

EXTENDED TO APRIL 15, 2020

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

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

OMB No 1545-0047

2018Open to Public
Inspection

Do not enter social security numbers on this form as it may be made public. 1905

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

A For the 2018 calendar year, or tax year beginning JUN 1, 2018 and ending MAY 31, 2019

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TEAM FOOTWORKS EDUCATIONAL & FITNESS CORPORATION		D Employer identification number 65-0455073
	Doing business as		E Telephone number (305) 666-7223
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,163,335.
	5724 SUNSET DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code SOUTH MIAMI, FL 33143		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer LAURIE B. HUSEBY 5724 SUNSET DRIVE, SOUTH MIAMI, FL 33143		H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: HTTP://TEAMFOOTWORKS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1994 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION IS TO SUPPORT ORGANIZATIONS CURING DISEASES AND PROMOTING GOOD PHYSICAL HEALTH.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	35
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	501,076.	626,731.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,394,751.	2,497,322.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	388.	685.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,886.	38,597.
		2,964,101.	3,163,335.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	225,067.	275,119.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	923,224.	1,044,444.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,714,038.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,830,135.	1,864,457.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,978,426.	3,184,020.	
19 Revenue less expenses Subtract line 18 from line 12	<14,325.>	<20,685.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	349,094.	328,409.
	22 Net assets or fund balances Subtract line 21 from line 20	0.	0.
		349,094.	328,409.

Part II Signature Block

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

Sign Here	Signature of officer Laure B. Huseby	Date 1/3/2020
	LAURIE B. HUSEBY, PRESIDENT	Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name MARCIA MILLER	Preparer's signature [Signature]
	Firm's name FINANCIAL HORIZONS, INC.	Date 1/2/2020
	Firm's address 1870 N. CORPORATE LAKES BLVD #266964 WESTON, FL 33326	Firm's EIN 59-1819753
		Phone no 954 389-9510

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments

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

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

**THEIR MISSION IN THEIR DETAILED STATEMENT DESCRIBES THEIR CONSTANT
DESIRE TO TRAIN OTHERS TO MAINTAIN GOOD HEALTH THRU THEIR LISTED
PROGRAMS.**

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 47,369. including grants of \$ 47,369.) (Revenue \$ 47,369.)
UNITED WAY OF MIAMI DADE "SEE STATEMENT SCHEDULE O"

4b (Code _____) (Expenses \$ 25,000. including grants of \$ 25,000.) (Revenue \$ 25,000.)
JACKSON HEALTH FOUNDATION "SEE STATEMENT SCHEDULE O"

4c (Code _____) (Expenses \$ 29,100. including grants of \$ 29,100.) (Revenue \$ 29,100.)
SUSAN G. KOMEN MIAMI/FT LDLE "SEE STATEMENT SCHEDULE O"

4d Other program services (Describe in Schedule O)

(Expenses \$ 173,650. including grants of \$ 173,650.) (Revenue \$ 2,435,135.)

4e Total program service expenses **275,119.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	35
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

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

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

☒ X

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **LAURIE B. HUSEBY - (305) 666-7223**
5724 SUNSET DRIVE, SOUTH MIAMI, FL 33143

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								781,994.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								781,994.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	626,731.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		626,731.				
	Program Service Revenue	2 a <u>RACE & FITNESS EVENTS</u>	Business Code	900099	2,497,322.	2,497,322.	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			2,497,322.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			685.	685.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a <u>OTHER INCOME</u>		900099	19,362.	19,362.			
b <u>REIMBURSEMENTS OF COST</u>		900099	19,235.	19,235.			
c							
d All other revenue							
e Total. Add lines 11a-11d			38,597.				
12 Total revenue See instructions			3,163,335.	2,536,604.	0.	0.	

**TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

Form 990 (2018)

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Part IX Statement of Functional Expenses

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	275,119.	275,119.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	360,000.		360,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	629,445.		629,445.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	54,999.		54,999.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	18,225.		18,225.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	57,819.		5,886.	51,933.
13 Office expenses	2,120.		2,120.	
14 Information technology				
15 Royalties				
16 Occupancy	54,795.		54,795.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,275.		1,531.	42,744.
23 Insurance	34,077.		21,170.	12,907.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EQUIPMENT RENTAL</u>	303,974.		4,693.	299,281.
b <u>MARKETING CONSULTANTS</u>	219,059.			219,059.
c <u>EVENT COSTS</u>	179,399.			179,399.
d <u>SITE/BUILDING RENTAL</u>	176,755.			176,755.
e All other expenses <u>SEE SCH O</u>	773,959.		41,999.	731,960.
25 Total functional expenses Add lines 1 through 24e	3,184,020.	275,119.	1,194,863.	1,714,038.
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)

**TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

Form 990 (2018)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,809.	1	40,036.
	2 Savings and temporary cash investments	250,738.	2	101,424.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	366,517.		
	10b Less: accumulated depreciation	187,886.	74,801.	178,631.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,746.	15	8,318.
16 Total assets. Add lines 1 through 15 (must equal line 34)	349,094.	16	328,409.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	500.	30	500.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	348,594.	32	327,909.
	33 Total net assets or fund balances	349,094.	33	328,409.
	34 Total liabilities and net assets/fund balances	349,094.	34	328,409.

Form **990** (2018)

**TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

Form 990 (2018)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,163,335.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,184,020.
3	Revenue less expenses Subtract line 2 from line 1	3	<20,685.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	349,094.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	328,409.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization **TEAM FOOTWORKS EDUCATIONAL & FITNESS CORPORATION** Employer identification number **65-0455073**

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

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

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

f Enter the number of supported organizations

50

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
BAYFRONT PARK MANAGEMENT TRUST	59-2813562	7		X	5,200.	
UNITED WAY OF MIAMI DADE, INC.	59-0830840	7		X	47,369.	
MARCH OF DIMES FOUNDATION	13-1846366	4		X	1,000.	
THE KEY CLUBHOUSE	26-3727540	7		X	6,000.	
CASA DE AMMA	26-0030511	7		X	5,000.	
Total					275,118.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	475,205.	646,511.	521,189.	501,076.	626,731.	2770712.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1991722.	2176919.	2216390.	2394751.	2497322.	11277104.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2466927.	2823430.	2737579.	2895827.	3124053.	14047816.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6)						14047816.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	2466927.	2823430.	2737579.	2895827.	3124053.	14047816.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	349.	230.	89.	388.	685.	1,741.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	349.	230.	89.	388.	685.	1,741.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	2467276.	2823660.	2737668.	2896215.	3124738.	14049557.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.99 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.01 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	.01 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

TEAM FOOTWORKS EDUCATIONAL &

Schedule A (Form 990 or 990-EZ) 2018 **FITNESS CORPORATION**

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

Schedule A (Form 990 or 990-EZ)

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Part VI Supplemental Information (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above)	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support	(vi) Amount of other support
			Yes	No		
BRANCHES, INC.	65-0716969	7		X	5,000.	
KNIGHTS OF COLUMBUS COUNCIL # 3274	59-1358914	7		X	2,500.	
MAKE A WISH FOUNDATION	59-2620322	7		X	5,000.	
HEARING RESEARCH INSTITUTION	65-0222793	4		X	2,500.	
TRIBUTE TO THE MILITARY	01-0081457	6		X	2,500.	
ST. JAMES BAPTIST CHURCH OF COCONUT G	84-1673922	1		X	3,500.	
SOMERSET SOUTH MIAMI A.K.A. SOMI V	27-1161992	2		X	500.	
BETHLEHEM MISSIONARY BAPTIST	65-0069791	1		X	4,600.	
ROAD RUNNERS OF AMERICA, INC. A.K.A	52-1076665	7		X	9,998.	
CHRISTOPHER COLUMBUS HIGH SCHOO	59-0855391	2		X	6,750.	
CARE ELEMENTARY SCHOOL, INC.	46-5269625	2		X	2,500.	
JACKSON HEALTH FOUNDATION, INC/HOLT	65-0077727	3		X	25,000.	
MIAMI SENIOR HIGH SCHOOL	59-6000572	2		X	4,100.	
BAPTIST HEALTH SYSTEM FOUNDATION,	59-2487135	4		X	5,000.	
AMERICAN FOUNDATION FOR SUICIDE PREVEN	13-3393329	4		X	5,000.	
SUSAN G KOMEN BREAST CANCER FOUN	75-1835298	4		X	29,100.	
AMERICAN HEART ASSOCIATION, INC.	13-5613797	4		X	10,000.	
CHARITY WATER	22-3936753	7		X	10,000.	
AMERICAN FRIENDS SERVICE COMMITTEE	23-1352010	7		X	500.	
AUTISM SPEAKS INC	20-2329938	4		X	500.	
MIAMI BRIDGE YOUTH & FAMILY SERVICE, I	59-2569847	7		X	5,275.	
CAMP DISCOVERY (GALLUDET UNIVERSIT	53-0199507	7		X	5,626.	
YMCA OF GREATER TWIN CITIES - CAMP	45-2563299	7		X	5,000.	
FRIENDSHIP CIRCLE OF MIAMI, INC.	20-5467741	7		X	5,000.	
CAMPUS CRUSADE FOR CHRIST (CRU)	33-0863088	1		X	500.	
CARROLTON SCHOOL OF THE SACRED HEART	59-6082015	2		X	500.	
Continuation Totals						

