DLN: 93493283006409 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private ▶ Do not enter social security numbers on this form as it may be made public Department of the Treasury Open to Public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018 C Name of organization D Employer identification number B Check if applicable Athletes and Causes Inc ☐ Address change 47-2377003 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return ☐ Application pending (813) 495-3572 City or town, state or province, country, and ZIP or foreign postal code Thonotosassa, FL 33592 **G** Gross receipts \$ 769,730 Name and address of principal officer H(a) Is this a group return for ROBERT CANTON ☐Yes **☑**No subordinates? PO Box 1486 H(b) Are all subordinates Thonotosassa, FL 33592 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)() **4** (insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A **L** Year of formation 2014 M State of legal domicile FL K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities ATHLÉTES AND CAUSÉS IS A COMMUNITY FOUNDATÍON MADE UP OF ATHLETES, ARTISTS AND INFLUENCERS THAT PROTECT, EDUCATE AND INSTILL HOPE Governance Check this box \blacktriangleright \square if the organization discontinued its operations or disposed of more than 25% of its net assets of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organızatıon organizations from the for related (W- 2/1099-(W-2/1099organization and Officer Highest compensatemployee Individual trustee or director Former MISC) MISC) organizations Institutional related below dotted organizations emplo line) 00 Trustes

Form	990 (2017)						Page 2
Par	t IIII Statement	of Program Service	Accomplis	hments			
	Check if Sched	dule O contains a respor	se or note to	any line in this Part III .			<u>. </u>
1	Briefly describe the o	rganızatıon's mıssıon					
Athle	etes and Causes is a co	mmunity foundation ma	de up of athlet	es,			
	Did the organization i	undertake anv significar	it program ser	vices during the year whice	ch were not listed on		
-	-	r 990-EZ?		- ,		□ Yes 🔽	No
		se new services on Sche					
3				changes in how it conduct	ts, any program		
	services?					☐Yes	✓ No
	If "Yes," describe the	se changes on Schedule	0				
4	Section 501(c)(3) and		ns are required	to report the amount of	rgest program services, as measuri grants and allocations to others, th		5
4a	(Code) (Expenses \$	276,415	ıncludıng grants of \$	150,804) (Revenue \$	769,730 }	
	See Additional Data						
4b	(Code) (Expenses \$		ıncluding grants of \$) (Revenue \$)	
	·					· 	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d	Other program service	ces (Describe in Schedul	e O)				
	(Expenses \$	ınclu	ding grants of	\$) (Revenue \$)	
4e	Total program serv	rice expenses >	276,4	15			

Form	990 (2017)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?			No
7				
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Checklist of Required Schedules (continued) Yes Oa Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	yes No ganization operate one or more hospital facilities? If "Yes," complete Schedule H					
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	reganization operate one or more hospital facilities? If "Yes," complete Schedule H	ar	Checklist of Required Schedules (continued)			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	panization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, and it is in the 27 if "Yes," complete Schedule I, Parts I and III is individuals on Part IX, and it is individuals on Part IX, and it is individual organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," and III is individual organization's set of the year, directors, trustees, key employees, and highest compensated employees? If "Yes," and III is individual organization's set of the organization of the organization's set of the organization in				Yes	No
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	rganization report more than \$5,000 of grants or other assistance to any domestic organization or domestic int on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II)a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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 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 a 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	not on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ganization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, a), line 2? If "Yes," complete Schedule I, Parts I and III ganization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," ganization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of any of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and Schedule K If "No," go to line 25a No year invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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," a 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	No ganization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," Schedule J. The ganization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of any of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and Schedule K. If "No," go to line 25a. No year is a tax-exempt bonds beyond a temporary period exception?			21	Yes	
current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	No Schedule J			22		No
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	ay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and Schedule K If "No," go to line 25a		current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	23		No
	; • · · · · · · · · · · · · · · · · · ·	а	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	24a		No
•		T T				
			-			
II p.			I Table			
<u> </u>						

orm	990 (2017)			Page
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	•		Ш
	Fortunation according Day 2 of Forms 1000 Fortun O of each complexible		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		3D		
С	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?	6а		No
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
.4a	and organization receive any payments for masor tanning services during the tax year.			

