained earnings, endowment, accumulated in			0.	31	0.
Net	32	Total net assets or fund balances			389,148.	32	450,767.
_	33	Total liabilities and net assets/fund balances			391,344.	33	452,858.

Form **990** (2020)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 546, 442 2 Total expenses (must equal Part IX, column (A), line 25) 2 525, 561 3 Revenue less expenses. Subtract line 2 from line 1 3 20, 881 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 389, 148 5 5	Form	990 (2020) NAVARRE YOUTH SPORTS ASSOCIATION, INC	59-23	881779	Pag	_{ge} 12
1Total revenue (must equal Part VIII, column (A), line 12)1546, 4422Total expenses (must equal Part IX, column (A), line 25)2525, 5613Revenue less expenses. Subtract line 2 from line 1320, 8814Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4389, 148	Par	rt XI Reconciliation of Net Assets				
2Total expenses (must equal Part IX, column (A), line 25)2525, 5613Revenue less expenses. Subtract line 2 from line 1320, 8814Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4389, 148		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
2Total expenses (must equal Part IX, column (A), line 25)2525, 5613Revenue less expenses. Subtract line 2 from line 1320, 8814Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4389, 148						
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 389,148	2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> </u>	
	3	Revenue less expenses. Subtract line 2 from line 1	3			
5 Net unrealized gains (losses) on investments 5	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	389	1,14	<u> 18.</u>
	5	Net unrealized gains (losses) on investments	5			
6 Donated services and use of facilities	6		6			
7 Investment expenses 7	7	Investment expenses	7			
8 Prior period adjustments 8 40,738	8		8	40) , 73	38.
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0	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,	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
<u>column (B))</u> 10 450,767			10	450	,76	<u>57.</u>
Part XII Financial Statements and Reporting	Par	rt XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
					Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other	1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
separate basis, consolidated basis, or both:		separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
consolidated basis, or both:		consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		2c		
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
				3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

SCHEDULE A	SC	HE	DL	JLE	Α
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Department of the Treasury

(Form 990 or 990-EZ)

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.

Γ τ tion		2020
on.		Open to Public Inspection
	Employer	identification number
	5	9-2381779
uction	IS.	

OMB No. 1545-0047

Internal F	Revenue Ser	vice		Go to www.irs.go	v/Form990 for instruct	ions and th	ne latest i	nformation.		Inspection
Name	of the or	ganizati	on						Employer	r identification numbe
			NAVA	RRE YOUTH ;	SPORTS ASSOC	IATIO	N, ING	5	5	9-2381779
Part	I R	eason	for Public (Charity Status.	(All organizations must	complete tl	his part.) S	See instructior	IS.	
The or	ganizatio	n is not a	private found	ation because it is: (I	For lines 1 through 12,	check only	one box.)			
1 [A ch	urch, co	nvention of chi	urches, or associatio	on of churches describe	d in sectio	on 170(b)(⁻	1)(A)(i).		
2	A sc	hool des	cribed in sect i	ion 170(b)(1)(A)(ii). ((Attach Schedule E (For	m 990 or 99	90-EZ).)			
з 🗌	Aho	spital or	a cooperative	hospital service orga	anization described in	section 170)(b)(1)(A)(i	ii).		
4 🗌	A m	edical res	earch organiz	ation operated in cor	njunction with a hospita	al described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
	city,	and stat	e:							
5	An c	organizati	on operated fo	or the benefit of a col	llege or university owne	d or operat	ed by a go	overnmental u	nit describe	ed in
	sec	tion 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A fee	deral, sta	te, or local gov	vernment or governm	nental unit described in	section 1	70(b)(1)(A)	(v).		
7	XX An c	organizati	on that norma	lly receives a substa	intial part of its support	from a gove	ernmental	unit or from t	ne general	public described in
_	sect	ion 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 _		mmunity	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Pa	ırt II.)				
9 🗌	An a	gricultur	al research org	anization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
	or u	niversity	or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	, and state of	the college	eor
_		ersity:								
10 🗌	An c	organizati	on that norma	Ily receives (1) more	than 33 1/3% of its sup	port from c	ontributio	ns, membersł	nip fees, an	d gross receipts from
	activ	vities rela	ted to its exem	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	1/3% of it	s support f	rom gross investment
					(less section 511 tax) fr	rom busines	sses acqui	red by the or	ganization a	after June 30, 1975.
_	_			mplete Part III.)						
11	_	-	-	-	ively to test for public s	•				
12 🗌		-	-	-	ively for the benefit of, t	-			•	
				-	ed in section 509(a)(1)					Check the box in
_	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
а	-	-			-	•	-		••••••	
			-		gularly appoint or elect	a majority c	of the direc	ctors or truste	es of the st	upporting
b		-		complete Part IV, Se	d or controlled in connect	otion with it	o oupport	od organizatio	n(a) by ba	ling
D	-	-		-	anization vested in the			-		-
			-	t complete Part IV,		same perso	ins that co	Introl of mana	ge the supp	bolled
с		•		•	g organization operated	t in connec	tion with	and functiona	lly integrate	ad with
C	-	-	-		b). You must complete				ily integrate	su with,
d			-		porting organization ope				rted organi:	zation(s)
u		-	-	• •	zation generally must sa				Ũ	
				• •	mplete Part IV, Section			•		
е		•			written determination from				II Type III	
•			•		nally integrated support				., ., .,	
f			of supported c							
			••	about the supporte						
		e of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	Or	ganizatior	I		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 NAVARRE YOUTH SPORTS ASSOCIATION INC 59-2381779 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	164,395.	196,080.	235,658.	99,121.	122,266.	817,520.	
2	Tax revenues levied for the organ-							
	ization'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	164 205	106 000	225 CE0	00 101	100 066	017 500	
	Total. Add lines 1 through 3	164,395.	196,080.	235,658.	99,121.	122,266.	817,520.	
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.						817,520.	
	ction B. Total Support						017,520.	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	164,395.	196,080.	235,658.	99,121.	122,266.	817,520.	
	Gross income from interest,			200,0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,	01//0100	
•	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	475.	782.	478.	3,560.	3,103.	8,398.	
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						825,918.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,505,013.	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
Se	ction C. Computation of Publi	ic Support Per	centage					
	Public support percentage for 2020 (I		•	.,,		14	98.98 %	
	Public support percentage from 2019					15	99.35 %	
16 a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2019. If the o	-						
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	•					-	
	and if the organization meets the fact			•	•	VI how the organiz	ation	
	meets the facts-and-circumstances te	•	•		•			
b	0 10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets the							
40	organization meets the facts-and-circu		•					
18	Private foundation. If the organization	on dia not check a	box on line 13, 168	a, 100, 17a, or 17b				
	Schedule A (Form 990 or 990-EZ) 2020							

