DLN: 93493070006090 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 foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 05-01-2018 , and ending 04-30-2019 C Name of organization D Employer identification number B Check if applicable Orange Bowl Committee Inc □ Address change ☐ Name change % BRIAN PARK CFO Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (305) 341-4700 City or town, state or province, country, and ZIP or foreign postal code Miami Lakes, FL $\,$ 33016 $\,$ G Gross receipts \$ 28,336,536 Name and address of principal officer H(a) Is this a group return for ☐Yes **☑**No subordinates? 14360 NW 77th Court H(b) Are all subordinates Miami Lakes, FL 33016 ☐ Yes ☐No ıncluded? 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www orangebowl org L Year of formation 1971 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 See Schedule O Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 24 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 575 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 441,404 1,072,700 Ravenua 17,679,617 21,825,445 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,124,143 3,322,619 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,245,164 26,220,764 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,010,456 2,270,144 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 4,387,581 4,477,600 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 12,221,329 16,025,048 17,619,366 22,772,792 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 3,625,798 3,447,972 Net Assets or Fund Balances Beginning of Current Year End of Year 67,396,920 70,262,684 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 4,253,693 4,400,007 22 Net assets or fund balances Subtract line 21 from line 20 . 63,143,227 65,862,677 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 2020-01-15 Signature of officer Sign Here ERIC L POMS CEO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00444367 Paid self-employed Firm's name BDO USA LLP Firm's EIN ▶ Preparer Use Only Firm's address ▶ 100 SE 2ND STREET SUITE 1700 Phone no (305) 381-8000 MIAMI, FL 33131 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2							
Pa	rt III Statemen	t of Program Serv	vice Accomplis	hments									
	——— Check ıf Sch	edule O contains a re	sponse or note to a	any line in this Part III .		🗹							
1	Briefly describe the	organization's missio	n n										
					ORT AND PRODUCE ACTIVITIE	S AND EVENTS THAT							
<u>ENH</u>	NCE THE IMAGE, EC	ONOMY, AND CULTUR	RE OF SOUTH FLOR	IDA									
2	Did the organization	n undertake any signif	ficant program serv	rices during the year wh	ich were not listed on								
	the prior Form 990	☑ Yes ☐ No											
	If "Yes," describe th	nese new services on :	Schedule O										
3	Did the organization	n cease conducting, o	r make significant (changes in how it condu	cts, any program								
	services?	services?											
	If "Yes," describe th	nese changes on Sche	dule O										
4	Section 501(c)(3) a		ations are required	to report the amount of	argest program services, as m f grants and allocations to othe								
	(Code) (Expenses \$	15,570,400	including grants of \$	0) (Revenue \$	20,813,977)							
	See Additional Data												
4b	(Code) (Expenses \$	507,806	ıncludıng grants of \$	285,477) (Revenue \$	272,784)							
	See Additional Data												
4c	(Code) (Expenses \$	1,500,000	including grants of \$	1,500,000) (Revenue \$)							
	See Additional Data												
4d	Other program serv	vices (Describe in Sch	edule O)										
	(Expenses \$	1,420,911	ncluding grants of	\$ 484,60	67) (Revenue \$	738,684)							
4e	Total program se	rvice expenses 🟲	18,999,1	17									

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Vac 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 No If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . 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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 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

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	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	26		No
	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	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28 c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

0

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

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Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

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	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 Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines 🗸
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 1a 24		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			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
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		No
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 year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	I
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	J
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	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		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed► FL			

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply 18 \square Own website \square Another's website \square Upon request \square Other (explain in Schedule O) 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 19 State the name, address, and telephone number of the person who possesses the organization's books and records

BRIAN PARK CFO 14360 NW 77TH COURT miami lakes, FL 33016 (305) 341-4700 20

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101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

347 DON SHULA DR MIAMI GARDENS, FL 33056

compensation from the organization ▶ 5

Part VII

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

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

Page 8

(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u in off	t che inles ficer	eck moss pers and a ee)	son	Report compen from organizat	table sation the ion (W-	from related W- organizations (W		Estim amount comper from	ated of other isation the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Отпоен	key employee	Highest compensated employee	Former	- 2/1099-	MISC)	2/ 1099-M12(-)	organiza rela organiz	ted
See Additional Data Table													
				\vdash									
			_										
1b Sub-Total						<u> </u> 							
d Total (add lines 1b and 1c) 2 Total number of individuals (including					hove	•) who	roc		4,990	00.000	0		276,176
of reportable compensation from the			- 11300			c) W110	,,,,,,	erved more	chan yı				
3 Did the organization list any former line 1a? If "Yes," complete Schedule			ee, ke	ey er	nplo	oyee,	or hı	ghest comp	pensated	employee on	3	Yes	No No
4 For any individual listed on line 1a, is organization and related organization										n the			No
<i>individual</i>Did any person listed on line 1a received		npensai	tion fr	rom	• anv	unrela	· ·	organizatio	n or ind	· · · ·	4	Yes	_
services rendered to the organization											5	;	No
Section B. Independent Contract Complete this table for your five high		d indon	andar		ntr	octore	that	recoved m	oro than	4100 000 of co	mno	ncation	
from the organization Report compe	nsation for the o									n's tax year	пре		
	(A) and business addre	ess							Desc	(B) ription of services			nsation
ACT PRODUCTIONS INC, 407 LINCOLN ROAD SUITE 302 MIAMI BEACH, FL 33139													623,475
CSR HEAVY CONSTRUCTION INC, 90 SE 3RD CT DEERFIELD BEACH, FL 33441													663,565
SILVERMAN GROUP INC, 436 ORANGE ST A													377,246
NEW HAVEN, CT 06511 KEEN BATTLE MEAD, 7850 NW 146TH ST 200													348,907
HIALEAH, FL 33016 HARD ROCK STADIUM, 347 DON SHULA DR												:	1,372,456

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

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

(D)

Revenue

excluded from

tax under sections 512 - 514

1,438,391

1,884,228

a	Federated campaigns	1a	
b	Membership dues	1 b	
С	Fundraising events	1c	
d	Related organizations	1 d	
e	Government grants (contributions)	1e	488,500
f	All other contributions, gifts, grants, and similar amounts not included above	1f	584,200
g	Noncash contributions included in lines 1a - 1f \$		
h	Total. Add lines 1a-1f	•	 . •
			Busines

h To 1,072,700 s Code 18,668,858 18,668,858 2a ORANGE BOWL GAME 711210 1,326,554 1,326,554 **b** ORANGE BOWL FESTIVAL 711300 650,041 650,041 **c** GAME RELATED PROGRAMS

711210 767,226 767,226 d COMMUNITY PROGRAMS 711300 e OTHER PROGRAM SERVICE INCOME 412,766 412,766 711300 f All other program service revenue 21,825,445 **gTotal.** Add lines 2a-2f .

1a Fe

Contributions, Gifts, Grants

Program Service Revenue

Other Revenue

 ${\bf 3}$ Investment income (including dividends, interest, and other sımılar amounts) .

4 Income from investment of tax-exempt bond proceeds **5** Royalties . (ı) Real 6a Gross rents

(II) Personal

b Less rental expenses Rental income or (loss)

d Net rental income or (loss) . (ı) Securities (II) Other 7a Gross amount 4,000,000 from sales of

assets other **b** Less cost or other basis and 2,115,772 sales expenses 1,884,228 C Gain or (loss)

 \boldsymbol{d} Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 .

returns and allowances

d All other revenue . e Total. Add lines 11a-11d

12 Total revenue. See Instructions . .

 ${f b}$ Less cost of goods sold . .

 ${f c}$ Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a

b Less direct expenses . b \boldsymbol{c} Net income or (loss) from gaming activities **10a**Gross sales of inventory, less

c Net income or (loss) from fundraising events . 9a Gross income from gaming activities See Part IV, line 19 . .