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		✓
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1		Yes	No
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
	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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
- 5	Did the organization become aware during the <u>year of a sig</u> nifi <u>cant</u> diversion of the organization's assets?	5		Ŋо
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	_
Check if Schedule O contains a response or note to any line in this Part VII]
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	_
1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year	_
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid	
• List all of the organization's current key employees, if any See instructions for definition of "key employee"	
 List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations 	
• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000	

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

organizations below dotted line) 1b Sub-Total 1 Total (add lines 1b and 1c) 2 Total number of individual (including but not limited to those listed above) who received more than \$100,000 or foreportable compensation from the organization or granization or gr		(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, u n of	t cho unles ficer	eck mess pers and a ee)	son	Rep comp fro organiz	(D) ortable ensation m the zation (W-	(E) Reportable compensation from related organizations (V	N-	(F) Estima amount o compens from t	ited f other sation the
c Total from continuation sheets to Part VII, Section A			organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptovee	Former	2/109	- FINISC)	2/1099-MI3C	,	relate	ed
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► Yes No 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	c ·	Total from continuation sheets to P	art VII, Sectio	nΑ.				•							
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	2			to thos	e list	ed a	bove	e) who	rec	eived mo	ore than \$10	00,000			
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	3										3	Yes			
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	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											No.			
Section B. Independent Contractors 1	5												5		
from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	Se	ection B. Independent Contract	ors												
	1												npen	sation	
		Name a		ess							Descr				

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 \blacktriangleright 0

Part		1 Statement of R	evenue							Page 9
		Check if Schedule (a respo	onse or note to ar	ny line in tl	nis Part VIII			🗆
				•		(A) revenue	(B) Related or exempt function	(C) Unrelate business revenue	d (D) Revenue s excluded from
								revenue	Tevenue	512-514
र इ		Federated campaigns		1a		-				
ant.	ı	b Membership dues .	•	1 b		-				
يَّ ق	١	Fundraising events .		1c		_				
iffs, ar A	9	d Related organizations		1d	167,884	-				
ა ≝	•	e Government grants (cont	ributions)	1e		_				
ons Sir	1	F All other contributions, gi and similar amounts not i	fts, grants, included							
uti her		above		1 f		-				
흡동	9	Noncash contributions in lines 1a-1f \$	ıncluded							
Contributions, Gifts, Grants and Other Similar Amounts	h	Total.Add lines 1a-1f			>					
	上					ss Code 「	167,884			
Program Service Revenue	2a	Athletes & Causes Events			Busine	813000	60	01,846		
3.	b									
ž E	c d									
8	e			_						
grar	f	All other program servi	ce revenue							
Ę.	g.	Total.Add lines 2a-2f			>	601,846				
	3]	Investment income (incl	uding divid	ends, ı	nterest, and othe	ır				
	s	imilar amounts)				▶}				
		Income from investment				<u>▶</u>				
	5 I	Royalties	(ı) Real		(II) Personal	<u> </u>				
	6a	Gross rents	(i) iteal		(II) I CISOIIdi	\dashv				
	b	Less rental expenses								
	c	Rental income or				\dashv				
	اء حا	(loss)	laaa)							
	u	Net rental income or ((ı) Securit		(II) Other	+				
	7a	Gross amount	(1) Securit	.103	(II) Other	\dashv				
		from sales of assets other								
		than inventory								
	b	Less cost or other basis and								
	_	sales expenses				_				
		Gain or (loss) Net gain or (loss)			<u> </u>	_				
		Gross income from fund								
e n		(not including \$		of						
Other Revenue		contributions reported See Part IV, line 18	on line 1c)	а	l					
Re	b	Less direct expenses		b						
ē	c	Net income or (loss) fro	om fundrais	ing ev	ents					
₽	9a	Gross income from gan See Part IV, line 19 .		es						
				a	,					
	b	Less direct expenses		b						
		Net income or (loss) fro		activit	ies >					
	10a	Gross sales of inventor returns and allowances								
				а	}					
	b	Less cost of goods sole	d	b						
	c	Net income or (loss) fro	om sales of	ınvent	ory >					
		Miscellaneous Re	evenue		Business Code					
	11	a								
	b	•								
	С									
		All other revenue .								
		• Total. Add lines 11a-1			•					
	12	Total revenue. See In	structions	• •	· · · •		769,730	601,	846	