Schedule A (Form 990 or 990-EZ)

Part VI Supplemental Information (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))		99-0499673
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Continuation Totals

Schedule A (Form 990 or 990-EZ)

TEAM FOOTWORKS EDUCATIONAL &

Schedule A (Form 990 or 990-EZ) 2018 **FITNESS CORPORATION**

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Part VI

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization **TEAM FOOTWORKS EDUCATIONAL & FITNESS CORPORATION**

Employer identification number
65-0455073

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|---|--|
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- | | | |
|------|---|------------|
| (i) | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) | Assets included in Form 990, Part X | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- | | | |
|---|---|------------|
| a | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b | Assets included in Form 990, Part X | ▶ \$ _____ |

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Temporarily restricted endowment ► _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		94,957.	39,945.	55,012.
e Other		271,560.	147,941.	123,619.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				178,631.

**TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

Schedule D (Form 990) 2018

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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2018

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
-----------------	--

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Employer identification number
65-0455073

Name of the organization **TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYFRONT PARK MANAGEMENT TRUST 301 N BISCAYNE BLVD MIAMI, FL 33132	59-2813562	501(C)(3)	5,200.	0.			ASSIST COMMUNITY EVENTS
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	10,000.	0.			SUPPORT MEDICAL RESEARCH
MARCH OF DIMES INC. 1550 CRYSTAL DRIVE STE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	1,000.	0.			ASSIST LAB RESEARCH OF BIRTH DEFECTS
UNITED WAY OF MIAMI-DADE, INC. 3250 SW 3 AVE-THE ANSIN BLDG MIAMI, FL 33129	59-0830840	501(C)(3)	47,369.	0.			SUPPORT COMMUNITY PROJECTS
THE KEY CLUBHOUSE OF SOUTH FLORIDA 1400 NW 54 STREET STE 102 MIAMI, FL 33142	26-3727540	501(C)(3)	6,000.	0.			SUPPORT SCHOOL PROGRAMS SUPPORT SCHOOL PROGRAMS
CASA DE AMMA 27231 CALLE ARROYO SAN JUAN CAPISTRANO, CA 92675	26-0030511	501(C)(3)	5,000.	0.			SUPPORT COMMUNITY PROGRAMS ASSIST SPECIAL NEEDS INDIVIDUALS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

**TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

65-0455073

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIBUTE TO THE MILITARY 7000 SW 62ND AVE, STE. 210 MIAMI, FL 33143	01-0081457	501(C)(3)	2,500.	0.			ASSIST MILITARY PERSONNEL & THEIR DEPENDENTS
BRANCHES, INC. 11500 NW 12TH AVENUE MIAMI, FL 33168	65-0716969	501(C)(3)	5,000.	0.			TO SERVE, EDUCATE & INSPIRE PEOPLE THRU STUDENT, FAMILY & FINANCIAL STABILITY
KNIGHTS OF COLUMBUS COUNCIL 270 CATALONIA AVENUE CORAL GABLES, FL 33134	59-1358914	501(C)(3)	2,500.	0.			PROVIDE FINANCIAL AID TO SICK, DISABLED & NEEDY
MAKE A WISH FOUNDATION 4491 SOUTH SR-7 STE 201 FORT LAUDERDALE, FL 33314	59-2620322	501(C)(3)	5,000.	0.			PROMOTE MEDICAL RESEARCH
HEARING RESEARCH INSTITUTION 7000 SW 62ND AVE, STE. 210 MIAMI, FL 33143	65-0222793	501(C)(3)	2,500.	0.			SUPPORT EDUCATION FOR THE DEAF
ST. JAMES BAPTIST CHURCH OF COCONUT GROVE - 3500 CHARLES AVENUE - MIAMI, FL 33133	84-1673922	501(C)(3)	3,500.	0.			SUPPORT CHURCH PROGRAMS
SOMERSET SOUTH MIAMI A/K/A. SOMI VIP, INC. - 1340 SUNSET DRIVE - MIAMI, FL 33143	27-1161992	501(C)(3)	500.	0.			SUPPORT SCHOOL PROGRAMS
BETHLEHEM MISSIONARY BAPTIST CHURCH - 1055 SW 2ND AVENUE - DEERFIELD BEACH, FL 33441	65-0069791	501(C)(3)	4,600.	0.			SUPPORT CHURCH PROGRAMS
ROAD RUNNERS OF AMERICA, INC. A/K/A. RRCA - 1501 LEE HWY, STE 140 - ARLINGTON, VA 22209	52-1076665	501(C)(3)	9,998.	0.			SUPPORT ATHLETIC EVENTS

Schedule I (Form 990)

**TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

65-0455073

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTOPHER COLUMBUS HIGH SCHOOL, INC. - 3000 SW 87TH AVE - MIAMI, FL 33165	59-0855391	501(C)(3)	6,750.	0.			SUPPORT YOUTH PROGRAMS
CARE ELEMENTARY SCHOOL, INC. 2025 NW 1ST AVE MIAMI, FL 33127	46-5269625	501(C)(3)	2,500.	0.			SUPPORT YOUTH PROGRAMS
JACKSON HEALTH FOUNDATION, INC./ HOLTZ CHILDRENS HOSPITAL - 1501 NW NORTH RIVER DR. FIRST FLOOR - MIAMI, FL 33125	65-0077727	501(C)(3)	25,000.	0.			PROMOTE MEDICAL RESEARCH
MIAMI SENIOR HIGH SCHOOL 2450 SW 1ST STREET MIAMI, FL 33135	59-6000572	501(C)(3)	4,100.	0.			SUPPORT YOUTH PROGRAMS
CHARITY WATER 40 WORTH STREET, #330 NEW YORK, NY 10013	22-3936753	501(C)(3)	10,000.	0.			SUPPORT THE NEEDY
BAPTIST HEALTH SYSTEM FOUNDATION, INC - 841 PRUDENTIAL DRIVE, SUITE 1300 - JACKSONVILLE, FL 32207	59-2487135	501(C)(3)	5,000.	0.			SUPPORT MEDICAL RESEARCH
AMERICAN FOUNDATION FOR SUICIDE PREVENTION, INC - 120 WALL STREET, FL 29 - NEW YORK, NY 10005	13-3393329	501(C)(3)	5,000.	0.			SUPPORT PROGRAMS FOR A WORLD WITHOUT SUICIDE
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC - 5005 LBJ FREEWAY, SUITE 250 - DALLAS, TX 75244	75-1835298	501(C)(3)	29,100.	0.			SUPPORT MEDICAL RESEARCH AND AWARENESS
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501(C)(3)	500.	0.			SUPPORT HUMAN RIGHTS PROGRAM

Schedule I (Form 990)

**TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISM SPEAKS INC 1 EAST 33RD ST 4TH FLOOR NEW YORK, NY 10016	20-2329938	501(C)(3)	500.	0.			ASSIST INDIVIDUALS WITH AUTISM ASSIST INDIVIDUALS WITH AUTISM
MIAMI BRIDGE YOUTH & FAMILY SERVICES, INC. - 2810 NW SOUTH RIVER DRIVE - MIAMI, FL 33125 CAMP DISCOVERY (GALLAUDET UNIVERSITY) - 800 FLORIDA AVE NE FIELDHOUSE 144E - WASHINGTON, DC 20002	59-2569847	501(C)(3)	5,275.	0.			PROVIDE YOUTH FAMILY SERVICES
YMCA OF GREATER TWIN CITIES-CAMP WIDJI - 651 NICOLLET MALL SUITE 500 - MINNEAPOLIS, MN 55402	53-0199507	501(C)(3)	5,626.	0.			EDUCATE DEAF
FRIENDSHIP CIRCLE OF MIAMI, INC., 8700 SW 112TH STREET MIAMI, FL 33176	45-2563299	501(C)(3)	5,000.	0.			PROMOTE CHILDREN'S PROGRAMS
CAMPUS CRUSADE FOR CHRIST (CRU) 100 LAKE HART DRIVE MC 3500 ORLANDO, FL 32832	20-5467741	501(C)(3)	5,000.	0.			ASSIST PROGRAM FOR SPECIAL NEEDS COMMUNITY
CARROLTON SCHOOL OF THE SACRED HEART - 3747 MAIN HWY - MIAMI, FL 33133	33-0863088	501(C)(3)	500.	0.			ASSIST CHURCH WITH CHRISTIAN YOUTH PROGRAMS
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LANE MINNEAPOLIS, MN 55439	59-6082015	501(C)(3)	500.	0.			PROVIDE YOUTH EDUCATION
HOPE 4 LYFE SOI BREAST CANCER WALK 10918 SW 184 STREET MIAMI, FL 33176	41-1893645	501(C)(3)	250.	0.			SUPPORT CHILDREN'S CANCER RESEARCH
	82-3046033	501(C)(3)	2,500.	0.			SUPPORT CANCER RESEARCH PROJECT

Schedule I (Form 990)

TEAM FOOTWORKS EDUCATIONAL &

65-0455073 Page 1

Schedule I (Form 990) **FITNESS CORPORATION**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HURRICANE AQUATICS INC 5821 SAN AMARO DRIVE CORAL GABLES, FL 33143	65-1189724	501(C)(3)	1,000.	0.			SUPPORT STUDENT SWIM TEAMS
LIGA CONTRA EL CANCER (LEAGUE AGAINST CANCER) - 2180 SW 12TH AVENUE - MIAMI, FL 33129	59-1629554	501(C)(3)	2,000.	0.			SUPPORT CANCER RESEARCH
MANIKON DEAF CAMPS INC, 4 NP SYMINGTON AVE CATONSVILLE, MD 21228	52-2273176	501(C)(3)	1,000.	0.			SUPPORT DEAF & HEARING IMPAIRED CAMPS
NEW YORK ROAD RUNNERS, INC. 156 W 56TH STREET 3RD FLOOR NEW YORK, NY 10019	13-2949483	501(C)(3)	250.	0.			SUPPORT HEALTHY COMMUNITIES & PHYSICAL FITNESS PROGRAMS PROMOTE HEALTHY
SOPHIA'S HOPE INC. (REASON TO RUN) 10106 SW 126 STREET MIAMI, FL 33176	46-1900752	501(C)(3)	10,000.	0.			SUPPORT RESEARCH OF CHILDHOOD CANCER
RIVERWALK FORT LAUDERDALE, INC 888 EAST LAS OLAS BLVD STE 210 FORT LAUDERDALE, FL 33301	65-0111265	501(C)(3)	2,000.	0.			PROMOTE DOWNTOWN PARK RECREATION
SOUTH MIAMI POLICE ATHLETIC LEAGUE, INC. - 6730 SUNSET DRIVE - SOUTH MIAMI, FL 33143	47-5078120	501(C)(3)	2,500.	0.			SUPPORT POLICE PROGRAMS FOR KIDS
SPECIAL OLYMPICS FLORIDA, INC. 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	23-7181560	501(C)(3)	100.	0.			SUPPORT SPORTS FOR THE DISABLED
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (T.A.P.S.) - 3033 WILSON BLVD 3RD FLOOR - ARLINGTON, VA 22201	92-0152268	501(C)(3)	1,000.	0.			SUPPORT SURVIVORS OF ARMED SERVICES MEMBERS