0 0 **b** Less direct expenses . . . b

 \blacktriangleright

0 0

> 0 0

1,884,228

26,220,764

1,438,391

(B) Related or

exempt

function

revenue

(A) Total revenue (C)

Unrelated

business

revenue

21,825,445

3.322.619

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all	-	·	, ,	
Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u> ⊔</u>
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
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,250,394	2,250,394		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,750	19,750		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			_
5 Compensation of current officers, directors, trustees, and key employees	1,951,648	826,278	1,125,370	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	2,070,878	1,331,311	739,567	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	116,155	61,945	54,210	
9 Other employee benefits	162,677	105,251	57,426	_
10 Payroll taxes	176,242	52,935	123,307	
11 Fees for services (non-employees)				
a Management	0			
b Legal	80,295		80,295	
c Accounting	50,300		50,300	
d Lobbying	24,000		24,000	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	104,613		104,613	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	243,382	94,747	148,635	
12 Advertising and promotion	935,037	666,011	269,026	
13 Office expenses	206,603	127,922	78,681	
14 Information technology	151,128	38,523	112,605	
15 Royalties	0			
16 Occupancy	210,274	154,288	55,986	
17 Travel	450,649	286,776	163,873	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	24,163	7,167	16,996	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	305,400	229,778	75,622	_
23 Insurance	203,078	8,300	194,778	
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 EVENT COSTS	11,660,479	11,660,479		
		<u>_</u>		
b OTHER	1,132,081	840,338	291,743	
c CREDIT CARD FEES	243,566	236,924	6,642	
d				
e All other expenses				

22,772,792

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

18,999,117

3,773,675

0

Form **990** (2018)

Page **11**

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70,262,684

Form **990** (2018)

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63,143,227

67,396,920

Form 990 (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,738,802	1	1,230,939
	2	Savings and temporary cash investments	2,071,842	2	3,062,379
	3	Pledges and grants receivable, net	185,000	3	475,000
	4	Accounts receivable, net	1,315,534	4	1,648,276
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
ets	7	Notes and loans receivable, net	0	7	0

S	6	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations of Part II of Schedule L	0	6	0		
et	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			0	8	0
۹	9	Prepaid expenses and deferred charges	362,687	9	276,982		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	10,399,634			
	b	Less accumulated depreciation	10 b	4,267,019	6,603,565	10 c	6,132,615
	11	Investments—publicly traded securities .			43,886,682	11	43,019,296
	12	Investments—other securities See Part IV, line	11,232,808	12	14,417,197		
	13	Investments—program-related See Part IV, line	11 .	•	0	13	0
	14	Intangible assets	0	14	0		

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 3a No

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 3b Form 990 (2018)

Additional Data

Software ID:

Software Version:

EIN: 59-0384382

Name: Orange Bowl Committee Inc.

Form 990 (2018)

WENT TOWARDS PRODUCING GAME AND FESTIVAL EVENTS

Form 990, Part III, Line 4a: THIS PAST YEAR. THE COMMITTEE HOSTED THE COLLEGE FOOTBALL PLAYOFF (CFP) SEMIFINAL AT THE CAPITAL ONE ORANGE BOWL AND AFFILIATED FESTIVAL EVENTS PROMOTING SOUTH FLORIDA TOURISM AND ATTRACTING TENS OF THOUSANDS OF VISITORS WHO FUEL THE LOCAL ECONOMY WITH MILLIONS OF DOLLARS. THIS

TRANSLATES INTO JOBS AND BENEFITS LOCAL BUSINESSES, IN LINE WITH OUR MISSION BASED ON A THIRD-PARTY ECONOMIC IMPACT STUDY, IT IS ESTIMATED OUR 2018-19 BOWL GAME AND FESTIVAL EVENTS GENERATED OVER \$260 MILLION IN ECONOMIC IMPACT AND MEDIA ADDED VALUE FOR SOUTH FLORIDA IN ADDITION TO ASSIGNING TELEVISION AND TITLE SPONSORSHIP RIGHTS TO THE CFP, OVER TWENTY SEVEN PERCENT OF THE COMMITTEE'S EXPENSES (MORE THAN \$5,000,000) WERE PAID DIRECTLY TO THE CFP AND THEREFORE BENEFITS HIGHER EDUCATION THROUGH THE PARTICIPATING INSTITUTION'S CONFERENCES, WHILE MORE THAN 59%

Form 990, Part III, Line 4b: FOR THE PAST 22 YEARS, THE COMMITTEE HAS FINANCIALLY SUPPORTED LOCAL YOUTH SPORTS LEAGUES, GENERATING COMPETITION AND FUNDING AN ARRAY OF GRANTS, DONATIONS AND COMMUNITY PROGRAMS TO SUPPORT THIS COMPETITION THE COMPETITION RUNS THROUGHOUT THE FOOTBALL SEASON, CULMINATING IN

THE OB YOUTH CHEERLEADING CHAMPIONSHIPS IN THIS FISCAL YEAR. THE COMMITTEE PROVIDED FUNDING AND HUNDREDS OF VOLUNTEER AND STAFF HOURS TO

THE ORANGE BOWL YOUTH FOOTBALL ALLIANCE

HOST THE OB CHEER AND DANCE CHAMPIONSHIPS, PROVIDED SUPPORT FOR AN ON-LINE VIDEO PROGRAM THAT INCLUDES YOUTH FOOTBALL AND PARTICIPATED IN

REGULAR "PARK OF THE WEEK" PRESENTATIONS TO SERVE THE MORE THAN 13,000 YOUNG FOOTBALL PLAYERS AND CHEERLEADERS ANNUALLY WHO PARTICIPATE IN

THE OBC MADE A CHARITABLE CONTRIBUTION FOR THE RENOVATION OF GLADES PIONEER PARK, AN EXISTING PARK LOCATED IN PALM BEACH COUNTY'S CITY OF BELLE GLADE. THE COMMITTEE ENTERED INTO AN AGREEMENT WITH PALM BEACH COUNTY TO SUPERVISE AND OVERSEE ON A TURNKEY BASIS THE INSTALLATION OF A NEW SYNTHETIC TURF FOOTBALL, A NEW SCOREBOARD AND A MULTIUSE FACILITY AT GLADES PIONEER PARK TO BE USED FOR YOUTH ATHLETIC COMPETITIONS, AS WELL AS

Form 990, Part III, Line 4c:

THE COMMUNITY AT LARGE

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	family flours	1		ecto		usice	′ I	019a1112at1011	(NY 2/1000	moniture
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	<u> </u>	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
HECTOR TUNDIDOR JR DIRECTOR, OFFICER	0 0	x		х				0	0	0
Vicki H Matthews DIRECTOR	0 0	x						0	0	0
timothy a battle Director	0 0	x						0	0	0
RONALD ALBERT JR DIRECTOR	0 0	x						0	0	0
FRANK GONZALEZ	0 0	х		×	Г			0	0	0

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DIRECTOR	
FRANK GONZALEZ	
DIRECTOR, OFFICER	
SEAN PITTMAN	

DIRECTOR, OFFICER

XAVIER E GONZALEZ

ANDREW P HERTZ

ALBERT E DOTSON JR

DIRECTOR

DIRECTOR

DIRECTOR

JOSE C ROMANO

DIRECTOR, officer

......

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

salo Sredni

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SHAWN D CREWS

GERALD GRANT JR

BRADLEY D HOUSER

ROBERT J SHAFER JR

DIRECTOR, officer

	any hours	and a director/trustee)						organization	organızatıons (W- 2/1099-	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	MISC)	organization and related organizations
JOHN P SEILER DIRECTOR, OFFICER	0 0	×		×				0	0	0
JEFF E RUBIN DIRECTOR, officer	0 0	×		х				0	0	0
marion a hill DIRECTOR	0 0	×						0	0	0
YVONNE TURNER JOHNSON	0 0	×						0	0	0

marion a niii		×			0	
DIRECTOR	0 0					
YVONNE TURNER JOHNSON	0 0					
DIRECTOR	0 0	×			0	
henry viera	0 0	V				
DIRECTOR	0.0	X			ا	

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation and a director/trustee) any hours organizations from the organization

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MARIO TRUEBA

SHAUN M DAVIS

O FORD GIBSON

MATTHEW E MORRALL

..........

	any nours	and	a dir	ecto	or/tr	ustee)	'	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
HENRI W CROCKETT DIRECTOR	0 0	×						0	0	0
JEFFREY T ROBERTS DIRECTOR	0 0	×						0	0	0
DAVID R HEFFERNAN	0 0									

	0.0						
JEFFREY T ROBERTS	0 0	v			9	0	
DIRECTOR	0.0	, x			0	0	
DAVID R HEFFERNAN	0 0	×				0	
DIRECTOR	0 0	, x			0	O	
MICHAEL E MORAN	0 0	,				0	
DIRECTOR	0.0	×			١	U	