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete 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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	150,804	150,804		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	90,934	0	90,934	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,957	0	6,957	0
11 Fees for services (non-employees)				
a Management	93,635	50,754	42,881	0
b Legal				
c Accounting	5,300	0	5,300	0
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	6,743	0	0	6,743
13 Office expenses	11,668	0	11,668	0
14 Information technology	3,437	0	3,437	0
15 Royalties				
16 Occupancy	183	0	183	0
17 Travel	5,493	0	5,493	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,876	0	4,876	0
23 Insurance	3,244	0	3,244	0
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 Printing	228	228	0	0
b				
C				
d				
e All other expenses	98,847	74,629	13,387	10,831
25 Total functional expenses. Add lines 1 through 24e	482,349	276,415	188,360	17,574
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)				

Form **990** (2017)

organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No Total For Paperwork Reduction Act Notice, see the Instructions for Cat No 11285F Schedule A (Form 990 or 990-EZ) 2017 Form 990 or 990-EZ.

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? 2a Yes

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2b

2c

3a

3b

Nο

Nο

No

Form 990 (2017)

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

Consolidated basis

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

separate basis, consolidated basis, or both

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

☐ Separate basis

Additional Data

Software Version:

EIN: 47-2377003 Name: Athletes and Causes Inc.

Software ID: 17005306

Form 990 (2017)

Form 990, Part III, Line 4a:

DEVELOPING PROGRAMS AND PROVIDING GRANTS DEFINED UNDER 501(C)(3)

efil	e GRA	APHIC prii	1t - DO NO	T PROCESS	As Filed Data -												
SCI	HED	ULE A		Public 4	Charity Statu	s and Public	Sunna	ort -	OMB No 1545-0047								
	m 990		Con		rganization is a sect				2017								
990E	EZ)			•	4947(a)(1) nonexe	mpt charitable tru	st.		401 /								
Denart	ment of	the Treasury	▶ Info	ormation abou	► Attach to Form ! It Schedule A (Form			ctions is at	Open to Public								
nterna	l Reven	ne Service ne organiza	tion		<u>www.irs.g</u>	ov/form990.		Employer identific	Inspection								
		Causes Inc	cion						ation number								
Рa	rt I	Peacon	for Bublic	Charity State	us (All organization	s must complete th	hic part \ S	47-2377003									
					ent is (For lines 1 thro			ee mstructions.	_								
1	П	A church, c	onvention of	churches, or as	sociation of churches	described in section	170(b)(1)	(A)(i).									
2	\Box	A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 990 o	r 990-EZ))										
3	$\overline{\Box}$	A hospital o	or a cooperati	ive hospital serv	vice organization desci	ibed in section 170	(b)(1)(A)(i	iii).									
4		A medical r	esearch orga	nızatıon operate	ed in conjunction with	a hospital described	ın section 1	.70(b)(1)(A)(iii). Е	nter the hospital's								
_		name, city,	and state	·	-				· · · · · · · · · · · · · · · · · · ·								
5	Ш		ation operate (iv). (Comple		t of a college or univei	sity owned or operat	ed by a gov	ernmental unit descr	bed in section 170								
6		A federal, s	tate, or local	government or	governmental unit de	scribed in section 1 3	70(b)(1)(A)(v).									
7	✓			mally receives (vi). (Complete	a substantial part of it Part II)	s support from a gov	ernmental u	nıt or from the gener	al public described in								
8					170(b)(1)(A)(vi)	(Complete Part II)											
9					escribed in 170(b)(1) ee instructions Enter				lege or university or a								
10		from activit	ies related to income and	o its exempt fun unrelated busin	(1) more than 331/39 ictions—subject to cer ess taxable income (le	ain exceptions, and	(2) no more	than 331/3% of its s									
11		•			exclusively to test fo	r public safety See s	ection 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															
b		complete Part IV, Sections A and 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					supporting organizatio				ated with, its								
d		functionally	ıntegrated ⁻	The organizatio	d. A supporting organi n generally must satis 't IV, Sections A and	fy a distribution requ											
e		Check this	box if the org	anızatıon receiv	ved a written determir integrated supporting	ation from the IRS th	nat it is a Ty	pe I, Type II, Type II	I functionally								
f	Enter	the number	of supported	dorganizations				_									
g					pported organization(
	(i) N	lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization your governing of		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)								
þr			•				·										