032022 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 NAVARRE YOUTH SPORTS ASSOCIATION, INC 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.)

Sec	ction A. Public Support			-	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	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.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	ine 13, column (f))		17	%
18	Investment income percentage from a					18	%
19a	33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	-	•		•••		▶∟
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21		15	5	Sch	edule A (Form 99	0 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 NAVARRE YOUTH SPORTS ASSOCIATION, INC 59-2381779 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

16

032024 01-25-21

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes No

1

2

3a

Schedule A (Form 990 or 990-EZ) 2020

10b

Schedule A (Form 990 or 990-EZ) 2020 NAVARRE YOUTH SPORTS ASSOCIATION, INC 59-2381779 Page 5

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

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

Supe	<i>si vis</i> e	.	nuoneu	uie supr		yanizalion.	
Section	С.	Гу́ре І	I Supp	orting	Organ	izations	

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 1	Type III Supporting	g Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	e instruction <u>s).</u>
---	--------------------------

17

- 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 in 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.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

2

Yes No

Yes No

12251102 769629 N180

_	dule A (Form 990 or 990 EZ) 2020 NAVARRE YOUTH SPORTS ASS			59-2381779 Page 6			
1							
•	All other Type III non-functionally integrated supporting organizations must c		•				
Sect	ion A - Adjusted Net Income	ompier	(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
<u>a</u>	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
с	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	anization (see			

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 NAVARRE YOUTH SPORTS ASSOCIATION, INC 59-2381779 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(contine}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pre-	ovide 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	ne organization is responsive)		
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7: Excess from 2016				
	Excess from 2016 Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	2.0000		1		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A Part VI	(Form 990 or 990-EZ) 2020 Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provid , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the expla c, 5a, 6, 9a, ırt IV, Sectio	nations requir 9b, 9c, 11a, 1 n E, lines 1c, 2	ed by Part I 1b, and 11 2a, 2b, 3a, a	II, line 10; Part c; Part IV, Sect and 3b; Part V,	II, line 17a or tion B, lines 1 line 1; Part V	and 2; Part IV, Section /, Section B, line 1e; Pa	n C,
	(See instructions.)	o, and Part V, Se	ection E, line	s 2, 5, and 6.		lete this part to			
032028 01-25-2	1			20			Schedul	e A (Form 990 or 990-	EZ) 2020

9 0)

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.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	NAVARRE YOUTH SPORTS ASSOCIATION, INC	59-2381779
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Advised Funds or Advise	counts. 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 fund	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confern	ing
	impermissible private benefit?	
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	orically important land area
	Protection of natural habitat Preservation of a cert	ified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	ization 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	on easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	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 bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce 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	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e 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,	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	► \$
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2020
	12-01-20	
	21	

Sche		YOUTH SPO							<u>59-23</u>			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Sin	nilaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing tha	t make s	signific	cant u	use of its			
	collection items (check all that apply):											
а	Public exhibition	c	ו 🔄 נ	Loan or exc	hange progr	am						
b	Scholarly research	e	•	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ellections and explain	n how the	ey further th	ne organizati	on's exe	mpt p	urpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, his	torical treas	sures, or oth	er simila	r asse	ts		_		_
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" or	ר Form	n 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liarv for c	ontribution	s or other as	sets not	incluc	ded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII a								·····			
		i i i i i i i i i i i i i i i i i i i	5				Г			Amount		
с	Beginning balance							1c				
	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance						Ϊ Γ	1f				
2a	Did the organization include an amount on Fo						lity?			Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on	Part XIII]
Par	t V Endowment Funds. Complete i	f the organization ar	swered '	"Yes" on Fo	rm 990, Par	t IV, line	10.					
		(a) Current year	(b) P	rior year	(c) Two yea	ars back	(d) ⊺	hree y	ears back	(e) Four	years	back
1a	Beginning of year balance											
b	Contributions											
с	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a)) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
С	Term endowment	%										
	The percentages on lines 2a, 2b, and 2c show											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administe	red for th	he org	janiza	ation	r		
	by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza									3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.								
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answered					1						
	Description of property	(a) Cost or o basis (investr		. ,	or other (other)	1	Accum eprecia		ed	(d) Bool	(value	Э
1a	Land											
b	Buildings											
с	Leasehold improvements											
d	Equipment											
e	Other			8	4,138.		18	, 5!	56.			82.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, colum</u>	n (B), line 1	0c.)					65	5,58	82.