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DIRECTOR	0 0	,,					Ů	,	_
MICHAEL E MORAN	0 0	v					0	0	0
DIRECTOR	0 0	^						0	
DON SLESNICK	0 0	V		_			0	0	0
DIRECTOR, OFFICER	0 0	^					0	0	0
CUZANNE AMADUCCI ADAMC	0.0								

DIRECTOR	0 0							
MICHAEL E MORAN	0 0	v				0	0	0
DIRECTOR	0 0	^				0	0	
DON SLESNICK	0 0	v		_		0	0	0
DIRECTOR, OFFICER	0 0	^				0	0	0
SUZANNE AMADUCCI-ADAMS	0 0	,	·		Ī			

DIRECTOR	0 0						
MICHAEL E MORAN	0 0	¥			0	0	0
DIRECTOR	0 0	^				0	
DON SLESNICK	0 0	V					
DIRECTOR, OFFICER	0 0	X	×		0	U	0
SUZANNE AMADUCCI-ADAMS	0 0	×			0	0	0

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other week (list person is both an officer compensation from the from related from the

	any hours	and	a dır	ecto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ROBERT B LOCHRIE III	0 0	X						0	0	0
DIRECTOR	0 0									
ERIC L POMS	60 0			l					_	
CHIEF EXECUTIVE OFFICER	0 0			X				747,850	0	51,880
BRIAN PARK	60 0							050 447		25 572
CHIEF FINANCIAL OFFICER	0 0			X				250,147	0	35,578
JARRETT NASCA	60 0			,,				202.240		26.050
CHIEF OPERATING OFFICER	0 0			×				303,348	0	36,858

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245,443

168,799

127,219

128,598

144,856

138,730

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36,660

29,507

24,492

21,397

19,022

20,782

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JARRETT NASCA	
CHIEF OPERATING OFFICER	
ANA HERNANDEZ-OCHOA	
CHIEF MARKETING OFFICER	
MITCH MORRALL	

......

VP-OPERATIONS & SPECIAL EVENTS

SEAN GLYNN

CONTROLLER

LARRY WAHL

VP-COMMUNICATIONS

VP OF BUSINESS DEVELOPMENT

DIRECTOR TIX SALES & SERVICES

DAVID MCELWEE

EDMOUND ELZY

and Independent Contractors

SCHEDUL Form 990 or 90EZ)		Complete if the o	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.qov/Form990 for the latest information.								
epartment of the T ternal Revenue Se	F3.102	► Go to	www.irs.gov/Form9	990 for the late		Open to Public Inspection					
ame of the or range Bowl Comr						Employer identific	ation number				
Part I R	eason for Pu	blic Charity Stat	us (All organization	s must comple	ete this part.) S	59-0384382 See instructions.					
			e it is (For lines 1 thro								
L Ac	hurch, conventi	on of churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).					
2	chool described	ın section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))						
A h	ospital or a coo	perative hospital ser	vice organization desci	nbed in section	170(b)(1)(A)(iii).					
	nedical research me, city, and sta	•	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's				
	-	erated for the benefi omplete Part II)	t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170				
			governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).					
		at normally receives .)(A)(vi). (Complete	a substantial part of it Part II)	s support from a	a governmental u	nit or from the gener	al public described ii				
3	ommunity trust	described in section	170(b)(1)(A)(vi)	(Complete Part I	II)						
			escribed in 170(b)(1) ee instructions Enter				ege or university or				
froi inv	m activities rela estment income	ted to its exempt fur	(1) more than 331/3% octions—subject to certiess taxable income (leading)	tain exceptions,	and (2) no more	than 331/3% of its si	upport from gross				
			exclusively to test fo	r public safety S	See section 509	(a)(4).					
□ mo	re publicly supp	orted organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a					
Tyl org	pe I. A supporti anization(s) the	ng organization oper	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by					
ma	nagement of th		ervised or controlled in ation vested in the san and C.								
			supporting organization	•	•	, -	ited with, its				
l <mark>∏ Ty</mark> i fun	pe III non-fun ctionally integra	ctionally integrate ated The organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgai					
	•	•	ved a written determir	•		pe I, Type II, Type II	I functionally				
_		e III non-functionally ported organizations	integrated supporting	organization		_					
	ne following info	rmation about the su	ipported organization((iii) Type of	1		(-)					
` '	organization organization in your governing document? monetary					(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)				
				Yes	No						
tal							+				
	Poduction Ac	t Notice, see the I	estructions for	L Cat No 1128!	5E .	Schedule A (Form 9	00 or 000-E7\ 20:				

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(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 grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
5	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						
S	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
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							
10	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, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and stop here	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
16 a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif						··►□
b	33 1/3% support test—2017. If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
17 a	10%-facts-and-circumstances test-	–2018. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	▶□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	F L
TΩ	Trivate roundation, if the organization	ii ala not check e	4 POV OIL HIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

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P	Support Schedule fo						
	(Complete only if you on the organization fails t						r Part II. If
	ection A. Public Support	o quality under t	ne tests listed b	leiow, piease coi	ilipiete Part II.)		
	Calendar year		(1.) 2045		(1) 2017	() 2242	(O = 1)
	(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")	258,225	1,042,235	348,925	441,404	1,072,700	3,163,489
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	15,957,486	20,920,275	17,647,090	17,679,617	22,898,145	95,102,613
3	Gross receipts from activities that are not an unrelated trade or						0
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	16,215,711	21,962,510	17,996,015	18,121,021	23,970,845	98,266,102
7a	Amounts included on lines 1, 2, and						0
b	3 received from disqualified persons 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
С	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6)						98,266,102
Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	16,215,711	21,962,510	17,996,015	18,121,021	23,970,845	98,266,102
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	1,296,283	1,367,767	1,380,314	1,101,184	1,438,391	6,583,939
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,						0
	1975	1 205 202	1 267 767	1 200 211	1 101 104	1 120 201	6 502 020
с 11	Add lines 10a and 10b Net income from unrelated	1,296,283	1,367,767	1,380,314	1,101,184	1,438,391	6,583,939
	business activities not included in line 10b, whether or not the business is regularly carried on						0
12							0
13	Total support. (Add lines 9, 10c, 11, and 12)	17,511,994	23,330,277	19,376,329	19,222,205	25,409,236	104,850,041
14	First five years. If the Form 990 is for	or the organization	's fırst, second, th	ırd, fourth, or fıfth	tax year as a sec	ction 501(c)(3) org	janization, ▶ □
	check this box and stop here ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (li			olumn (f))		15	93 721 %
16	Public support percentage from 2017		•	(1)		16	93 510 %
	ection D. Computation of Invest					10	93 910 70
17	Investment income percentage for 20			ine 13. column (f))	17	6 279 %
18	Investment income percentage from 2			==, == (1)	,	18	6 490 %
	331/3% support tests—2018. If the			on line 14. and line	e 15 is more than		
	more than 33 1/3%, check this box and						▶ ☑

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

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 3b 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 3с 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 4a 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 4b supervised by or in connection with its supported organizations

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 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)

7 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)

8 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.

9a 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5		
Pa	rt IV 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					
	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	11 c				
S	ection 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				
S	ection 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				
				<u> </u>		
	ection 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?		103			
		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				
S	ection E. Type III Functionally-Integrated Supporting Organizations		l			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)				
	The organization satisfied the Activities Test Complete line 2 below	•				
	b					
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)			
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.	2~				
	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? <i>Provide details in Part VI</i> .	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	36				

Sched	ule A (Form 990 or 990-EZ) 2018			Page 6				
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.							
	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	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)							
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)	1						
a	Average monthly value of securities	1a						
b	Average monthly cash balances							
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors (explain in detail in Part VI)							
2	Acquisition indebtedness applicable to non-exempt use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use Enter 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	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see				

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

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
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 59-0384382

Name: Orange Bowl Committee Inc

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part 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)

Instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE C**

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493070006090

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

Inspection

• 5 • 8 f the	Section 501(c) (other than section 5 Section 527 organizations Complet organization answered "Yes" or Section 501(c)(3) organizations that	n Form <mark>990, Éart IV, Line 4, or Form 9</mark> 9 t have filed Form 5768 (election under s	I-A and C below 90-EZ, Part VI, Iir ection 501(h)) Co	e 47 (Lobbying Activit mplete Part II-A Do not	ies), then complete Part II-B		
f the	organization answered "Yes" or	t have NOT filed Form 5768 (election un n <mark>Form 990, Part IV, Line 5 (Proxy Tax</mark>					
	ky Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz						
	ne of the organization	zations Complete Fait in		Employer id	entification number		
Orar	nge Bowl Committee Inc			59-0384382			
Par	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is		nization.		
1	-	ization's direct and indirect political cam	npaign activities in	Part IV (see instruction	s for definition of		
2	Political campaign activity expend	litures (see instructions)		>	\$		
3	Volunteer hours for political camp	<u> </u>					
Par	I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).				
1	Enter the amount of any excise ta	ax incurred by the organization under se	ction 4955	•	\$		
2	· ·	ax incurred by organization managers ur		•	\$		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	his year?		🗌 Yes 🔲 No		
4a	Was a correction made?				☐ Yes ☐ No		
b	If "Yes," describe in Part IV						
Par	I-C Complete if the organ	nization is exempt under sectio	n 501(c), exce	pt section 501(c)(3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other or	rganızatıons for se	ction 527 exempt	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and on	Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No		
5							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	contributions received		
1							
2							
3							
4							
5							
6							

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	d 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
		 •	
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -(

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity					(b)	
				,	Amou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?	Yes				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
С	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No		-	
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				27,464
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total Add lines 1c through 1i					27,464
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sect	ion		
	W		ſ		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				501(c)(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure part year?					

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

SUCH GOVERNMENTAL BODY

Return Reference PART II-B, LINE 1G

Explanation DESCRIPTION OF LOBBYING ACTIVITIES THE ORANGE BOWL COMMITTEE USED STAFF, VOLUNTEERS AND CONSULTANTS TO ASSIST IN A RESOLUTION ON BEHALF OF WEST PALM BEACH COUNTY AND ITS PARTNERSHIP WITH THE OBC IN A \$1 5 MILLION CHARITABLE GIFT TO THE COUNTY FOR THE REDEVELOPMENT OF THE ATHLETIC FIELD AND SCOREBOARD AT PIONEER PARK LOCATED IN AN URBAN AREA OF THE COUNTY IT WILL NOT DIRECTLY BENEFIT THE ORGANIZATION, BUT RATHER IT WILL

> PROVIDE A SIGNIFICANT BENEFIT TO PALM BEACH COUNTY AND THE COMMUNITY OUTSIDE CONSULTANTS, OFFICERS, VOLUNTEERS AND KEY EMPLOYEES CONTACTED AND MET WITH LOCAL GOVERNMENT OFFICIALS TO ENSURE GRANTS TO FUND CHARTIBLE PROJECTS AND ACTIVITIES OF THE

5

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

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

(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 the latest information.

DLN: 93493070006090 OMB No 1545-0047

Open to Public Inspection

	nge Bowl Committee Inc					Em	рюуега	епинсация	пишьег
							0384382		
Pa	organizations Maintaining Donor Advi					or Ac	counts.		
	Complete if the organization answered "Ye	(a) Donor a				Τ	(b)Fund	ds and other	accounts
L	Total number at end of year	(a) Bollon ((5). 4.1.0	as and series	400041110
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
Ļ	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		ass	ets	held in donor a	dvised	funds are	_	Yes 🗌 No
5	Did the organization inform all grantees, donors, and donor charitable purposes and not for the benefit of the donor private benefit?] Yes □ No
Pa	rt III Conservation Easements. Complete if the	he organization ans	we	erec	"Yes" on For	rm 990), Part I\	/, line 7.	
L	Purpose(s) of conservation easements held by the orga	nızatıon (check all tha	ıt ap	pply	y)				
	\square Preservation of land for public use (e g , recreatio	n or education) [Pr	eservation of a	n histoi	rically imp	ortant land	area
	Protection of natural habitat	[Pr	eservation of a	certifie	d historic	structure	
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a	qualified conservation	ı co	ontr	bution in the fo	orm of	a conserv	ation	
	easement on the last day of the tax year	7						at the End	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 histor		•	•		2c			
d	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, transferre tax year ▶	ed, released, extinguis	shed	d, o	r terminated by	y the or	ganızatıo	n during the	
ı	Number of states where property subject to conservation	on easement is located	d ►				_		
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		g, in	nspe	ection, handling	g of viol	ations,	☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of viol	atio	ons,	and enforcing	conserv	ation eas	ements durii	ng the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations	s, ar	nd (enforcing conse	ervation	easemer	nts during the	e year
3	Does each conservation easement reported on line 2(d)) above satisfy the red	uire	eme	ents of section	170(h)	(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?							☐ Yes	□ No
)	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 easemer	footnote to the organ							
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical				her Si	milar A	ssets.	
la	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, edu	ıcat	tıon	, or research in	furthe			
b	If the organization elected, as permitted under SFAS 1. 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						▶ \$		
(i	ii)Assets included in Form 990, Part X						- \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS					ancıal g			
а	Revenue included on Form 990, Part VIII, line 1	, , ,	_				▶ \$		
b							• - ▶ \$		
_	· · · · · · · · · · · · · · · · · · ·								

Cat No 52283D

Schedule D (Form 990) 2018

Par	t IIII	Organizations Ma	aintaining Col	lections o	of Art, H	Iistori	cal Tı	reası	ıres, o	r Other	Similar A	ssets (cont	inued)	
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other	records,	check	any of	the fo	llowing 1	that are a	sıgnıfıcant	use of its col	lection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				e		Othe	r					
c		Preservation for future	generations											
4	Prov Part	ide a description of the XIII	organization's col	lections and	explain l	how the	ey furth	ner the	e organı	zation's ex	xempt purpo	ose in		
5		ng the year, did the org ts to be sold to raise fur									nılar	☐ Yes		lo
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, o	r reporte	ed an amo	unt on Forr	n 990,	Part
1a		e organization an agent ided on Form 990, Part I		an or other	ıntermedi	ary for	contril	bution	s or oth	er assets	not	☐ Yes		lo
														_
b		es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table			 		Amount		_
C	_	nning balance								1c				_
d e		tions during the year	_							1e				_
f		ributions during the year ng balance								1f				_
		_												_
2a		the organization include											⊔ N	lo
		es," explain the arrange												
-6	rt V	Endowment Fund	as. Complete ir	(a)Curren			rior yea				(d)Three ye		Four yea	rs hack
1a	Begini	ning of year balance .		(a)curren	ic your	(5)	nor yea	<u> </u>	(0)	cars back	(a) Times ye	idis buck (C)	rour yeu	13 Back
b	Contri	butions												
С	Net in	vestment earnings, gair	ns, and losses											
d	Grants	s or scholarships												
е		expenditures for facilition	es											
f	Admır	nistrative expenses .												
g	End of	f year balance												
2 a		ide the estimated perce d designated or quasi-e		ent year end	l balance	(line 1	g, colu	mn (a)) held a	15				
ь	Perm	nanent endowment 🕨												
С	Tem	porarily restricted endov	wment ▶											
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3a		there endowment funds	not in the posses	sion of the o	organızatı	on that	t are h	eld an	d admın	ıstered fo	r the			
	-	nization by inrelated organizations										3a(i)	Yes	No
	• •	related organizations .					•					3a(ii)		
b		es" on 3a(II), are the rel		ns listed as r	equired o	n Sche	dule R	?	` `.			. 3b		
4	Desc	cribe in Part XIII the inte	ended uses of the	organizatio	n's endov	vment f	unds						1	<u> </u>
Pai	rt VI													
	D	Complete if the or	ganization answ (a) Cost or oth		" on For (b) Cost						rm 990, Pa depreciation		0. look valu	
	vesci	ription of property	(a) Cost or oth (investme		(D) COSE	or orner	มสราร ((outer)	(C) ACC	.umulated C	rehi eciari011	(a)	OUK VAIL	ie
1	1 ===-1			0			1.00	25 122						1 025 122
	Land			0				25,133			1 307 679			1,925,133
		ngs		U			5,15	56,273			1,397,678			3,758,595
		hold improvements		0			2.04	53,932			2,609,943			353,989
		ment		0				54,297			259,399			94,898
е	Juler			νı			٥.	J T, C J /	1		200,000	l		J-7,050