instructions

(b)(1)(A)(ix)

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part Lor if the organization failed to qualify under Part

_	III. If the organization fa section A. Public Support	no to quanty ut	ider the tests lists	La Delow, piease	. complete rait	/	
	Calendar year	(-) 2012	(h) 2014	(a) 201E	(4) 2016	(-) 2017	(f) Takal
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					740 700	
	membership fees received (Do not		94,652	247,562	457,872	769,730	1,569,816
2	include any "unusual grant ") Tax revenues levied for the						
2	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		94,652	247,562	457,872	769,730	1,569,81
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						
6	shown on line 11, column (f) Public support. Subtract line 5 from			+			
0	line 4						1,569,81
_	ection B. Total Support		I	L			
	Calendar year	(a)2013	(b) 2014	(c)2015	(d) 2016	(e)2017	(f)Total
_	(or fiscal year beginning in) ▶	(4)					
7			94,652	247,562	457,872	769,730	1,569,81
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						1,569,81
	10 Gross receipts from related activities, ϵ						_,,
						12	
13	First five years. If the Form 990 is fo	· ·		•	•	· · · · · · <u>-</u>	
	check this box and stop here					▶ ⊻	
	ection C. Computation of Public	• •					
14				olumn (f))		14	0 %
	Public support percentage for 2016 Sch					15	
16	33 1/3% support test—2017. If the	organization did	not check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	юх
	and stop here. The organization qualit	fies as a publicly :	supported organizat	ion			ightharpoons
Ŀ	33 1/3% support test—2016. If the	e organization did	l not check a box on	line 13 or 16a, ar	nd line 15 is 33 1/	3% or more, check	this
	box and stop here. The organization	qualifies as a pub	olicly supported orga	anization			ightharpoons
17:	10%-facts-and-circumstances test				13, 16a, or 16b,	and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets	the "facts-and-cir	cumstances" test T	he organization qu	ialifies as a public	ly supported	
	organization						▶□
L	10%-facts-and-circumstances tes	t-2016. If the o	rganization did not e	check a box on lin	e 13. 16a. 16b. o	17a, and line	. —
Ľ	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization				•	• •	ightharpoons
1 2	Private foundation. If the organization	on did not check a	box on line 13, 16	a 16b 17a or 17	h check this box	and see	. —