Schedule D (Form 990) 2020

032052 12-01-20

	Form 990) 2020		OUTH	SPORTS	ASSO	CIATION,	INC	59-2381779	Page 3
	Investments - 0	Other Securities.							
	Complete if the orga	anization answered "Y	es" on F	orm 990, Part	IV, line 1				
(a) Descripti	ion of security or categ	OTY (including name of secur	ty)	(b) Book valu	Je	(c) Method of	valuation: Cost	or end-of-year market v	alue
(1) Financial	derivatives								
(2) Closely h	neld equity interests								
(3) Other _									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
		, Part X, col. (B) line 12.)							
		Program Related							
		anization answered "Y	es" on F						
	(a) Description of i	investment		(b) Book valu	Je	(c) Method of	valuation: Cost	or end-of-year market v	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)			<u> </u>						
	Other Assets.	, Part X, col. (B) line 13.)							
		nization answard "V	oo" op E	orm 000 Bort	IV line 1	1d Soo Form 000	Dort Vilipo 15		
	Complete il trie orga	anization answered "Y	(a) Des			Tu. See Form 990	, Fait A, line 13	. (b) Book va	alue
(1)			(4) 200	onption					
<u>(1)</u> (2)									
(3)									
(4)									
(4) (5)									
(5) (6)									
(7)									
(8)									
(9)									
	nn (h) must squal Es	rm 990, Part X, col. (B	lino 15)				•	
Part X	Other Liabilities	<u>пп ээо, тап А, сол. (D</u> S.	<u>, iiiie 13.</u>	,					
	Complete if the ora	anization answered "Y	es" on F	orm 990. Part	IV. line 1	1e or 11f. See Fo	rm 990. Part X. I	line 25.	
1.		escription of liability		,	,		, ,	(b) Book va	lue
	eral income taxes								
	YROLL LIAB	LITIES						2	,091.
(3)									
(4)									
(5)									
(5)									
(6)									
(6) (7)									
(6) (7) (8) (9)	nn (b) must eaual Fo	rm 990. Part X. col. (B	line 25)				▶ 2	,091.

Schedule D (Form 990) 2020

032053 12-01-20

_	edule D (Form 990) 2020 NAVARRE YOUTH SPORTS ASS	•		ige 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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			
с	Recoveries of prior year grants			
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	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Brier veer adjustmente			
	Prior year adjustments			
С	Other losses	2b		
c d				
c d e	Other losses	2b 2c 2d	2e	
c d e 3	Other losses Other (Describe in Part XIII.)	2b 2c 2d		
	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		
3	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d		
3 4	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 2d		
3 4 a b	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 2d 4a 4b		
3 4 b c 5	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 2d 4a 4b	3 	

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.

032054 12-01-20

SCHEDULE L	I	Tra	insaction	ıs V	Vith	Inte	erested	P	ersons			ON	//B No.	1545-00)47
(Form 990 or 990-EZ)	Complete if		rganization ans 28b, or 28c, o	swere or For	d "Yes m 990	" on F -EZ, P	orm 990, Par art V, line 38a	t IV, ı or 4	line 25a, 25b, 2	6, 27,	28a,		2	02	20
Department of the Treasury Internal Revenue Service		en to s	► Atta www.irs.gov/Fo				Form 990-EZ		st information				pen T spect		olic
Name of the organizatio	-		www.ii 5.900/F0	n11199		isu uc		ale	st mornation.	Em	plover	r identi	•		mber
······		EY	OUTH SPO	RTS	AS	soci	LATION,	IN	1C			817			
Part I Excess	Benefit Trans									nizatio	ons on	ıly).			
Complete i	f the organizatio	n ansv	vered "Yes" on F	Form 9	90, Pa	art IV, I	ine 25a or 25b	, or	Form 990-EZ, Pa	art V, I	<u>ine 40</u>	lb.			
1 (a) Name of disqual	ified person	(b) F	Relationship betw person and or			lified	(0	c) De	escription of tran	sactic	'n			Corre	ected? No
													-		
													+		
2 Enter the amount of	,		8	U			•	U	5						
section 4958 3 Enter the amount of	of tax, if any, on li										► \$ ► \$				
						5									
	o and/or From						(I'' 00 F	_		~~					
•	f the organization n amount on Fori					, Part V	v, line 38a or F	orm	1990, Part IV, IIn	e 26; (or it th	le orgai	nizatio	on	
(a) Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(6	e) Original	(f) Balance due	(g) In	(h) Ap		(i) V	Vritten
interested person	with organ	ization	of loan	organi	n the zation?	1.	cipal amount			defa	ault?	by boa	ittee?	agree	ement?
				To	From					Yes	No	Yes	No	Yes	No
												+			+
											 				<u> </u>
												+			<u> </u>
												+			+
															+
Total	or Assistance	Dar	afiting later				> \$								
	f the organization		-												
(a) Name of intere			(b) Relationship				c) Amount of		(d) Type	of		(e) Purp	ose o	of
(interested pers the organiza	son an			assistance		assistan			• • •	assist		
											+				
											+				
											-+				
		_									\rightarrow				
											+				
											+				
LHA For Paperwork R	eduction Act No	otice, :	see the Instruct	tions f	for For	m 990	or 990-EZ.		Sch	edule	L (Fo	rm 990) or 99	90-EZ	2) 2020

Schedule L ((Form 990 or 990-EZ) 2020	NAVARRE	YOUTH	SPORTS	ASSOCIATION,	INC	59-2381779	Page 2
Part IV	Business Transactio	ons Involving	Interest	ed Persons				

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	aring of zation's nues?
				Yes	No
LARRY DIXON	FORMER PRESIDENT	16,881.	EMPLOYED AS		X
JANIE CHANDLER	FORMER TREASURER	4,990.	EMPLOYED AS		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LARRY DIXON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 16,881.

(D) DESCRIPTION OF TRANSACTION: EMPLOYED AS OPERATIONS MANAGER

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JANIE CHANDLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

26

FORMER TREASURER

(C) AMOUNT OF TRANSACTION \$ 4,990.

(D) DESCRIPTION OF TRANSACTION: EMPLOYED AS BOOKKEEPER

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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



24,031.

59-2381779

INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NAVARRE YOUTH SPORTS ASSOCIATION,

ACTIVITIES THAT TEACH RESPONSIBILITY AND GOOD SPORTSMANSHIP

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

THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO BEING FILED

WITH THE INTERNAL REVENUE SERVICE.

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

UPON WRITTEN REQUEST, THE ORGANIZATION PROVIDES FORM 990 AND ANY FINANCIAL

RECORDS AS REQUESTED.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

SPORTS EQUIPMENT: PROGRAM SERVICE EXPENSES 24,031.

MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0.

TOTAL EXPENSES

CONCESSION SUPPLIES:PROGRAM SERVICE EXPENSES17,281.MANAGEMENT AND GENERAL EXPENSES0.FUNDRAISING EXPENSES0.TOTAL EXPENSES17,281.

 AWARDS AND TROPHIES:

 PROGRAM SERVICE EXPENSES

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

 032211 11-20-20

27

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization NAVARRE YOUTH SPORTS ASSOCIATION, INC	Page 2 Employer identification number 59 – 2381779
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,192.
UTILITIES:	
PROGRAM SERVICE EXPENSES	7,422.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,422.
SECURITY:	
PROGRAM SERVICE EXPENSES	645.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	645.
LICENSES AND TAXES:	
PROGRAM SERVICE EXPENSES	357.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	

032212 11-20-20

FORM 99	00 PAGE 10	-	_				-	990			-	-	-	-	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	GATOR (NYSA)	04/20/05	SL	7.00	ну	17	5,050.				5,050.	5,050.		0.	5,050.
2	GATOR (SOCCER)	05/25/05	SL	7.00	нү	17	5,050.				5,050.	5,050.		٥.	5,050.
3	NYSA STORAGE BUILDING	08/17/05	SL	7.00	нү	17	2,525.				2,525.	2,525.		0.	2,525.
4	SIGN	07/19/06	SL	7.00	MQ	17	4,145.				4,145.	4,145.		٥.	4,145.
5	BASKETBALL EQUIPMENT	01/31/14	SL	7.00	нү	17	190.				190.	162.		28.	190.
6	COMPUTERS	01/16/16	SL	5.00	MQ	17	900.				900.	833.		67.	900.
7	BOOKKEEPER COMPUTER	09/21/16	SL	5.00	MQ	17	781.				781.	644.		137.	781.
8	SCOREBOARD	07/20/16	SL	7.00	MQ	17	6,448.				6,448.	3,799.		921.	4,720.
9	CONFERENCE ROOM FURNITURE	01/06/16	SL	7.00	MQ	17	4,856.				4,856.	3,210.		694.	3,904.
10	OFFICE FURNITURE - GCOP	02/15/17	SL	7.00	нү	17	6,048.				6,048.	3,024.		864.	3,888.
11	OFFICE FURNITURE - HON	04/19/17	SL	7.00	нү	17	6,048.				6,048.	3,024.		864.	3,888.
12	LAPTOP	07/05/17	SL	5.00	нү	17	493.				493.	346.		99.	445.
13	BATTING CAGES	02/28/19	SL	7.00	нү	17	3,712.			3,712.				0.	
14	POPCORN MACHINE	02/06/19	SL	7.00	нү	17	1,031.			1,031.				٥.	
15	TELEVISION & MOUNT	02/28/19	SL	5.00	нү	17	891.			891.				0.	
16	COMPUTER	04/22/20	200DB	5.00	нү	17	597.				597.	119.		191.	310.
17	SCOREBOARD	02/25/20	200DB	5.00	HY	17	4,290.				4,290.	858.		1,373.	2,231.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FOI

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	BSN SPORTS EQUIPMENT	07/01/20	200DB	7.00	ну	17	914.				914.	131.		224.	355.
19	NEW MOUND	07/20/20	200DB	5.00	НУ	17	1,199.				1,199.	240.		384.	624.
20	BASEBALL EQUIPMENT	08/19/20	200DB	7.00	НҮ	17	1,166.				1,166.	167.		285.	452.
21	BOARD BINDER THERMOMETER	08/05/20	200DB	5.00	НҮ	17	697.				697.	139.		223.	362.
22	HOLLEY MOUND	05/22/20	200DB	5.00	НУ	17	1,199.				1,199.	240.		384.	624.
23	BASKETBALL EQUIPMENT	10/03/19	200DB	7.00	НУ	17	1,176.				1,176.	168.		288.	456.
24	SOCCER GOAL	11/04/19	200DB	7.00	НУ	17	1,875.				1,875.	268.		459.	727.
25	SOCCER GOAL	11/04/19	200DB	7.00	НҮ	17	1,875.				1,875.	268.		459.	727.
26	SOCCER GOAL	11/04/19	200DB	7.00	НҮ	17	3,679.				3,679.	526.		901.	1,427.
27	SOCCER GOAL	06/09/20	200DB	7.00	НҮ	17	2,104.				2,104.	301.		515.	816.
28	SHED	05/30/20	200DB	7.00	НҮ	17	4,195.				4,195.	599.		1,027.	1,626.
29	LAWNMOWER	06/30/20	200DB	7.00	НҮ	17	538.				538.	77.		132.	209.
30	TEMPERATURE SCANNER	11/24/20	200DB	5.00	НҮ	19B	3,950.				3,950.			790.	790.
31	RIDDELL EQUIPMENT	10/08/20	200DB	7.00	НҮ	190	4,168.				4,168.			595.	595.
32	SOCCER NETS	11/19/20	200DB	7.00	НҮ	190	2,347.				2,347.			335.	335.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						84,137.			5,634.	78,503.	35,913.		12,239.	48,152.
	* GRAND TOTAL 990 PAGE 10 DEPR						84,137.			5,634.	78,503.	35,913.		12,239.	48,152.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						73,672.			5,634.	68,038.	35,913.			46,432.
	ACQUISITIONS						10,465.			٥.	10,465.	٥.			1,720.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						84,137.			5,634.	78,503.	35,913.			48,152.
	ENDING ACCUM DEPR											53,786.			
	ENDING BOOK VALUE											30,351.			