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	the organization ansv	vered "Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		od of valuation if-year market value
(1) Financial derivatives		Cost of end-c	n-year market value
(2) Closely-held equity interests			
(A) VARDE INVESTMENT PARTNERSHIP	2,850,389		F
(B) TEMPO VOLATILITY FUND, LTD	2,859,405		F
(C) PANAGORA DIVERSIFIED RISK FUND	3,141,487		F
(D) MAN ALTERNATIVE RISK PREMIA SP	2,719,155		F
(E) HARVEST FUND ADVISORS LLC (F)	2,846,761		F
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 14,417,197		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990 Part IV lu	ne 11c See Form 990	Part Y line 13
(a) Description of investment	(b) Book value	(c) Meth	od of valuation
(1)		Cost or end-c	f-year market value
(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 answere (a) Description		art IV, line 11d See Form	(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 See Form 990, Part X, line 25.	answered 'Yes' on Fo	orm 990, Part IV, line 1	.1e or 11f.
1. (a) Description of liability	(b) B	ook value	
(1) Federal income taxes		0	
DUE TO CITY OF MIAMI-MOORE PAR DUE TO MIAMI-DADE COUNTY-IVES		47,269 85,365	
DUE TO THE CITY OF HOMESTEAD		96,277	
DUE TO PALM BEACH COUNTY-PIONEER PARK (5)		625,956	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	854,867	annanta Martiner III
2. Liability for uncertain tax positions In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC		-	

Part XI

2

3

4

b

c 5

1

2

c

d

Part XII

Schedule D (Form 990) 2018

Page 4

-728,522

104,613

26,220,764

22,668,179

22,668,179

104,613

22,772,792

Schedule D (Form 990) 2018

26,116,151

а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities
С	Recoveries of prior year grants
d	Other (Describe in Part XIII)
е	Add lines 2a through 2d

Other (Describe in Part XIII)

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

2b

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1

4a 4b

2a

2a 2b

2c

2d

4a

4b

Explanation

2e 3 104,613

4c

5

2e

3

4c

5

104,613

-728.522

Return Reference

Part XIII

See Additional Data Table

Add lines 2a through 2d . .

Schedule D (Forn	n 990) 2018	Page 5
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version: EIN:

Name: Orange Bowl Committee Inc.

59-0384382

Supplemental Information Return Reference

Explanation

Software ID:

PART X. LINE 2

N INCOME TAXES "AS PRESCRIBED BY THE ACCOUNTING STANDARDS CODIFICATION, WHICH PROVIDES GUI DANCE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS TAKEN

OR EXPECTED TO BE TAKEN IN A TAX RETURN FOR OPEN TAX YEARS (GENERALLY A PERIOD OF THREE Y

EARS FROM THE LATER OF EACH RETURN'S DUE DATE OR THE DATE FILED) THAT REMAIN SUBJECT TO EX

AMINATION BY THE COMMITTEE'S MAJOR TAX JURISDICTIONS GENERALLY. THE COMMITTEE IS NO LONGE R SUBJECT TO INCOME TAX EXAMINATIONS BY ITS MAJOR TAXING AUTHORITIES FOR YEARS BEFORE APRI

L 30, 2016 THE COMMITTEE ASSESSES ITS TAX POSITIONS AND DETERMINES WHETHER IT HAS ANY MAT

THE COMMITTEE ASSESSES ITS TAX POSITION IN ACCORDANCE WITH "ACCOUNTING FOR UNCERTAINTIES I

FRIAL UNRECOGNIZED LIABILITIES FOR UNCERTAIN TAX POSITIONS. THE COMMITTEE RECORDS THESE LI ABILITIES TO THE EXTENT IT DEEMS THEM MORE LIKELY THAN NOT TO BE INCURRED INTEREST AND PE NALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, WOULD BE CLASSIFIED AS A COMPONENT OF

INCOME TAX EXPENSE THE COMMITTEE BELIEVES THAT IT DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION OR MEASUREMENT

Supplemental Information	
Return Reference	Explanation
PART X, LINE 1 AND FORM 990, PAGE 11, LINE 25, COLUMN (B)	OTHER LIABILITIES DUE TO THE CITY OF MIAMI-MOORE PARK STADIUM PROJECT DURING JANUARY OF 2009, THE COMMITTEE ENTERED INTO AN AGREEMENT WITH THE CITY OF MIAMI TO MAKE A CHARITABLE CONTRIBUTION OF \$3 15 MILLION TO RENOVATE AN EXISTING CITY PARK IN ONE OF MIAMI'S MOST UND ERPRIVILEGED AREAS TO SERVE HIGH SCHOOL AND YOUTH SPORTS COMPETITION AND SERVE THE COMMUNI TY AT LARGE AS OF APRIL 30, 2019, THE BALANCE DUE TO THE CITY OF MIAMI WAS \$47,269 DUE TO MIAMI-DADE COUNTY-IVES ESTATES DISTRICT PARK PROJECT DURING JANUARY OF 2014, THE COMMIT TEE ENTERED INTO AN AGREEMENT WITH MIAMI-DADE COUNTY TO MAKE A CHARITABLE CONTRIBUTION OF \$1 2 MILLION FOR THE CONVERSION OF AN EXISTING NATURAL TURF SOCCER FIELD INTO AN ARTIFICIA L TURF FIELD AND THE INSTALLATION OF A NEW SCOREBOARD AT IVES ESTATES DISTRICT PARK, A MUN ICIPAL PARK IN MIAMI-DADE COUNTY AS OF APRIL 30, 2019, THE BALANCE DUE TO THE COUNTY WAS \$85,365 DUE TO THE CITY OF HOMESTEAD DURING AUGUST OF 2016, THE COMMITTEE ENTERED INTO A N AGREEMENT WITH THE CITY OF HOMESTEAD TO CONSTRUCT A NEW SYNTHETIC TURF FIELD LINE FOR FO OTBALL, PRESS BOX, NEW SOUND SYSTEM AND SCORECARD, AND OTHER RELATED IMPROVEMENTS TO THE CITY'S MUNICIPAL PARK KNOWN AS HARRIS FIELD PARK THE COMMITTEE AGREED TO MAKE A CHARITABLE GIFT TO FUND THE HARRIS FIELD PROJECT IN THE AMOUNT OF \$1,072,530 AND THE CITY OF HOMESTE AD TO CONTRIBUTE MATCHING FUNDS IN THE AMOUNT OF \$1,072,530 REDUCED BY \$277,500 WHICH WAS SPENT BY THE CITY TO REPLACE THE LIGHTING SYSTEM AS OF APRIL 30, 2019, THE AMOUNT DUE TO THE CITY OF HOMESTEAD WAS \$96,277 DUE TO PALM BEACH COUNTY DURING APRIL OF 2018, THE COM MITTEE ENTERED INTO AN AGREEMENT WITH PALM BEACH COUNTY WHERE THE ORGANIZATION OFFERED TO DESIGN, PERMIT, AND CONSTRUCT AN ORANGE BOWL FIELD AND OTHER IMPROVEMENTS AT THE GLADES PI ONEER PARK LOCATED IN THE CITY OF BELLE GLADES THE ORGANIZATION IS BUILDING THE PROJECT A ND THE COUNTY IS ASSISTING WITH THE FUNDING OF DIRECT COSTS OF THE CONSTRUCTION UPON INCUR RENCE OF ALLOWABLE COSTS AS OF APRIL 30, 2019, THE AMOUNT DUE TO PA

DLN: 93493070006090 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Orange Bowl Committee Inc 59-0384382 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

used others are not required to report, however, in some cases, joint checks are issued to insure the grant is properly used

Schedule I (Form 990) 2018

Additional Data

CONFERENCE

STE 201

4512 WEYBRIDGE LANE GREENSBORO, NC 27407

OF SOUTHERN FLORIDA 4491 SOUTH STATE ROAD 7

MAKE-A-WISH FOUNDATION

FORT LAUDERDALE, FL 33314

Software ID: **Software Version: EIN:** 59-0384382 Name: Orange Bowl Committee Inc

59-2620322

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.	
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	

organization or government	ıf applicable	grant	cash assistance	(book, FMV, appraisal, other)	
				,	

25,000

or government				assistance	other)
ATLANTIC COAST	56-0599082	501(c)(3)	61,000		

3		J		(, ,
or government			assistance	other)

501(c)(3)

organization	ıf applıcable	grant	cash	(book, FMV, appr
or government			assistance	other)

n-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance
	other)	

HOSPITALITY

(h) Purpose of grant or assistance

General Assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7181560 501(c)(3) 25.000 SPECIAL OLYMPICS FLORIDA General Assistance

INC
1915 DON WICKHAM DRIVE
CLERMONT, FL 34711

BROWARD PERFORMING ARTS 59-2657043 501(C)(3) 7,270

HOSPITALITY

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

201 SW 5TH AVENUE Fort Lauderdale, FL 33316

(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 (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Coral Reef Yacht Club 59-0776439 501(c)(3) 12.000 support for the orange

2484 South Bayshore Drive bowl international youth Miami, FL 33133 regatta Florida Youth Football League 27-0321034 501(c)(3) 7.500

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

Lantana, FL 33462

support for youth 7570 S Federal Highway Suite football league

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Glades Tri-City Youth Athletic 20-4977160 501(c)(3) 7.500 Support for Youth Football Teams League

PO BOX 286 PAHOKEE, FL 33476 Junior Orange Bowl Committee 59-2189635 501(c)(3) 50.000 General Support Inc

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

1390 S Dixie Hwy Suite 202 Coral Gables, FL 33146

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 20-0251207 501(c)(3) 10.000 Kev West Jr Football League support for youth football teams 3155 Flagler Avenue

support for youth

football teams

7.500

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

501(c)(3)

Key West, FL 33040

Miami-Dade Extreme Youth

Football League Inc

14629 sw 104th street 234 miami, FL 33186

65-0479441

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance National Youth Football League 03-0597551 501(c)(3) 7,500 support for youth

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

201

mıamı, FL 33196

of America 18620 nw 67th avenue miami, FL 33045					football league
one hundred black men of south florida inc 10022 hammocks blyd suite	65-0138060	501(c)(3)	10,000		scholarship program

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0263296 501(c)(3) 10,000 GENERAL ASSISTANCE palm beach county sports

commission inc 1555 palm beach lakes blvd no 141 west palm beach, FL 33401					
palm beach county youth	59-2341857	501(c)(3)	12,500		support for youth

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

west palm beach, FL 33416

football league inc Ifootball teams po box 20216

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 13-5459420 501(c)(3) 15.000 united states tennis association General Assistance incorporated 70 west red oak lane

incorporated
70 west red oak lane
white plains, NY 10604

west boynton football league 61-1523239 501(c)(3) 7,500

support for youth football teams

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

5685 muirfield village circle lake worth, FL 33463

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 65-0525236 501(c)(3) 7.500 western communities football support for youth football teams

league 12207 old country road wellington, FL 33414 First Tee Miami-Dade Amateur 23-7069300 501(C)(3) 150.000 GOLF PROGRAMS

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

Golf Association 1802 nw 37th ave miami, FL 33125

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 65-0575416 501(C)(3) 11.000 MIAMI DOLPHINS General Assistance

FOUNDATION 347 DON SHULA DRIVE MIAMI GARDENS, FL 33056

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

WEST PALM BEACH, FL 33401

PALM BEACH COUNTY 1.500.000 REFURBISH ATH FIELD 301 North Olive Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-0358775 501(c)(3) 7.500 GENERAL ASSISTANCE GREATER MIAMI CHAMBER OF COMMERCE 1601 BISCAYNE BLVD MIAMI, FL 33132

SCHOLARSHIP

5.200

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

501(C)(3)

The University Athletic

Association Inc PO BOX 14485 GAINESVILLE, FL 32604 59-6002050

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19307	70006	090
Sch	edule J	C	ompensati	ion Information	40	1B No	1545-0	0047
(For	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Complete if the ore	Compensa ganization answ	ited Employees ered "Yes" on Form 990, Part IV	, line 23.	20	18	}
Б			▶ Attach	to Form 990. instructions and the latest inform			to Pul	
	tment of the Treasury al Revenue Service	P do to <u>www.ms.qc</u>	101	matractions and the latest mion		Insp	ectio	n
	ne of the organization of				Employer identificat	ion nu	ımber	
					59-0384382			
Pa	rt I Questi	ons Regarding Compensa	ition				l	
1 a				the following to or for a person liste			Yes	No_
	990, Part VII, S	ection A, line 1a Complete Part	: III to provide an —	y relevant information regarding the	se items			
		or charter travel	님	Housing allowance or residence for	•			
	_	companions		Payments for business use of perso				
		nification and gross-up paymeni lary spending account	is \Box	Health or social club dues or initiative Personal services (e.g., maid, chauf				
	Discretion	iary spending account		reisonal services (e.g., iliaid, chadi	reur, cher)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	1 1 2 2	2	Yes	
	directors, truste	es, officers, including the CEO/	Executive Director	, regarding the items checked in line	. Iu			
3				d to establish the compensation of the third of the check any boxes for methods	ne			
	_	•		CEO/Executive Director, but explain	n Part III			
	✓ Compensa	ation committee	\checkmark	Written employment contract				
		ent compensation consultant	<u> </u>	Compensation survey or study				
		of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	ılıng organızatıon or a			
а	_	ance payment or change-of-cor	itrol payment?			4a		No
b		r receive payment from, a supp		ified retirement plan?		4b		No
С	•	r receive payment from, an equ	•	·		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Par	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section Ontingent on the revenues of		the organization pay or accrue any				
а	The organization	1?				5a	Yes	
b	Any related orga					5b		No
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					6b		No_
-	•	6a or 6b, describe in Part III		No. 2000	i.			
7	•	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe rt III	a	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, dıd the organızatıon also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		No_
For F	Paperwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	1 9901	2018

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

instructions, on row (ii)	Do no	ot list any individuals that	ted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII		_		t individual
(A) Name and Title	15 (D		of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 ERIC L POMS CHIEF EXECUTIVE OFFICER	(i)	486,953	238,666	22,231	32,897	18,983	799,730	0
CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
2 BRIAN PARK CHIEF FINANCIAL OFFICER	(i)	186,852	60,782	2,513	19,165	16,413	285,725	0
CHIEF FINANCIAE OFFICER	(ii)	0	0	0	0	0	0	0
3 JARRETT NASCA CHIEF OPERATING OFFICER	(i)	199,431	101,352	2,565	19,936	16,922	340,206	0
CHEF OF ENATING OFFICER	(11)	0	0	0	0	0	0	0
4 MITCH MORRALL VP-OPERATIONS & SPECIAL	(i)	131,902	36,897	0	11,848	17,659	198,306	0
EVENTS	(11)							
5 ANA HERNANDEZ-OCHOA CHIEF MARKETING OFFICER	(i)	186,852	58,591	0	19,433	17,227	282,103	0
CHIEF MARKETING OFFICER	(ii)	0	0	0	0	0	0	0
6 SEAN GLYNN CONTROLLER	(i)	103,792	23,427		9,240	15,252	151,711	
CONTROLLER	(ii)							
7 DAVID MCELWEE VP OF BUSINESS	(i)	61,803	83,053		11,948	7,074	163,878	
DEVELOPMENT	(ii)							
8 EDMOUND ELZY DIRECTOR TIX SALES &	(i)	85,624	53,106		8,021	12,761	159,512	
SERVICES	(ii)							
	\vdash							
	-							

Schedule J (Form 990) 2018					
Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation				
PART I, LINE 1A	IT IS THE WRITTEN OBC POLICY THAT SPOUse TRAVEL IS ONLY APPROVED WHERE IT IS RELEVANT FOR BUSINESS PURPOSES. THE CEO SHALL APPROVE THE				

TRAVEL OF AN OBC MEMBER OR EMPLOYEE'S SPOUSE THE CHAIRMAN SHALL APPROVE THE TRAVEL OF THE CEO'S SPOUSE

Return Reference	Explanation
	THE COMMITTEE MAY PAY SUPPLEMENTAL COMPENSATION TO ITS STAFF BASED ON ACHIEVING A variety OF INDIVIDUAL AND ORGANIZATIONAL FINANCIAL GOALS INCLUDING TICKET SALES AND SPONSORSHIP REVENUE

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chedule L Form 990 or 990	ı-EZ) ► Com	plete if the or	ganiza	tion a	swered "Yes	on Form 9	d Person 90, Part IV, li , line 38a or 4	nes 2	:5a, 2	25b, 20		MB No			
		·	· •	Attac	h to Form 990	0 or Form 99	O-EZ.					2(8	
epartment of the Tre ternal Revenue Serv	I	▶Go	to <u>ww</u>	w.irs.c	gov/Form990	for the late	st informatio	n.			()pen Insi	to Pu pecti		
Name of the org	anızatıon							Er	nplo	yer ide	entifica				
Orange Bowl Comn	nittee Inc							59	9-038	4382					
Part I Exce	ss Benefit T	ransactions	(sectio	n 501(c)(3), section !	501(c)(4), and	501(c)(29) or	ganız	ations	s only)					
		nization answer	ed "Yes							rt V, lii Descript		1.1	I) C		
1 (a) Name or disc	ualified person		(6)		rganızatıon	lified person ar	10		ansacti			es	rected?	
												 		-110	
				-				-							
				+				\top							
				_											
	orted an amou (b) Relations	nt on Form 990 hip (c) Purpos	, Part X	(, line 5 Loan t	, 6, or 22	(e)Original principal amount	(f)Balance due	(g)	(g) In (h) default? Approved by board or committee?		(i) In (h) (i) Fault? Approved by board or committee?		ed by agreement?		ten
			<u> </u>	То	From			Yes	No	Yes	No	Yes		No	
otal	<u> </u>					<u> </u> ▶ \$									
Jtai						—									
Part IIII Gra	nts or Assis	tance Benef	iting :	Intere	sted Perso	ns.									
		organization a													
(a) Name of interested person (b) Relationship interested perso organizat		on and			of assi	assistance (e) Purpo:			rpose (of assi	stance				
or Paperwork Red	luction Act Nati	ca saatha In-t-	uctions	for Ec-	m 000 c= 000 =	7 C-	t No 50056A				L (Form	000	- 000	E71 20	

	person and the organization			organization' revenues?		
				Yes	No	
(1) tım battle	board member		see part v		No	
Part V Supplemental Information						
Provide additional information for i	Provide additional information for responses to questions on Schedule L (see instructions)					

					1	ĺ
Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)						
Return Reference			Explanation	on		
SCHEDULE L, PART V	director abstain keen ba timothy Mr Bati director ensurin- through	is or a committee that is in from voting or decision m attle mead relative to mos' battle, a principal from ke tile was there after elected is voted to approve a rene g that the terms were fair a a review by the risk man	nvolved with their areas of laking that involves their of t of its insurance requiremeen battle mead, was elected to the board of directors wal contract with keen bated market value or more fave agement committee Mr I	services to the obc and is on the boa f expertise needs to disclose the rela- entity. The organization has done bu- nents for many years, including prior ted as a member of the orange bow for 2010-13 and re-elected in 2016 ttle mead for 2018-19 subject to ob- orable to the OBC than market rate: Battle was not involved in the risk mapprove the contract. It should be not poryone the contract. It should be not seen the second of	ationship isiness w to whei I commi The boa c staff s, which ianagem	vith n ittee ard of it did nent

the annual premiums, inclusive of the commissions, paid to keen battle mead are \$334,773 the commissions retained by keen battle mead are approximately only \$34,800. The retained commission of 10% is well within industry norms

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SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional informa Attach to Form 990 or 990-EZ.	tion to Form 990 or 990-EZ of for responses to specific questions on rovide any additional information. form 990 or 990-EZ. Open to F		
Name l ୫୧ the ତ ନ୍ତୁ Orange Bowl Comn		Employer identi 59-0384382	fication number	
Return Reference	Explanation			
Form 990, Part I, Line 1, Description of Organization Mission	The orange bowl committee exists as an independent organization to Support and processing and events that enhance the image, Economy and culture of south florida. Over it 85-year history, the Non-profit, volunteer-driven organization has grown beyond hosting of the nation's premier college football games, to include a festival of events that drives tourism, inspires youth and improves life in the South florida community. Orange by programs and events include the Metro by t-mobile orange bowl basketball classic, orally youth football Alliance, orange bowl cheer & Dance championships, orange bowl in ional youth regatta, orange Bowl international tennis championships, orange bowl swimsic, Orange bowl paddle championship, orange bowl lacrosse classic, orange bowl drive excellence girls golf program, orange bowl florida high school football showcase and the range bowl leadership academy. The organization also provides Funding for scholarshic community improvements that grant new Opportunities to south Floridas youth.	ts g on owl nge b ternat clas e for e O		

Return Reference	Explanation
FORM 990, PART III, LINE 2	During the fiscal year, the OBC Board of Directors and membership approved entering into a n agreement, contingent upon certain conditions being met, with Palm Beach County for the renovation of Glades Pioneer Park in Belle Glade, an existing county park. The Committee a uthorized up to \$1.5 million as the Orange Bowl contribution (to be matched by Palm Beach County) to supervise and oversee on a turnkey basis the installation and maintenance of a synthetic turf field, an electronic scoreboard, an entry monument, fencing, walkways and s ignage. When completed, the renovation of Glades Pioneer Park will be the Committee's fift h legacy gift park renovation. The OBC and its partners have now contributed more than \$16 million worth of park improvements throuhout South Florida. Form 990, part iii, line 4d, other program services. The committee provides scholarships to deserving college bound high school students. During the year, the committee funded scholarships for 24 individuals a nd made grants to scholarship funds for seven organizations, including four universities. Additionally, the committee organized and hosted the orange bowl florida high school footb all showcase to provide high school seniors the opportunity to use their football and acad emic skills to attend college. In its first three years, the showcase has resulted in student athletes receiving more than \$13 million in financial aid. The committee supports organizations and events both in and outside south florida on an annual basis, such as junior orange bowl, orange bowl international tennis championships, orange bowl international you th regatta, orange bowl food and wine celebration, first tee miami girls golf program, ext ra yard for teachers, make-a-wish southern florida and both broward and miami-dade countie s special olympics, and other funds and groups

Return Explanation

FORM 990, ALL MEMBERS HAVE THE RIGHT TO VOTE IN THE ELECTION OF MEMBERS OF THE BOARD OF DIRECTORS AN PART VI, D TO VOTE TO APPROVE CERTAIN DECISIONS OF THE BOARD OF DIRECTORS AS DESCRIBED IN THE EXPLA SECTION A, NATIONS FOR QUESTIONS 7A AND 7B NO MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO RECEIVE LINE 6 DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION

Return Reference	Explanation
PART VI,	All members in good standing per the by-laws, excluding collegiate representative members, honorary members at large, emeritus members and active members until the complet ion of their second festival, have the right to vote for members of the board of directors. Each year The election will include the second vice-chair, one-two past chairs/president s, and six-seven at-large directors (for a two-year term).

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	All members in good standing per the by-laws, excluding collegiate representative members, honorary members at large, emeritus members and new active members until the com pletion of their second festival, have the right to vote on the following matters election of new members, election of the 2nd vice chair, election of and removal of board members, the amount of charges for membership benefits as well as dues and assessments, the crite ria for new members to meet before they are elected, the purchase, sale or encumbrance of any real property, the election of members to the membership services committee, any amend ment to the articles of incorporation or bylaws of the committee, the annual budget for the committee and any contract with a term of one year or more and which has aggregate expenditures of more than \$1,000,000 00 (whether lump sum or installment), with the exception of

Return Explanation
Reference

FORM 990,	FORM 990 IS INITIALLY REVIEWED BY THE ORGANIZATION'S CEO, CFO, TREASURER, AND AUDIT COMMIT
PART VI.	TEE AND THEN PRESENTED TO BOARD OF DIRECTORS FOR APPROVAL BEFORE IT IS FILED
SECTION B,	
LINE 11	

Return Explanation
Reference

FORM 990,	IT IS THE POLICY OF THE COMMITTEE THAT ANY BUSINESS DONE WITH ANY MEMBER OR MEMBER'S COMPA
PART VI,	NY MUST BE FAIR, REASONABLE AND COMPETITIVE WITHIN THE MARKETPLACE, AND HAVE THE PRIOR APP
SECTION B,	ROVAL OF THE BOARD WHENEVER SUCH BUSINESS IS BEING DISCUSSED AND VOTED ON BY THE BOARD, A
LINE 12C	NY MEMBER(S) WITH AN INTEREST IN SAID BUSINESS MUST DISCLOSE SUCH INTEREST, NOT PARTICIPAT
	F IN BOARD DISCUSSIONS AND ABSTAIN FROM VOTING, ALSO, ANNUALLY FACH BOARD MEMBER AND KEY F

MPLOYEE MUST COMPLETE A CONFIDENTIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	Line 15a The compensation of the ceo is established by the board of directors through a t ransparent, structured and thoughtful process designed to ensure the reasonableness of suc h compensation, Which process is documented in the minutes of the meetings of the board of directors. It involves both internal (employee performance assessment) and external (mark etplace surveys and comparables for similarly situated entities) reviews. The compensation committee of the board of directors is charged with recommending to the board the compens atton of the ceo. In making the recommendation, the bylaws require compliance with the requirements for the rebuttable presumption of reasonableness in accordance with the "interme diate sanctions" regulations under section 4958 of the code. The members of the board of directors are elected annually by the 300 plus membership of the organization and are subject to term limits to assure their independence and community orientation. Line 15b. THE CO. MPENSATION OF THE CHIEF OPERATING OFFICER, chief marketing officer, AND CHIEF FINANCIAL OFFICER IS SET IN THE SAME MANNER AS THAT OF THE CEO. BY RECOMMENDATION OF THE COMPENSATION COMMITTEE AND APPROVAL BY THE BOARD OF DIRECTORS after review of market place surveys and comparables for similarly-situated entities. THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS RECOMMENDED BY THE CEO. TO A COMPENSATION COMMITTEE FOR ITS APPROVAL. THE COMPENSATION COMMITTEE IN ITS REVIEW TAKES INTO CONSIDERATION INFLATION, EXPERIENCE, PERFORMANCE, SURVEYS OF SIMILAR ORGANIZATION AND OUTSIDE COMPENSATION CONSULTANTS.

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

Kelefelice	
FORM 990,	NO CHANGE HAS BEEN MADE IN THE ORGANIZATION'S AUDIT OVERSIGHT COMMITTEE PROCEDURES OR IN ITS
PART XII,	SELECTION OF AN INDEPENDENT ACCOUNTANT
LINE 2C	

Return Explanation

FORM 990,	Description of services by the following businesses. Act productions production and/or ta
PART VII	lent fees for the pre-game parties, fan zones and halftime entertainment for the capital o
SECTION B -	ne orange bowl game CSR HEAVY CONSTRUCTION INC CONTRUCTION AND RENOVATIONS OF GLADES PIO
INDEPENDENT	NEER PARK SILVERMAN GROUP INC MARKETING AND ADVERTISING Hard Rock Stadium provided Sta
CONTRACTORS	dium and service to conduct Capital One Orange Bowl game KEEN, BATTLE & MEAD CONTRACTED
	INSURANCE CARRIER

Return Explanation

FORM 990, GENERAL ROUTE FORM 990 IS DESIGNED AS A FINANCIAL REPORTING VEHICLE ITS NATURE DOES NOT ALWAYS ALLOW FO REPORT OF AN ACCOMMENT OF CERTAIN ITEMS WE ENCOURAGE ANYONE VIEWING THIS DOCUMENT FOR AN COMMENT OF A COMMENT OF

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SCHEDULE R (Form 990)	▶ 0	Related C	_		s" on Form	n 990, Part		-		37.		20	1545-004	17
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	irs.gov/				e latest info	ormation.				Open to	o Public ection	
Name of the organization Orange Bowl Committee Inc									Emp	loyer identif	ication	number		
										384382				
	of Disregarded E	ntities Complete if t	he organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
See Additional Data Table (a) Name, address, and EIN (if applicable) of disregarded entity		egarded entity		(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total inc	ome	(e) End-of-year as	sets	(f Direct co ent	ntrolling	
Part II Identification of related tax-exen	of Related Tax-Ex opt organizations di		s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part IV	/, line 34 be	cause	ıt had one or	more	
(a) Name, address, and EIN of related organization		ion	Prim	(b) Primary activity		c) nicile (state n country)	(d) Exempt Cod		Public ch	(e) narity status n 501(c)(3))	Dir	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?
													Yes	No
For Paperwork Reduction Ac	t Notice, see the Inc	structions for Form 9	90.		Ca	at No 5013	 35Y				Sche	edule R (Form	990) 20	18

(a) Name, address, and EIN of related organization		(b) Primary activity	Legal Dir domicile contr	(d) Direct controlling entity	Direct controlling entity Predominant income(related, excluded from tax under sections 512-	total income		(h) Disproprtionate allocations?		(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	Gene man part		(k Percer owner	ntag
					514)			Yes	No		Yes	No		
														_
Identification of Related Organiza because it had one or more related o	ations Taxable as a C	Corporation s a corporation	or Trus	t Complete st during th	ıf the organ ne tax year.	ızatıon ansı	wered "Yes	" on Fo	orm 9!	90, Part IV	, line	34		
Identification of Related Organization because it had one or more related of Name, address, and EIN of related organization	ations Taxable as a C rganizations treated as (b) Primary activity	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e)	wered "Yes (f) Share of total Income	Share	(g) of end- year assets	-of- Perce	, line h) entage	s (:	(I) ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	tro y?

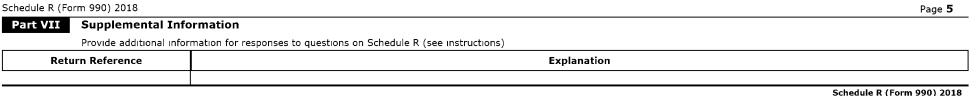
Schedule R (Form 990) 2018	Page 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a
b Gift, grant, or capital contribution to related organization(s)	1b
c Gift, grant, or capital contribution from related organization(s)	1c
d Loans or loan guarantees to or for related organization(s)	1d
e Loans or loan guarantees by related organization(s)	1e
f Dividends from related organization(s)	1f
g Sale of assets to related organization(s)	1g
h Purchase of assets from related organization(s)	1h
i Exchange of assets with related organization(s)	1i
j Lease of facilities, equipment, or other assets to related organization(s)	1j
k Lease of facilities, equipment, or other assets from related organization(s)	1k
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11
m Performance of services or membership or fundraising solicitations by related organization(s)	1m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n
o Sharing of paid employees with related organization(s)	10
p Reimbursement paid to related organization(s) for expenses	1p
q Reimbursement paid by related organization(s) for expenses	1q
r Other transfer of cash or property to related organization(s)	1r
s Other transfer of cash or property from related organization(s)	1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	

р	Reimbursement paid to related organization(s) for expenses				1 p	
q	Reimbursement paid by related organization(s) for expenses				1 q	
r	Other transfer of cash or property to related organization(s)				1r	
s	Other transfer of cash or property from related organization(s)				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and trai	nsaction thresholds		
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining a	mount invo	lved
						_

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Forn	1 99	0) 2018



Additional Data

(1) OBC MOORE PARK LLC

(1) OB YOUTH SPORTS LLC

(2) OB PROPERTY HOLDINGS LLC

(3) OB FESTIVAL EVENTS LLC

14360 NW 77TH COURT miami lakes, FL 33016

14360 NW 77TH COURT miami lakes. FL 33016

14360 NW 77TH COURT MIAMI LAKES, FL 33016

14360 NW 77TH COURT miami lakes, FL 33016

(4) OB CARTER PARK LLC

(5) OB IVES ESTATES LLC

(6) OB HARRIS FIELD LLC

(7) OB PIONEER PARK LLC

(8) SOUTH FLORIDA CFP NCG HOST COMMITTEE LLC

14360 NW 77TH COURT MIAMI LAKES, FL 33016

33-1102438

35-1102435

20-5062073

80-0669297

45-5473507

46-2660660

81-4269619

84-0738176

83-0711474

Software ID: Software Version:

EIN: 59-0384382

Name: Orange Bowl Committee Inc.

(b)

Primary Activity

Redevelopment

Support SFL

Real Estate

Host Events

Redevelopment

Redevelopment

Redevelopment

REDEVELOPMENT

HOST EVENTS

(c)

Legal Domicile

(State

or Foreign Country)

FL

FL

FL

FL

FL

FL

FL

FL

FL

(d)

Total income

-147,198

-152,304

272,321

-35,368

(e)

End-of-year assets

(f)

Direct Controlling

Entity

52,798 orange bowl

412,550 orange bowl

5,688,893 orange bowl

2,241,729 orange bowl

0 orange bowl

85,005 orange bowl

96,277 orange bowl

625,956 ORANGE BOWL

215,253 ORANGE BOWL

Form 990.	Schedule R.	Part I -	Identification	on of Disceo	iarded En	tities

, Part I - Identificati	on of Disregarded En	tities
	, Part I - Identificati	, Part I - Identification of Disregarded En

(a)

Name, address, and EIN (if applicable) of disregarded entity