20

	(Complete only if you c	hecked the box	on line 10 of P	art I or if the or	an(2) ganization faile	d to qualify und	ler Part II. If
	the organization fails to						
Se	ection A. Public Support	•			•	•	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(4, 2020	(2) 202.	(5, 2525	(4) 2010	(0, 202)	(1) 1000
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
_	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(-,	(-,	(-,	(-,	(-)	(-,
9	Amounts from line 6 Gross income from interest,						
.0a	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on 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)						
L4	First five years. If the Form 990 is fo	r the organization	n's first, second, tl	hird, fourth, or fift	h tax year as a se	ction 501(c)(3) o	organization,
	check this box and stop here	_	,		,	. , , ,	▶ □
Se	ection C. Computation of Public	Support Perce	entage				
L5	Public support percentage for 2017 (lin	e 8, column (f) c	livided by line 13,	column (f))		15	0 %
L 6	Public support percentage from 2016 S	ichedule A, Part 1	III, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
۱7	Investment income percentage for 201			line 13, column (f))	17	0 %
18	Investment income percentage from 2	016 Schedule A,	Part III, line 17			18	
	331/3% support tests-2017. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than		ne 17 is not
	more than 33 1/3%, check this box and s	-					▶ □
	33 1/3% support tests—2016. If the	-					· —
_	not more than 33 1/3%, check this box	and stop here.	The organization	gualifies as a publ	icly supported ord	ianization	ightharpoons

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Sche	dule A (Form 990 or 990-EZ) 2017		F	age 5
Pai	TELV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	<u>governing body of a supported organization?</u>	4.4		
•	· · · · · · · · · · · · · · · · · · ·	•		
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Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3

Page 6

Other gross income (see instructions) 4 Add lines 1 through 3 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

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

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6 6 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

	, ,			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
9	Distributable amount for 2017 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	(iii) Distributable

Distributions to attentive supported organizations to what details in Part VI) See instructions	nich the organization is respons	sive (provide	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
6 Takal addings 2a khararah			

e From 2016	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2017 distributable amount	
i Carryover from 2012 not applied (see instructions)	
j Remainder Subtract lines 3g, 3h, and 3i from 3f	
Distributions for 2017 from Section D, line 7	
\$	
Applied to underdistributions of prior years	
b Applied to 2017 distributable amount	
c Remainder Subtract lines 4a and 4b from 4	
Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI	

\$		
a Applied to underdistributions of prior years		
b Applied to 2017 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		

2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3j and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		

Schedule A (Form 990 or 990-EZ) (2017)

c Excess from 2015. d Excess from 2016. . . e Excess from 2017.

Additional Data

Software ID: 17005306

Software Version:

EIN: 47-2377003

Name: Athletes and Causes Inc.

Schedule A (Form 990 or 990-EZ) 2017 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE D | Supplemental Final

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.

201

DLN: 93493283006409OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	e of the organization es and Causes Inc					Emplo	yer id	entificatio	n number
, terric	ind causes the					47-23	77003		
Par	Organizations Maintaining Donor Advi Complete if the organization answered "Ye	sed Funds or C s" on Form 990,	ther Part	Sir IV,	nilar Funds o line 6.	r Acco	unts.		
		(a) Done				(b) Fund	s and othe	r accounts
ι.	otal number at end of year								
2 .	aggregate value of contributions to (during year)								
3 ,	aggregate value of grants from (during year)								
1 .	aggregate value at end of year								
5	Did the organization inform all donors and donor advisc organization's property, subject to the organization's ex			ets	held in donor ad	vised fur	nds are	_	Z Yes □ No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?							rmissible	☑ Yes □ No
Par	Conservation Easements. Complete if the	ne organization a	nswe	erec	l "Yes" on Forr	n 990, I	Part IV		
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all	that a	pply	′)				
	Preservation of land for public use (e.g., recreation	n or education)		Pr	eservation of an	historica	ally imp	ortant land	area
	Protection of natural habitat			Pr	eservation of a d	ertified l	nistoric	structure	
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a	gualified conserva	tion co	ontr	ibution in the for	m of a c	oncerv	ation	
_	easement on the last day of the tax year	qualified coffset va	LIOIT CC	JIICI	ibudion in the for	III OI a_C			of the Year
а	Total number of conservation easements					2a			
b	Total acreage restricted by conservation easements					2b			
c	Number of conservation easements on a certified histori	c structure include	d ın (a	a)		2c			
	Number of conservation easements included in (c) acqu structure listed in the National Register	red after 8/17/06,	and r	not d	on a historic	2d			
3	Number of conservation easements modified, transferre tax year >	ed, released, exting	luishe	d, o	r terminated by	the orga	nızatıor	n during the	e
1	Number of states where property subject to conservation	on easement is loca	ted 🕨						
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it hold		ing, ir	nspe	ection, handling	of violati	ons,	☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	iolatio	ns,	and enforcing co	onservati	on eas	ements dur	ing the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violati	ons, a	nd e	enforcing conser	vation ea	semen	ts during th	ne year
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(H)^2$	above satisfy the	requir	eme	ents of section 1	70(h)(4)	(B)(ı)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or						and	
art	Organizations Maintaining Collections Complete If the organization answered "Ye					er Sim	ilar As	ssets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition,	educat	tion	or research in f				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items								
(i	Revenue included on Form 990, Part VIII, line 1						▶ \$		
/11	Assets included in Form 990, Part X						▶ \$		
	· ·	cal treasures or o	her ci	mila	er assets for fina	ncıal gaıı	· —	de the	
-	If the organization received or held works of art, histori following amounts required to be reported under SFAS					-			
2 a						_	> \$ _		