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

4562			iation and					OMB No. 1545-017:
		(moldaling	Attach to you			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
partment of the Treasury ernal Revenue Service (99)	► Go t	o www.irs.gov/F				information.		Attachment Sequence No. 17
me(s) shown on return	ŕ				ss or activity to whic			Identifying number
AVARRE YOUTH S					M 990 PA			59-238177
Part I Election To Expense	Certain Proper	ty Under Section 17	79 Note: If you ha	ave any lis	ted property, co	omplete Part		you complete Part I.
Maximum amount (see ins	, ,							1,040,00
? Total cost of section 179		•	,					
Threshold cost of section							3	2,590,00
Reduction in limitation. Su Dollar limitation for tax year. Subtra			-					
· · · · · · · · · · · · · · · · · · ·	a) Description of pro) Cost (busine		(c) Elected		
								-
								-
Listed property. Enter the			in column (c) line				0	
3 Total elected cost of section9 Tentative deduction. Enter								
Carryover of disallowed de								1
Business income limitation								
2 Section 179 expense ded								
Carryover of disallowed d								
ote: Don't use Part II or Part	t III below for I	listed property. In	stead, use Part V					
Part II Special Depreci	iation Allowa							
	Anona	nce and Other D	epreciation (Don	include	e listed property	/.)		-
Special depreciation allow			· · ·					
Special depreciation allow	vance for qual		ner than listed pro	perty) pla	ced in service c	during	14	
 Special depreciation allow the tax year Property subject to section 	vance for qual on 168(f)(1) ele	ified property (oth	ner than listed pro	perty) pla	ced in service c	during	15	
 Special depreciation allow the tax year Property subject to section Other depreciation (include) 	vance for qual on 168(f)(1) ele ding ACRS)	ified property (oth	ner than listed pro	perty) pla	ced in service c	during		
 Special depreciation allow the tax year Property subject to section Other depreciation (include) 	vance for qual on 168(f)(1) ele ding ACRS)	ified property (oth	per than listed pro	pperty) pla	ced in service c	during	15	
Special depreciation allow the tax year Property subject to section Other depreciation (includ MACRS Depreciation	wance for qual on 168(f)(1) ele ding ACRS) .iation (Don't	ified property (oth	pperty. See instruct Sectio	pperty) pla ctions.) n A	ced in service c	Juring	15	10.51
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portion of	f the basis attributable to section	1 263A costs	 	23	
016251 12-18-20	LHA For Paperwork Reducti	ion Act Notice, se	ructions.		

23 For assets shown above and placed in service during the current year, enter the

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

Form **4562** (2020)

