

Short Form

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 01/01, 2020, and ending 12/31, 20 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization ?

Florida Sport Taekwondo Federation, Inc.

Number and street (or P.O. box if mail is not delivered to street address) ?

398 NE 6th Ave

City or town, state or province, country, and ZIP or foreign postal code

Delray Beach, FL, 33483

Room/suite

D Employer identification number ?

833305680

E Telephone number

561-231-9294

F Group Exemption Number ▶ ?

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B ? (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ?

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received						12,160.51																							
	2	Program service revenue including government fees and contracts						0																							
	3	Membership dues and assessments						0																							
	4	Investment income						0																							
	5a	Gross amount from sale of assets other than inventory					0																								
	b	Less: cost or other basis and sales expenses					0																								
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)							0																						
	6	Gaming and fundraising events:																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)					0																								
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)					0																								
c	Less: direct expenses from gaming and fundraising events					0																									
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)							0																							
7a	Gross sales of inventory, less returns and allowances					0																									
b	Less: cost of goods sold						11,344.57																								
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)							-11,344.57																							
8	Other revenue (describe in Schedule O)							0																							
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8							4,530.33																							
Expenses	10	Grants and similar amounts paid (list in Schedule O)						1,177.95																							
	11	Benefits paid to or for members						0																							
	12	Salaries, other compensation, and employee benefits <input type="checkbox"/> ?						0																							
	13	Professional fees and other payments to independent contractors <input type="checkbox"/> ?						0																							
	14	Occupancy, rent, utilities, and maintenance						0																							
	15	Printing, publications, postage, and shipping						87.49																							
	16	Other expenses (describe in Schedule O) <input type="checkbox"/> ?						404.06																							
17	Total expenses. Add lines 10 through 16							1,669.49																							
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)						-2,860.84																							
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						100.00																							
	20	Other changes in net assets or fund balances (explain in Schedule O)						0																							
	21	Net assets or fund balances at end of year. Combine lines 18 through 20							137.93																						

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	100.00	22 137.93
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	100.00	25 137.93
26 Total liabilities (describe in Schedule O)	100.00	26 6860.11
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	100.00	27 137.93

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Support & Sponsor Florida's Taekwondo Athletes Officials

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Primary Program is to Host the Florida USATKD State Championship (2020's event was canceled due to COVID-19) Deposit Paid for this Event		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4500.00
29 Cash Award Grant Issued to 2 Athletes		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	280.00
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mark Antonucci Director - CEO	6	0	0	0
Russell Beneby Director - COO	4	0	0	0
Dennis White Director	3	0	0	0
Angelito Ong Director	3	0	0	0
James White Director	3	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year...
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year...
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country...
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		✓

 ?

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		✓

 ?

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		✓

 ?

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		✓

 ?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		✓

 ?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."


(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here ?

Signature of officer 	Date 1/11/2021
Type or print name and title Mark Antonucci, CEO	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Florida Sport Taekwondo Federation, Inc.	Employer identification number 833305680
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	\$11,000.00	\$11,000.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	0.00	0.00	0.00	0.00	\$11000.00	\$11000.00
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	0.00	0.00	0.00	0.00	\$11000.00	\$11000.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						\$11000.00
12 Gross receipts from related activities, etc. (see instructions)					12	\$1,160.51
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization Florida Sport Taekwondo Federation, Inc.	Employer identification number 833305680
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)	Mark Antonucci			Director Office	Operating Exp	✓		6,867.67	6,867.67
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							▶ \$	6,867.67					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Florida Sport Taekwondo Federation, Inc.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

833305680

Part 1 - Income (Grants and Contributions)

Foundation Grants - \$11,000

Other Revenue - \$1,160.51

Total Income - \$12,160.51

Expenses

Part 1 Line 10 - Awards and Grants Paid

Cash Award to Athletes - \$280

Non Cash Award Equipment Purchase for Athletes - \$897.95

Florida Sport Taekwondo Federation, Inc.