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection Organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection Organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection Organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection Organization's labelity 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 in Part XIII, provide the text of the footnote has been provided in Part XIII Schedule D (Form 990) 201	Sched	ule D (Form 990) 2017		Page 2
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)				nificant use of its collection
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 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.	7	(a		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 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.	\			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 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.	<u> </u>			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 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.				
(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	<u>"</u>			
(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				
(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				
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(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 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.	(7)			
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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				
	organ	Ization's liability for uncertain tax positions under FIN 48 (ASC 740). Check net	e if the text of the foothote r	

Part VII Investments—Other Securities. Complete if the o See Form 990, Part X, line 12.	organization a	inswered "Yes" o	n Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b Boo valu	ok Co	(c) Method of valuation st or end-of-year market value
(1) Financial derivatives (2) Closely-held equity interests (3)Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form	n 990, Part I\	/, line 11c. See F	Form 990, Part X, line 13.
(a) Description of investment	(b) Book va	alue Co	(c) Method of valuation st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Ye	▶ es' on Form 990), Part IV, line 11d	See Form 990, Part X, line 15
(1) (a) Description			(b) Book value
(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 answ See Form 990, Part X, line 25.	wered 'Yes' or	n Form 990, Part	IV, line 11e or 11f.
1. (a) Description of liability (1) Federal income taxes	(1) Book value	
Payroll Liabilities		1,042	<u>-</u> <u>!</u>
(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	▶ e footnote to th	1,042	
organization's liability for uncertain tax positions under FIN 48 (ASC 740)			_

1

Schedule D (Form 990) 2017

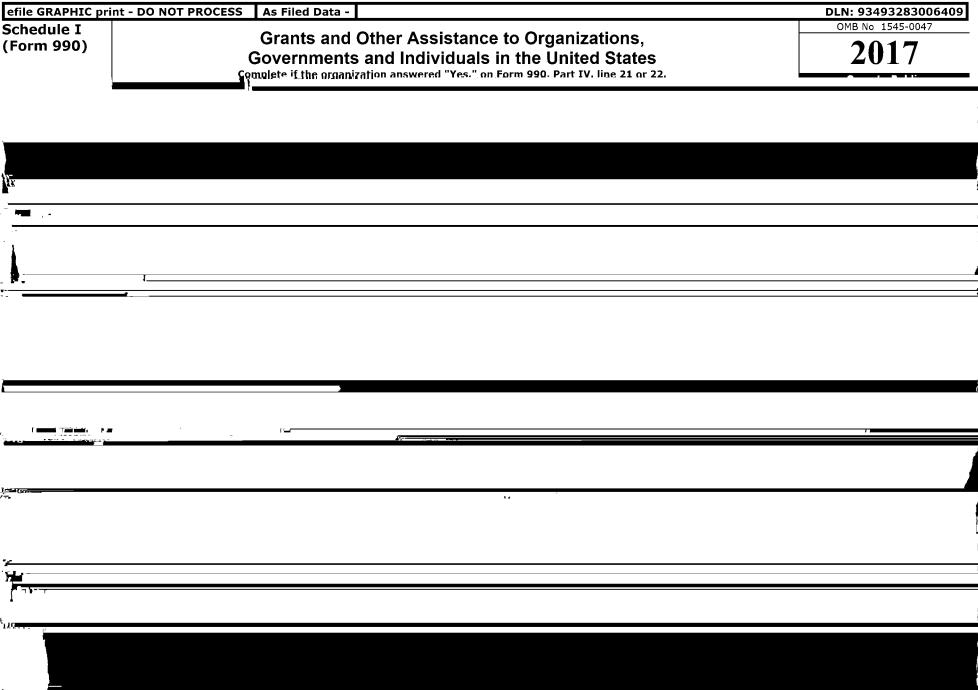
Total revenue, gains, and other support per audited financial statements . . .

1

Page 4

2	Amounts included on line 1 but not on Form	990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	5	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, lir	ne 12, but not on line 1			
а	Investment expenses not included on Form 9	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 mu	st equal Form 990, Part I, line 12)		5	
Par	Reconciliation of Expenses p Complete if the organization and			per Retur	n.
1	Total expenses and losses per audited finance			1	
2	Amounts included on line 1 but not on Form	990, Part IX, line 25			
а	Donated services and use of facilities		2a		
b	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:			
а	Investment expenses not included on Form 9	990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)		4b		
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This m	ust equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Information				
Prov	vide the descriptions required for Part II, lines lines 2d and 4b, and Part XII, lines 2d and 4b	3, 5, and 9, Part III, lines 1a and a Also complete this part to provide	4, Part IV, lines 1b and 2 any additional information	b, Part V, line	4, Part X, line 2, Part
	Return Reference	Explanation			

Schedule D (Fo	orm 990) 2017	Page 5	
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2017



Schedule I (Form 990) 2017

(7)

Part IV

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

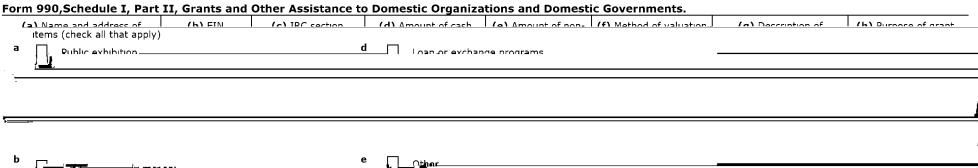
Return Reference

Explanation

Additional Data

909 Electric Ave 209 Seal Beach, CA 90740

		Software ID:	17005306					
		Software Version:						
		EIN:	47-2377003					
	Name:		Athletes and Causes Inc					
Form 990,Schedule I, Part	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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	
Derrick Brooks Charities 10014 N Dale Mabry Higway Ste 10 Tampa, FL 33618	45-0496688	501(c)(3)	6,000				Support Charity	
Poundwishes	47-1464558	501 (c)(3)	8,001				Support Charity	



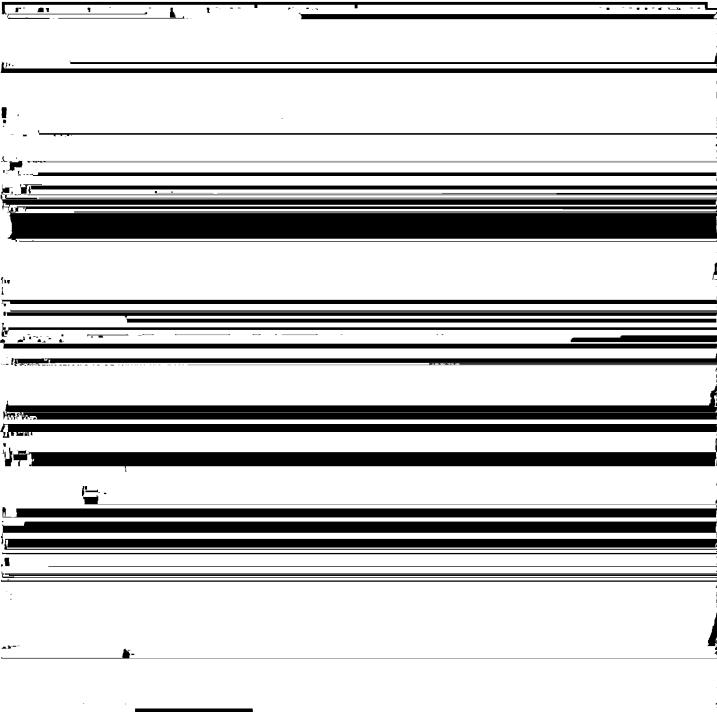
(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ort Charity

Wins for Warriors Foundation 2000 Town Center Ste 1500 Southfield, MI 48075	47-5626803	501 (c)(3)	10,000		Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Houston, TX 77098

The Sunshine Kids Foundation 76-0020802 70,000 Support Charity 501 (c)(3) 2814 Virginia



(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	o organiz	(e) Sharing of organization's revenues?	
				Yes	No	
(1) Hat Trick Ranch LLC	Officer	50,754	Event Expense		No	
(2) Destination Development strategies	Officer	13,039	Office Fees		No	

Part V **Supplemental Information**

Explanation

Schedule L (Form 990 or 990-EZ) 2017

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

Return Reference

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 934932	83006409		
SCHEDUL (Form 990 or EZ)	99()- Complete to provide information for responses Form 990 or 990-EZ or to provide any add ➤ Attach to Form 990 or 990 ➤ Information about Schedule O (Form 990 or 990 www.irs.gov/form990	orm 990 or 990-EZ to specific questions on litional information. 0-EZEZ) and its instructions is at	Public		
Name of the org Athletes and Cause	anization	Employer identification n 47-2377003	umber		
Return Reference	Explanation				
Pt VI, Line 11b	Prior to filing, the form 990 is reviewed by the President/CEO, and the executive Director to ensure it is true, accurate and complete				

990 Schedule O, Supplemental Information Return Explanation

Reference
Pt VI, Line 2 The President has a personal relationship with one of the directors

990 Schedule O, Supplemental Information Return Explanation Reference Pt VI, Line 8b No Minutes

Return Explanation

990 Schedule O, Supplemental Information

Reference	Explanation
Pt VI Line	President/CEO monitored this activity through the approval process

990 Schedule O, Supplemental Information Return Explanation Reference

Pavroll Liabilities

990 Schedule O, Supplemental Information Return Explanation Reference Bank Service Charge 588 0 588 0

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Board Meeting Expense 100 0 100 0

Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990,
Part IX, Line

Dues & Subscriptions 1113 0 1113 0

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Parking & Tolls 75 0 75 0 Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Part IX, Line Shipping & Delivery 190 0 190 0

990 Schedule O, Supplemental Information Return Explanation Reference Social Media 4412 0 0 4412

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Taxes & Licenses 61 0 61 0

Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Part IX, Line Supplies & Materials 12249 2168 3662 6419

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Utilities 4509 0 4509 0

Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Payroll Fees 368 0 368 0 Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Merchant Fees 1590 1590 0 0

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference

990 Schedule O, Supplemental Information Return Explanation Reference Meals 2721 0 2721 0

Form 990, Part IX, Line