12251102 769629 N180

	m 4562 (2020)	NAV	ARRE YC	UTH	SPORT	S AS	SOC	LATI	ON, I	INC		59-	2381	779	Page 2
Pa	art V Listed Property entertainment, r				ner vehicle	es, certa	ain aircra	aft, and	property	used for					0
	Note: For any ve	ehicle for wh	nich you are u	, using the	standard	l mileag	e rate or	deduc	ting lease	expense	e, comp	lete on	l y 24a,		
	24b, columns (a										· ·				
	Section A - I							<u> </u>							
<u>24a</u>	Do you have evidence to su	(b)	iness/investme (c)	ent use cia	umea?	<u> </u>	es (e)		24b lf "Ye					Yes	<u> </u> No (i)
	(a) Type of property	Date	Business/		(d) Cost or	Basi	s for depre	ciation	(f) Recovery		g) hod/		h) eciation		cted
	(list vehicles first)	placed in service	investmen use percenta		her basis	(bus	iness/inve use only	simeni	period	Conve			uction		n 179 Ist
25	Special depreciation allow			•	placed in		-		vear and	I					151
25	used more than 50% in a	•		,	•		•				25				
26	Property used more than										20				
20		: :		%											
				%											
		: :		%											
27	Property used 50% or les														
		: :		%						S/L -					
				%						S/L -					
				%						S/L -					
28	Add amounts in column (and on l	line 21	nane 1				28				
	Add amounts in column (29		
25		<u>17, 1110 20. El</u>			B - Inforr					<u></u>			20		
Cor	nplete this section for veh	nicles used h								related r	herson	lf vou pr	ovided v	rehicles	
	our employees, first answ													CINCICS	
to y	our employees, first answ	er the quest			ee ii you	meet ai	rexcept		Sompletin	y uns se		those v	renicies.		
				1	a)	())		(c)	(c	n –	14	e)	(f	<u>, </u>
30	Total business/investment m	niles driven du	ring the		nicle	Veh	-		ehicle	Veh		-	nicle	Veh	
	year (don't include commuti		•	Vei		VEI		ve		Ven		Vei		Ven	
	Total commuting miles dr														
	Total other personal (non														
32															
22	driven														
	Total miles driven during	-													
	Add lines 30 through 32 . Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	during off-duty hours?			165		162	INU	162		165	NO	165		Tes	INU
25	Was the vehicle used prin														
35	than 5% owner or related														
26	Is another vehicle availab								+						
30		-													
		Soction C		l for Empl							malava				
			- Questions					ialaa fa		Thair C					
And			ou moot on o	-	-				-	Their E			on't		
	swer these questions to de	etermine if y		-	-				-				ren't		
moi	swer these questions to de re than 5% owners or relat	etermine if yo ted persons.		xception	to comp	leting S	ection B	for ver	nicles use	d by em	oloyees		ren't	Vac	No
moi	swer these questions to de re than 5% owners or relat Do you maintain a writter	etermine if yo ted persons. n policy state	ement that pr	xception ohibits a	to comp	leting S al use of	ection B	for veh	nicles use	d by emp	bloyees	who ar		Yes	No
moi 37	swer these questions to de re than 5% owners or relat Do you maintain a writter employees?	etermine if yo ted persons. n policy state	ement that pr	xception ohibits a	to comp	leting S al use of	ection B	for veh	ding com	d by emp	oloyees	who ar		Yes	No
moi 37	wer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter	etermine if yo ted persons. n policy state n policy state	ement that pr ement that pr	rohibits a	to comp Il persona	leting S al use of use of ve	vehicle	for veh s, inclu except	ding com	ng, by yo	bloyees by your ur	who ar		Yes	No
<u>moi</u> 37 38	wer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr	etermine if yo ted persons. n policy state n policy state ructions for y	ement that pr ement that pr vehicles used	rohibits a rohibits p rohibits p	to comp Il persona ersonal u orate offic	leting S al use of use of ve cers, dir	vehicle hicles, e	for veh s, inclu except or 1% c	ding com commutir	d by emp muting, l ng, by yo wners	oloyees oy your ur	who ar		Yes	No
<u>moi</u> 37 38 39	wer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr Do you treat all use of vel	etermine if young ted persons. In policy states In policy states In policy states In cuctions for the policy states In cuctions for the person of the person	ement that pr ement that pr vehicles used aployees as p	rohibits a rohibits p I by corp ersonal u	Il persona ersonal u orate offic use?	leting S al use of use of ve cers, dir	vehicle hicles, e	s, inclu except or 1% c	ding com commutir	d by emp muting, l ng, by yo wners	oloyees oy your ur	who ar		Yes	No
<u>moi</u> 37 38 39 40	wer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr Do you treat all use of vel Do you provide more that	etermine if young ted persons. In policy state In policy state In policy state In policy state In policy state In policy state In five vehicle	ement that pr ement that pr vehicles used iployees as p es to your em	rohibits a rohibits p l by corp ersonal u pployees,	to comp Il personal ersonal u orate offic use?	leting S al use of use of ve cers, dir oformatio	vehicle hicles, o ectors, o on from	s, inclu except or 1% c	ding com commutir or more ov	nd by emp muting, l ng, by yo wners about	oloyees oy your ur	who ar		Yes	No
<u>moi</u> 37 38 39 40	wer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr Do you treat all use of vel Do you provide more than the use of the vehicles, an	etermine if young ted persons. In policy state In policy state ructions for whicles by em In five vehicle and retain the	ement that pr ement that pr vehicles used aployees as p es to your em e information	rohibits a rohibits p I by corp ersonal u ployees, received	to comp Il personal u orate offic use? obtain in ?	leting S al use of use of ve cers, dir formatio	vehicle vehicles, e ectors, on from	s, inclu except or 1% c	ding com commutir or more ov	ng, by emp ng, by yo wners about	bloyees	who ar		Yes	No
<u>moi</u> 37 38 39 40	swer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr Do you treat all use of vel Do you provide more than the use of the vehicles, an Do you meet the requirem	etermine if young ted persons. In policy state ructions for which his by eminimation of the technology of te	ement that pr ement that pr vehicles used ployees as p es to your em e information rming qualifie	rohibits a rohibits p l by corp ersonal u ployees, received d automo	to comp Il personal u orate offic use? obtain in ? obtain dem	leting S al use of use of ve cers, dir nonstrat	vehicles, o hicles, o ectors, o on from	s, inclu s, inclu except or 1% c	ding com commutir or more ov	d by emp muting, l ng, by yo wners about	bloyees	who ar		Yes	No
moi 37 38 39 40 41	swer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr Do you treat all use of vel Do you provide more that the use of the vehicles, al Do you meet the requiren Note: If your answer to 3	etermine if young ted persons. In policy state ructions for which his by eminimation of the technology of te	ement that pr ement that pr vehicles used ployees as p es to your em e information rming qualifie	rohibits a rohibits p l by corp ersonal u ployees, received d automo	to comp Il personal u orate offic use? obtain in ? obtain dem	leting S al use of use of ve cers, dir nonstrat	vehicles, o hicles, o ectors, o on from	s, inclu s, inclu except or 1% c	ding com commutir or more ov	d by emp muting, l ng, by yo wners about	bloyees	who ar		Yes	No
moi 37 38 39 40 41	wer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr Do you treat all use of vel Do you provide more that the use of the vehicles, al Do you meet the requiren Note: If your answer to 3 art VI Amortization	etermine if young ted persons. In policy state ructions for which his by eminimation of the technology of te	ement that pr ement that pr vehicles used ployees as p es to your em e information rming qualifie	xception ohibits a ohibits p I by corp ersonal u pployees, received d autome es," don't	to comp Il personal u orate offic use? obtain in ? obtain dem	leting S al use of use of vec cers, dir nonstrat <u>e Sectio</u>	vehicles, o hicles, o ectors, o on from	s, inclu s, inclu except or 1% c	ding com commutir or more ov nployees <u>vered veh</u>	d by emp muting, l ng, by yo wners about	bloyees by your ur	who ar			No
moi 37 38 39 40 41	swer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr Do you treat all use of vel Do you provide more that the use of the vehicles, al Do you meet the requiren Note: If your answer to 3	etermine if yet ted persons. In policy state ructions for v hicles by em n five vehicle and retain the ments conce 17, 38, 39, 40	ement that pr ement that pr vehicles used aployees as p es to your em e information eming qualifie 0, or 41 is "Ye	xception rohibits a rohibits p l by corp lersonal u ployees, received d automo es," don't	to comp II personal u orate offic use? obtain in ? obtile dem t complet	leting S al use of use of ve cers, dir nonstration nonstration <u>(c)</u> Amortizab	ection B vehicles, e ectors, - on from on use?	s, inclu s, inclu except or 1% c	ding com commutir or more ov nployees <u>vered veh</u> (d) _{Code}	d by emp muting, l ng, by yo wners about icles.	bloyees by your ur (e) Amortiza	who ar		(f)	No
moi 37 38 39 40 41 P a	wer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr Do you treat all use of vel Do you provide more than the use of the vehicles, an Do you meet the requiren Note: If your answer to 3 art VI Amortization (a) Description of c	etermine if yet ted persons. In policy state ructions for whicles by em n five vehicle and retain the ments conce 17, 38, 39, 40	ement that pr ement that pr vehicles used ployees as p es to your em e information erning qualifie 0, or 41 is "Ye	xception rohibits a rohibits p l by corp lersonal u ployees, received d automo es," don't (b) e amortization begins	to comp II personal u orate offic use? obtain in ? obtain dem t complet	leting S al use of use of ve cers, dir formation nonstration <u>(c)</u>	ection B vehicles, e ectors, - on from on use?	s, inclu s, inclu except or 1% c	ding com commutir pr more ov nployees vered veh	d by emp muting, l ng, by yo wners about icles.	bloyees by your ur (e)	who ar		(f)	No
moi 37 38 39 40 41 P a	wer these questions to dere than 5% owners or related to you maintain a writter employees?	etermine if yet ted persons. In policy state ructions for whicles by em n five vehicle and retain the ments conce 17, 38, 39, 40	ement that pr ement that pr vehicles used ployees as p es to your em e information erning qualifie 0, or 41 is "Ye	xception rohibits a rohibits p l by corp ersonal u ployees, received d automo es," don't (b) e amortization begins 0 tax yea	to comp II personal u orate offic use? obtain in ? obtain dem t complet	leting S al use of use of ve cers, dir nonstration nonstration <u>(c)</u> Amortizab	ection B vehicles, e ectors, - on from on use?	s, inclu s, inclu except or 1% c	ding com commutir or more ov nployees <u>vered veh</u> (d) _{Code}	d by emp muting, l ng, by yo wners about icles.	bloyees by your ur (e) Amortiza	who ar		(f)	No
moi 37 38 39 40 41 P a	wer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr Do you treat all use of vel Do you provide more than the use of the vehicles, an Do you meet the requiren Note: If your answer to 3 art VI Amortization (a) Description of c	etermine if yet ted persons. In policy state ructions for whicles by em n five vehicle and retain the ments conce 17, 38, 39, 40	ement that pr ement that pr vehicles used ployees as p es to your em e information erning qualifie 0, or 41 is "Ye	xception rohibits a rohibits p l by corp ersonal u ployees, received d automu es," don't (b) amortization begins 0 tax yea : :	to comp II personal u orate offic use? obtain in ? obtain dem t complet	leting S al use of use of ve cers, dir nonstration nonstration <u>(c)</u> Amortizab	ection B vehicles, e ectors, - on from on use?	s, inclu s, inclu except or 1% c	ding com commutir or more ov nployees <u>vered veh</u> (d) _{Code}	d by emp muting, l ng, by yo wners about icles.	bloyees by your ur (e) Amortiza	who ar		(f)	No
moi 37 38 39 40 41 P a <u>42</u>	wer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr Do you provide more than the use of the vehicles, an Do you provide more than the use of the vehicles, an Do you meet the requiren Note: If your answer to 3 art VI Amortization (a) Description of costs that	etermine if yet ted persons. In policy state ructions for whicles by em n five vehicle and retain the ments conce 17, 38, 39, 40 costs	ement that provenient that prove the prove that prove the prove the prove the prove the provement of the provement o	xception ohibits a ohibits p l by corp ersonal u ployees, received d autome es," don't (b) amortization begins 0 tax yea :: ::	to comp	leting S al use of use of ve cers, dir nonstrat <u>e Sectio</u> (c) Amortizab amount	ection B vehicles, o ectors, o on from on B for	s, inclu except or 1% c your er the cov	ding com commutir or more ov nployees <u>vered veh</u> (d) Code section	d by emp muting, l mg, by yo wners about icles.	bloyees by your ur (e) Amortiza	who ar		(f)	No
moi 37 38 39 40 41 <u>42</u> 42 43	wer these questions to de re than 5% owners or relat Do you maintain a writter employees? Do you maintain a writter employees? See the instr Do you treat all use of vel Do you provide more than the use of the vehicles, an Do you meet the requiren Note: If your answer to 3 art VI Amortization (a) Description of c	etermine if yet ted persons. In policy state ructions for whicles by em n five vehicle and retain the ments conce 7, 38, 39, 40 costs tt begins dur	ement that pr vehicles used aployees as p es to your em e information orning qualifie 0, or 41 is "Ye Date ing your 2020 pre your 2020	xception rohibits a ohibits p I by corp ersonal u pployees, received d automo es," don't (b) e amortization begins 0 tax yea	to comp II personal u orate offic use?	leting S al use of use of vec cers, dir formation formation monstrat <u>e Section</u> (c) Amortizab amount	ection B vehicle hicles, o ectors, on from on use? on B for	s, inclu except or 1% c your er the cov	ding com commutir or more ov nployees <u>vered veh</u> (d) <u>Code</u> section	d by emp imuting, l ing, by yo wners about icles.	bloyees by your ur (e) Amortiza	who ar		(f)	No