Profit & Loss

01/04/21

January through December 2020

Accrual Basis

	<u>Jan - Dec 20</u>
Ordinary Income/Expense	
Income	
Direct Public Grants	
Foundation and Trust Grants	11,000.00
Total Direct Public Grants	11,000.00
Other Types of Income	
Inventory Sales	
Dri-Fit T-Shirt	100.00
Team Uniform -DoBok	150.00
Total Inventory Sales	250.00
Miscellaneous Revenue	0.00
Reimbursement Income	750.00
Total Other Types of Income	1,000.00
Program Income	
Event Registration Fee's	130.00
Membership Dues	15.00
Total Program Income	145.00
Sales Tax Collected	7.56
Shipping & Handling	7.95
Total Income	12,160.51
Cost of Goods Sold	
Inventory Purchased	6,252.67
Total COGS	6,252.67
Gross Profit	5,907.84
Expense	
Awards and Grants	
Cash Award to Athlete	280.00
NonCash Equipment Grant Issued	3,697.95
Total Awards and Grants	3,977.95
Bank Fee's	
Credit Card Fee's	35.85
Bank Fee's - Other	368.20
Total Bank Fee's	404.05
Business Expenses	
Business Registration Fees	50.00
Total Business Expenses	50.00
Operations	
Postage, Mailing Service	29.24
Supplies	58.25
Total Operations	87.49
Program Expenses	
Annual State TKD Championships	
Equipment Rental	4,500.00
Total Annual State TKD Championships	4,500.00

10:16 AM

Florida Sport Taekwondo Federation, Inc.

Profit & Loss

01/04/21

January through December 2020

Accrual Basis

	<u>Jan - Dec 20</u>
Athlete Training Event	
Equipment Rental	250.00
Instructor Reimbursement	1,000.00
Meals for Volunteers	68.63
	<hr/>
Total Athlete Training Event	1,318.63
	<hr/>
Total Program Expenses	5,818.63
	<hr/>
Total Expense	10,338.12
	<hr/>
Net Ordinary Income	-4,430.28
	<hr/>
Net Income	<u><u>-4,430.28</u></u>

Florida Sport Taekwondo Federation, Inc.

01/05/21

Balance Sheet

Accrual Basis

As of January 5, 2021

	<u>Jan 5, 21</u>
ASSETS	
Current Assets	
Checking/Savings	
7578 TD FST Operational	125.12
FST-PayPal-0101	12.81
Total Checking/Savings	<u>137.93</u>
Total Current Assets	<u>137.93</u>
TOTAL ASSETS	<u>137.93</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Antonucci Family Trust Loan	
American Express	6,252.67
Antonucci Family Trust Loan - Other	615.00
Total Antonucci Family Trust Loan	<u>6,867.67</u>
Sales Tax Paid	-7.56
Total Other Current Liabilities	<u>6,860.11</u>
Total Current Liabilities	<u>6,860.11</u>
Total Liabilities	6,860.11
Equity	
Retained Earnings	-6,722.18
Total Equity	<u>-6,722.18</u>
TOTAL LIABILITIES & EQUITY	<u>137.93</u>



Florida Department of Revenue
File and Pay Corporate Income Tax

Successful Submission
FLORIDA SPORT TAEKWONDO FEDERATION, INC

Form: F-1120A **FEIN:** 833305680 **Tax Year End:** 12/31/2020

Date of Submission: 01/12/2021 08:38 AM

Your return has been submitted to the Department.

Your confirmation number is:

284053001221

Business/Corporation Name and Address

Business Name (D.B.A.): FLORIDA SPORT TAEKWONDO FEDERATION, INC
Corporation Name: FLORIDA SPORT TAEKWONDO FEDERATION, INC
Mailing Address: 398 NE 6TH AVE
 Delray Beach
 FL
 33483-5517
 US

Tax Return Information

Taxable Year Beginning (MM/DD/YYYY): 01/01/2020
Taxable Year Ending (MM/DD/YYYY): 12/31/2020
Federal Taxable Income: \$0.00
Federal NOLD: \$0.00
State Income Tax: \$0.00
Florida NOLD: \$0.00
Florida Exemption: \$0.00
Florida Net Income: \$0.00
Tax Due: \$0.00
Payment Credits: \$0.00
Penalty: \$0.00
Interest: \$0.00

Authorization and Agreement as of 1/12/2021

The F-1120A must be signed by a person authorized by the taxpayer to do so, and who is either (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service, or (c) an attorney or C.P.A. qualified to practice before the IRS under P.L. 89-332.

By typing your name in the space below and submitting this form, you are declaring, under penalties of perjury, that you are authorized to sign on behalf of the applicant entity, and that you have read the foregoing application and that the facts stated in it are true.

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete.

Name: Mark Antonucci
 Title: CEO