Schedule I (Form 990)

**TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SUN PUBLISHING COMPANY 107 N ROBERSON STREET CHAPEL HILL, NC 27516	56-1187623	501(C)(3)	5,000.	0.			SUPPORT COMMUNITY MAGAZINE
TROPICAL AUDUBON SOCIETY, INC. 5530 SUNSET DRIVE MIAMI, FL 33143 UNIVERSITY OF MIAMI - GREATER MIAMI/MIAMI BEACH POLICE FOUNDATION, INC. - 2800 PONCE DE LEON BLVD STE 1125 - CORAL GABLES	59-6147345	501(C)(3)	5,000.	0.			SUPPORT QUALITY OF SOUTH FLORIDA'S ENVIRONMENT
URBANA RECREATION COUNCIL 10513 BRENDA AVENUE IJAMSVILLE, MO 21154	82-3570095	501(C)(3)	1,000.	0.			SUPPORT POLICE DEPARTMENT SUPPORT COMMUNITY SPORTS PROGRAMS SUPPORT COMMUNITY SPORTS PROGRAMS
VIRGINIA KEY BICYCLE CLUB 8124 NE 198 TERRACE HIALEAH, FL 33016	27-3640494	501(C)(3)	2,500.	0.			SUPPORT HEALTHY SPORTS ACTIVITIES
FRIENDS OF WLRN, INC. 172 NE 15TH STREET MIAMI, FL 33132	23-7365001	501(C)(3)	9,250.	0.			SUPPORT EDUCATIONAL PROGRAMMING
WOMEN'S LUNCH PLACE 67 NEWBURY STREET BOSTON, MA 02116	22-2514148	501(C)(3)	500.	0.			SUPPORT WOMEN'S COMMUNITY ISSUES
ZERO CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	59-3400922	501(C)(3)	250.	0.			SUPPORT END OF PROSTATE CANCER

Schedule I (Form 990)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information
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PART I, LINE 2:

NEWS RELEASES & COMMUNICATION WITH THESE ORGANIZATIONS ARE REVIEWED DURING THE CORPORATE YEAR AND RE-EVALUATED BEFORE FUTURE DONATIONS ARE RELEASED.

FORM 990 SCHEDULE I PART II LINE 1 (H)

THE VARIOUS ORGANIZATIONS RECEIVING A BENEFIT FROM THE RACE PROCEEDS ALL PROMOTE PHYSICAL FITNESS AND WELLNESS EITHER IN THEIR RECREATIONAL ACTIVITIES OR IN THEIR RESEARCH TO COMBAT DISEASE OR DEFECTS THAT PREVENT OR CURTAIL THE ACTIVITIES OF A GIVEN INDIVIDUAL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

**TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

Employer identification number

65-0455073

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART I, LINE 3:

THE BOARD COMPENSATED THE PRESIDENT, LAURIE B. HUSEBY FOR HER ROLE IN
CONTINUING TO INCREASE PROGRAM REVENUES AND CONTROLLING OPERATING EXPENSES
WHICH ALLOWED AN INCREASE OF CONTRIBUTIONS TO WORTHWHILE COMMUNITY
PROGRAMS. LAURIE HUSEBY HAS BEEN APPROVED BY THE CURRENT BOARD TO CONTINUE
HER ROLE AS PRESIDENT AND HER FUTURE COMPENSATION WILL CONTINUE TO BE
REVIEWED ANNUALLY.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

**TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

Employer identification number
65-0455073

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

THE PURPOSE OF THE ORGANIZATION IS TWOFOLD. WHILE RAISING FUNDS TO
BENEFIT ORGANIZATIONS SUCH AS THE UNITED WAY, AN ORGANIZATION DEVOTED
TO IMPROVING LIVES AROUND THE WORLD TO "ADVANCE THE COMMON GOOD, AND
OTHER WORTHWHILE CHARITABLE ORGANIZATIONS SEEKING CURES FOR CANCER &
OTHER MEDICAL ISSUES.

THIS ENTITY STRIVES TO PROMOTE GOOD HEALTH THROUGH THE PHYSICAL
PARTICIPATION OF RACE EVENTS AND THE NUMEROUS CLINICS AND PROGRAMS HELD
DURING THE YEAR. THE ORGANIZATION'S EIGHT TO TEN FUNDRAISING EVENTS
REQUIRE THE HIRING OF APPROXIMATELY 175 PART-TIME AND FULL TIME
EMPLOYEES AS WELL AS THE ASSISTANCE FROM OVER 600 VOLUNTEERS FROM THE
LOCAL COMMUNITY AND SCHOOLS.

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

THE WIDELY PUBLICIZED AND ORGANIZED RACE EVENTS WILL EDUCATE AND
ILLUSTRATE TO BOTH INDIVIDUALS AND GROUPS THE BENEFITS OF HAVING A
PHYSICALLY FIT AND ACTIVE LIFESTYLE WHICH IS ACHIEVED THROUGH A REGULAR
PROGRAM OF JOGGING, RUNNING OR WALKING. THE ACTIVITIES INCLUDE BOTH
PHYSICAL PARTICIPATION IN THE RACE EVENTS IN ADDITION TO ATTENDING
CLINICS AND PROGRAMS AND READING VARIOUS MAILOUTS AND PUBLICATIONS
ISSUED AND DISTRIBUTED BY THIS ORGANIZATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**

Employer identification number
65-0455073

VARIOUS ORGANIZED CHARITIES PROMOTING PHYSICAL HEALTH

EXPENSES \$ 173,650. INCLUDING GRANTS OF \$ 173,650. REVENUE \$ 2,435,135.

FORM 990, PART VI, SECTION A, LINE 2:

**THE PRESIDENT, LAURIE B. HUSEBY AND THE DIRECTOR, JOHN P. HUSEBY ARE
RELATED AS MOTHER & SON.**

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

**ANNUAL MEETINGS ARE HELD TO DISCUSS THE REQUIRED DOCUMENTATION FOR
PREPARING 990 AND A REVIEW OF ITS FINAL FORM IS DISCUSSED BEFORE FILING
WITH THE INTERNAL REVIEW SERVICE.**

FORM 990, PART VI, SECTION C, LINE 18:

**UPON REQUEST, THE ORGANIZATION WILL MAIL A COPY OF THE MOST RECENT FORM 990
FILED TO THE PARTY REQUESTING THE INFORMATION.**

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

**THE FEDERAL FORM 990 IS OPEN TO PUBLIC INSPECTION AND UPON REQUEST MAY BE
SENT OR FAXED TO THE REQUESTOR OR EXAMINED AND EXPLAINED BY APPOINTMENT AT
THE COMPANY'S OFFICE.**

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

JOHN P. HUSEBY - 5724 SUNSET DR., SOUTH MIAMI, FL 33143

RALPH GARCIA - 5724 SUNSET DR, SOUTH MIAMI, FL 33143

KAREN A. PLASTER - 5724 SUNSET DR, SOUTH MIAMI, FL 33143

LAURIE HUSEBY - 5724 SUNSET DR, SOUTH MIAMI, FL 33143

JONATHAN MALONE - 5724 SUNSET DR., SOUTH MIAMI, FL 33143

EDUARDO SUAREZ - 5724 SUNSET DR., SOUTH MIAMI, FL 33143

Name of the organization **TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**Employer identification number
65-0455073**FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:****SOUVENIR TEE-SHIRTS:**

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	153,957.
TOTAL EXPENSES	153,957.

TEMP EVENT LABOR:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	142,958.
TOTAL EXPENSES	142,958.

TIMING SERVICE FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	135,675.
TOTAL EXPENSES	135,675.

PRINTING/TYPESETTING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	76,496.
TOTAL EXPENSES	76,496.

SECURITY (EVENTS):

PROGRAM SERVICE EXPENSES	0.
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Name of the organization **TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**Employer identification number
65-0455073**MANAGEMENT AND GENERAL EXPENSES** 0.**FUNDRAISING EXPENSES** 54,680.**TOTAL EXPENSES** 54,680.**AWARDS:****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 0.**FUNDRAISING EXPENSES** 39,748.**TOTAL EXPENSES** 39,748.**SUPPLIES - RACE EVENTS (GENERAL):****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 0.**FUNDRAISING EXPENSES** 31,843.**TOTAL EXPENSES** 31,843.**REPAIRS & MAINTENANCE - EVENTS:****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 0.**FUNDRAISING EXPENSES** 21,494.**TOTAL EXPENSES** 21,494.**CREDIT CARD DISCOUNTS:****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 0.**FUNDRAISING EXPENSES** 20,924.**TOTAL EXPENSES** 20,924.

Name of the organization **TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**Employer identification number
65-0455073**POSTAGE:**

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	15,800.
TOTAL EXPENSES	15,800.

AUTO EXPENSES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,022.
FUNDRAISING EXPENSES	4,357.
TOTAL EXPENSES	13,379.

RACE REFRESHMENTS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	12,953.
TOTAL EXPENSES	12,953.

DELIVERY EXPENSE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	878.
FUNDRAISING EXPENSES	9,131.
TOTAL EXPENSES	10,009.

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	8,492.
FUNDRAISING EXPENSES	0.

Name of the organization **TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**Employer identification number
65-0455073**TOTAL EXPENSES** 8,492.**SECURITY:****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 7,430.**FUNDRAISING EXPENSES** 0.**TOTAL EXPENSES** 7,430.**PHOTOS:****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 0.**FUNDRAISING EXPENSES** 6,678.**TOTAL EXPENSES** 6,678.**TELEPHONE:****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 5,265.**FUNDRAISING EXPENSES** 0.**TOTAL EXPENSES** 5,265.**SUPPLIES & RACE PINS & NUMBERS:****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 0.**FUNDRAISING EXPENSES** 3,214.**TOTAL EXPENSES** 3,214.**LICENSES & TAXES:****PROGRAM SERVICE EXPENSES** 0.

Name of the organization **TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**Employer identification number
65-0455073**MANAGEMENT AND GENERAL EXPENSES** 2,993.**FUNDRAISING EXPENSES** 0.**TOTAL EXPENSES** 2,993.**REPAIRS & MAINTENANCE:****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 2,948.**FUNDRAISING EXPENSES** 0.**TOTAL EXPENSES** 2,948.**COMPUTER SUPPLIES & EXPENSE:****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 2,367.**FUNDRAISING EXPENSES** 0.**TOTAL EXPENSES** 2,367.**MEDICAL (DOCTORS & FIRE RESCUE):****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 0.**FUNDRAISING EXPENSES** 1,312.**TOTAL EXPENSES** 1,312.**GRAPHIC DESIGN:****PROGRAM SERVICE EXPENSES** 0.**MANAGEMENT AND GENERAL EXPENSES** 750.**FUNDRAISING EXPENSES** 0.**TOTAL EXPENSES** 750.

Name of the organization **TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**Employer identification number
65-0455073MAILOUT FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	740.
TOTAL EXPENSES	740.

DUES & SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	587.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	587.

WATER:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	522.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	522.

STATIONARY & PRINTING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	374.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	374.

UTILITIES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	247.
FUNDRAISING EXPENSES	0.

Name of the organization **TEAM FOOTWORKS EDUCATIONAL &
FITNESS CORPORATION**Employer identification number
65-0455073**TOTAL EXPENSES** 247.**ENTERTAINMENT:**

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 94.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 94.**BANK CHARGES:**

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 30.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 30.**TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A** 773,959.**FORM 990, PART XII LINE 2A:****THE BOARD OF DIRECTORS CONTINUES TO OVERSEE THE ANNUAL COMPILATION
REPORTS AND HAS CONTINUED TO RETAIN THEIR ACCOUNTANT.**