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- CURRENT YEAR FEDERAL -

NAVARRE YOUTH SPORTS ASSOCIATION, INC

Asset No.	Description	Da Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES												
1	GATOR (NYSA)	042	005	SL	7.00	17	5,050.			5,050.	5,050.		0.
2		052	505	SL	7.00	17	5,050.			5,050.	5,050.		0.
3	NYSA STORAGE BUILDING	081'	705	SL	7.00	17	2,525.			2,525.	2,525.		0.
4		071	906	SL	7.00	17	4,145.			4,145.	4,145.		0.
5	BASKETBALL EQUIPMENT	013:	114	SL	7.00	17	190.			190.	162.		28.
6	COMPUTERS	011	616	SL	5.00	17	900.			900.	833.		67.
7	BOOKKEEPER COMPUTER	092:	116	SL	5.00	17	781.			781.	644.		137.
8		072	016	SL	7.00	17	6,448.			6,448.	3,799.		921.
9		010	616	SL	7.00	17	4,856.			4,856.	3,210.		694.
10		021	517	SL	7.00	17	6,048.			6,048.	3,024.		864.
11	OFFICE FURNITURE - HON	041	917	SL	7.00	17	6,048.			6,048.	3,024.		864.
12	LAPTOP	070	517	SL	5.00	17	493.			493.	346.		99.
13	BATTING CAGES	0228	819	SL	7.00	17	3,712.		3,712.				0.
14	POPCORN MACHINE	020	619	SL	7.00	17	1,031.		1,031.				0.
15	TELEVISION & MOUNT	0228	819	SL	5.00	17	891.		891.				0.
16	COMPUTER	042:	220	200DB	5.00	17	597.			597.	119.		191.
17	SCOREBOARD	022	520	200DB	5.00	17	4,290.			4,290.	858.		1,373.

028102 04-01-20

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL -

NAVARRE YOUTH SPORTS ASSOCIATION, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BSN SPORTS EQUIPMENT	070120	200DB	7.00	17	914.			914.	131.		224.
19	NEW MOUND	072020	200DB	5.00	17	1,199.			1,199.	240.		384.
	BASEBALL EQUIPMENT BOARD BINDER	081920	200DB	7.00	17	1,166.			1,166.	167.		285.
		080520	200DB	5.00	17	697.			697.	139.		223.
	HOLLEY MOUND BASKETBALL	052220	200DB	5.00	17	1,199.			1,199.	240.		384.
		100319	200DB	7.00	17	1,176.			1,176.	168.		288.
24	SOCCER GOAL	110419	200DB	7.00	17	1,875.			1,875.	268.		459.
25	SOCCER GOAL	110419	200DB	7.00	17	1,875.			1,875.	268.		459.
26	SOCCER GOAL	110419	200DB	7.00	17	3,679.			3,679.	526.		901.
27	SOCCER GOAL	060920	200DB	7.00	17	2,104.			2,104.	301.		515.
28	SHED	053020	200DB	7.00	17	4,195.			4,195.	599.		1,027.
29	LAWNMOWER	063020	200DB	7.00	17	538.			538.	77.		132.
30	TEMPERATURE SCANNER	112420	200DB	5.00	19в	3,950.			3,950.			790.
31	RIDDELL EQUIPMENT	100820	200DB	7.00	19C	4,168.			4,168.			595.
32	SOCCER NETS * 990 PAGE 10 TOTAL	111920	200DB	7.00	19C	2,347.			2,347.			335.
	PROGRAM SERVICES * GRAND TOTAL 990					84,137.		5,634.	78,503.	35,913.		12,239.
	PAGE 10 DEPR					84,137.		5,634.	78,503.	35,913.		12,239.

028102 04-01-20

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL -

NAVARRE YOUTH SPORTS ASSOCIATION, INC

Asset No.	Description	D Acq	Date Acquired Method		Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						73,672.		5,634.	68,038.	35,913.		
	ACQUISITIONS						10,465.		0.	10,465.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE		_				84,137.		5,634.	78,503.	35,913.		

028102 04-01-20

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL -

NAVARRE YOUTH SPORTS ASSOCIATION, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	PROGRAM SERVICES								
	GATOR (NYSA)	042005	SL	7.00	5,050.		5,050.		0.
	GATOR (SOCCER)	052505	SL	7.00	5,050.		5,050.	5,050.	0.
	NYSA STORAGE BUILDING	081705	SL	7.00	2,525.		2,525.	2,525.	0.
	SIGN	071906	SL	7.00	4,145.		4,145.	4,145.	0.
	BASKETBALL EQUIPMENT	013114	ISL	7.00	190.		190.	190.	0.
	COMPUTERS	011616	SL	5.00	900.		900.	900.	0.
7	BOOKKEEPER COMPUTER	092116	SL	5.00	781.		781.	781.	0.
	SCOREBOARD	072016	SL	7.00	6,448.		6,448.	4,720.	921.
	CONFERENCE ROOM FURNITURE	010616	SL	7.00	4,856.		4,856.	3,904.	694.
	OFFICE FURNITURE - GCOP	021517	/SL	7.00	6,048.		6,048.	3,888.	864.
11	OFFICE FURNITURE - HON	041917	/SL	7.00	6,048.		6,048.	3,888.	864.
12	LAPTOP	070517	/SL	5.00	493.		493.	445.	48.
13	BATTING CAGES	022819	SL	7.00	3,712.				0.
14	POPCORN MACHINE	020619		7.00	1,031.				0.
	TELEVISION & MOUNT	022819		5.00	891.	891.			0.
16	COMPUTER	042220			597.		597.	310.	115.
17	SCOREBOARD	022520			4,290.		4,290.	2,231.	824.
18	BSN SPORTS EQUIPMENT	070120			914.		914.	355.	160.
19	NEW MOUND	072020			1,199.		1,199.	624.	230.
20	BASEBALL EQUIPMENT	081920			1,166.		1,166.	452.	204.
21	BOARD BINDER THERMOMETER	080520			697.		697.	362.	134.
22	HOLLEY MOUND	052220			1,199.		1,199.	624.	230.
23	BASKETBALL EQUIPMENT	100319	200DB	7.00	1,176.		1,176.	456.	206.
24	SOCCER GOAL	110419	200DB	7.00	1,875.		1,875.	727.	328.
25	SOCCER GOAL	110419	200DB	7.00	1,875.		1,875.	727.	328.
26	SOCCER GOAL	110419			3,679.		3,679.	1,427.	643.
27	SOCCER GOAL	060920			2,104.		2,104.	816.	368.
28	SHED	053020			4,195.		4,195.	1,626.	734.
29	LAWNMOWER	063020			538.		538.	209.	94.
30	TEMPERATURE SCANNER	112420	200DB	5.00	3,950.		3,950.	790.	1,264.
31	RIDDELL EQUIPMENT	100820	200DB	7.00	4,168.		4,168.	595.	1,021.
	SOCCER NETS	111920	200DB	7.00	2,347.		2,347.	335.	575.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - NAVARRE YOUTH SPORTS ASSOCIATION, INC

Asset No.	Description	Ac	Date Acquired		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 PAGE 10 TOTAL PROGRAM SERVICES* GRAND TOTAL 990 PAGE 10 DEPR						84,137. 84,137.	5,634. 5,634.	78,503. 78,503.	48,152. 48,152.	10,849. 10,849.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone