Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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

Α	For the	2023 ca	lendar year, or tax year b				, and e	nding			-			
В	Check if a	pplicable:	C Name of organization	SOCIETY OF	AMERICAN F	IGHT DIRE	CTORS		D Emplo	yer ide	ntification	number		
	Address o	hange	Doing business as											
			Number and street (or P.O	. box if mail is not	delivered to stre	eet address)	Room/suite		94-3140	849				
Ш	Name cha	inge	3501 NORTH SOUTHF	PORT AVENU	ΙE		302		E Teleph	one nur	mber			,
	Initial retu	rn	City or town		:	State	ZIP code							
Ī	Circul and and		CHICAGO			IL	60657			-				
ᆜ	Final return	terminated	Foreign country name	Foreign	province/state/c	ounty	Foreign postal	code						
	Amended	return							G Gross	receipts	\$		21	12,831
П	Annlicatio	n pending	F Name and address of princ	rinal officer:				H(a) lo th	oio o grava rot	ura for ou	hardinatas?		v	X No
ш	Applicatio	n pending	· ·	•	// L E DOAD	Cilvan Ca	min at MD 200		nis a group ret	_			-	
			JONATHAN E RUBIN 8	3641 COLES	ILLE ROAD	, Silver Sp	ring, MD 209			_			Yes	No
1	Tax-exen	npt status:	X 501(c)(3) 501(c)	((insert no.)	4947(a)(1) or 527	If "	No," attach	a list. S	ee instruction	ons		
J	Website:	WW	/W.SAFD.ORG					H(c) Gro	oup exempti	on num	ber			
ĸ	Form of o	rganization	: X Corporation Tr	ust Associa	ation Oth	ar	I Ves	ar of forma			M State of	legal dom	icile:	
				7,030010			Erce	ar of forme	ation: 19	11	W Clate of	icgai doili	ione.	<u>IL</u>
	art I		mmary				-0-			15.00	0.5			
Φ	1		escribe the organization						ON OF TI				RIC	AN
Š			DIRECTORS IS TO PRO	OMOTE THE	SAFE AND E	FFECTIV	= DRAMATIZ	ATION	OF VIOL	ENCE	IN THE			
T.		ENTER'	TAINMENT INDUSTRY.					<u> </u>						
Š	2	Check th	his box if the org	ganization disc	continued its	operations	s or disposed	of more	than 25	% of it	s net ass	sets.		
တိ	3	Number	of voting members of th							1 _	1			10
త	4		of independent voting n							4	,			10
ies	5		mber of individuals emp							5				0
Activities & Governance	6		mber of volunteers (esti							6	_			
ţ	7a		related business revenu			C) line 12				7				0
•	b		elated business taxable							7				
	В	ivet unit	eialeu busilless laxable i	income nom r	-01111 990-1,	raiti, iiie	11	<u></u>	Prior Year		.	Current	Voor	
	8	Contribu	utions and grants (Part V	/III line 1h)						297,1 ²	17	Current		11,663
Revenue										231,1	0			11,005
/en	9		n service revenue (Part)								ŭ			4 400
Ř	10		ent income (Part VIII, co								27			1,168
_	11		evenue (Part VIII, columr								0			0
	12		enue—add lines 8 througl							297,14			21	12,831
	13		and similar amounts paid							1,00				0
	14		paid to or for members					0			_			0
es	15	Salaries,	other compensation, emp	oloyee benefits	(Part IX, colu	ımn (A), line	es 5–10) . .		0					0
Expenses	16a	Professi	onal fundraising fees (P	art IX, column	n (A), line 11e	e)					0			0
g	b	Total fur	ndraising expenses (Par	t IX, column (D), line 25)		0							
û	17	Other ex	kpenses (Part IX, columi	n (A), lines 11	a-11d, 11f-2	24e)				246,59	90		20	08,984
	18		penses. Add lines 13-17							247,59	90		20	08,984
	19		e less expenses. Subtra							49,55				3,847
JO.	3							Beginn	ing of Curr			End of	Year	
sets	20	Total as	sets (Part X, line 16).							248,33	35		25	51,849
Ass	21	Total lia	bilities (Part X, line 26).							4,64	17			4,314
Net Assets or	22	Net asse	ets or fund balances. Su	btract line 21	from line 20					243,68	38		24	17,535
Pá	art II	Sig	nature Block											
			y, I declare that I have examine	d this return, inclu	iding accompan	ying schedule	s and statements	, and to th	e best of m	y knowle	edge			
and	belief, it is	true, corre	ect, and complete. Declaration o	of preparer (other	than officer) is b	ased on all in	ormation of which	n preparer	has any kn	owledge	е.			
Sig	nn													
He	_	Signa	ature of officer						Dat	е				
	10	JO1	NATHAN E RUBIN				TRE	ASURE	R					
		Туре	or print name and title											
		Prin	t/Type preparer's name		Preparer's sign	ature		Date	9		. 🗀	PTIN		- <u>-</u>
Pa	id	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LILEICHMAN		NEIL LLEIO	INAANI		441	11/2004	Check		D0407	0400	2
Pr	eparer	NEI	L H FISHMAN		NEIL H FISH	IVIAIN		<u> 11/</u>	11/2024		mployed	P0127	9403	<u> </u>
	e Only	1	n's name FISHMAN A	SSOCIATES	CPAS PA				Firm's EIN	42	-159650	U		
		Firm	n's address 1880 N CON	NGRESS AVE	#225, BOY	NTON BEA	ACH, FL 3342	26	Phone no.	(56	31) 369-3	3228		
												X Yes		No

Form 9	90 (2023) SOCIETY OF AMERICAN FIGHT DIRECTORS	94-3140849	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE MISSION OF THE SOCIETY OF AMERICAN FIGHT DIRECTORS IS TO PROMOTE THE SAFI DRAMATIZATION OF VIOLENCE IN THE ENTERTAINMENT INDUSTRY.	E AND EFFECTIVE	
2	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ?	on Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	· · · · · · Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants at the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 163,189 including grants of \$) (R FIGHT WORKSHOPS PROVIDE INSTRUCTION, HANDS-ON EXPERIENCE WITH PROPS AND AN BETWEEN PARTICIPANTS		3,466) RMATION
4b	(Code:) (Expenses \$ 924 including grants of \$) (R PUBLICATION OF THE FIGHT MASTER, A TWICE YEARLY JOURNAL WITH A CIRCULATION OF)
4c	(Code:) (Expenses \$ including grants of \$) (R	Revenue \$)

Other program services (Describe on Schedule O.) 4d

0 including grants of \$
164,113 (Expenses \$ 0)(Revenue \$ 0)

		40849	Р	age 3
Part	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		162	NO
	complete Schedule A	. 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		Х
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	` 		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	. 5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	. 6		Х
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	. 8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
40	negotiation services? If "Yes," complete Schedule D, Part IV	. 9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	. 10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. 10		^
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Χ
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	445		
С	of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII.</i>	. 11b		Х
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		Х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	. 11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			, ,
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	. 111		Х
120	Schedule D, Parts XI and XII	. 12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
14a	, , , , ,	. <u>14a</u>		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1 110		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I. See instructions	. 17		_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	 	Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	Χ

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . .

domestic 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 any domestic organization or

20b

Part IV

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		
242	employees? <i>If "Yes," complete Schedule J</i>	23		Х
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		┝
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	20-		
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		<u> </u>
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
05-	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		-
b	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	235		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Bart V		ļ	
	Check if Schedule O contains a response or note to any line in this Part V	• •	V	<u> Ц</u>
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	10		X

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Part			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		Χ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4-		V
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Χ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	~		
-	excess parachute payment(s) during the year?	15		Χ
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10		10		^
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		Х
	·	17		^
	If "Yes," complete Form 6069.			

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Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Χ	
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	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	, u		
~	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.0		
U	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.0		
•	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	_)	
0000	ion B.1 Ondies (This decision B requests information about policies not required by the internal revenue e	ouc.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			7.
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	~		,,
_	describe on Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Χ	- ,
15	Did the process for determining compensation of the following persons include a review and approval by		, <u> </u>	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		7.
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	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		
Sect	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	- (-)		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	CV.		
-	and financial statements available to the public during the tax year.	,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JONATHAN RUBIN (708) 794-8835			
	8641 COLESVILLE ROAD, SILVER SPRING, MD 20910			

~ 4	~ 4		_	_
uл	-31	711	IX /I	u
274	- O I	40	$^{\prime}$	

Part VII

TI OF AMERICANTION DIRECTORS		37-3170073	raye
sation of Officers, Directors, Trust	ees, Key Employees, Highest Con	npensated	

Compen **Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

				(0	C)					
(A)	(de	Position (do not check more than one (D) (E)								
(A) Name and title	(B) Average					n is both a		(D) Reportable	(E) Reportable	(F) Estimated amount
	hours					or/truste	e)	compensation	compensation from related	of other
	per week (list any	or c	Inst	Officer	Key	emp	Former	from the organization (W-2/	organizations (W-2/	compensation from the
	hours for related	Individual or director	iti	er	em	nest oloye	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and
	organizations	Individual trustee or director	Institutional trustee		Key employee	com		1099-NEC)	1099-NEC)	related organizations
	below dotted line)	uste	trus		00	lpen				
	dotted line)	n n	tee		-	Highest compensated employee				
(A) 150 U DO ANTAL DUA	0.00	X				ä				
(1) LERALDO ANZALDUA	2.00									
DIRECTOR	0.00		ľ		<u> </u>					
(2) MATTHEW CRIDER	3.00	1								
DIRECTOR	0.00	X								
(3) NICKY JASPER	2.00									
DIRECTOR	0.00	Х								
(4) RODNEY RICE	2.00									
DIRECTOR (F) DAVID WOOLLEY	0.00	Х								
(5) DAVID WOOLLEY	2.00	_								
DIRECTOR (C) MIKE LUDKE	0.00 2.00	Х								_
(6) MIKE LUBKE DIRECTOR	0.00	Х								
(7) CHRISTINA TRAISTER	5.00	^								
PRESIDENT	0.00			Х						
(8) JASON PAUL TATE	5.00			^						
VICE PRESIDENT	0.00			Х						
(9) MASON TYER	5.00									
SECRETARY	0.00			Х						
(10) JONATHAN RUBIN	5.00			,						
TREASURER	0.00			Х						
(11)										
(12)										
(13)										
					<u> </u>					
(14)										
	Ì	1	1	1					Ì	

)	Page 8
(F	F) d amount

_	Form 990 (2023) SOCIETY OF AMERICAN FIGHT DIRECTORS 94									94-314	0849	Page 8	
Pa	art VII	Section A. Officers, Director	s, Trustees, Key Em	ploye	es,			ghest	t C	ompensated Em	ployees (contin	ued)	
							C) sition						
		(A) (B) (do not check more than one (D)									(E)		(F)
		Name and title	Average hours					ıs both or/truste		Reportable compensation	Reportable compensation		ed amount other
			per week (list any	악	Ins	앜	⊼e	Hig em	Fo	from the organization (W-2/	from related organizations (W-2/		ensation m the
			hours for	Individual or director	tituti	Officer	y em	hest iploy	Former	1099-MISC/	1099-MISC/	organiz	ation and
			related organizations	ial tr	onal		Key employee	com		1099-NEC)	1099-NEC)	related or	rganizations
			below dotted line)	Individual trustee or director	Institutional trustee		ee	lpen:					
			dotted line)		ee			Highest compensated employee					
/4E\										A 4			
(13)													
(16)													
(17)													
(40)													
(10)													
(19)								4					
(20)										()			
(04)									_				
(21)													
(22)								•					
.\==1.													
(23)													
			· ·	X									
(24)													
(25)					-								
(23)													
1b	Subtotal .				٠.		٠.			0	0		0
С		n continuation sheets to Part								0	0		0
<u>d</u>		l lines 1b and 1c)								0	0		0
2		ber of individuals (including but compensation from the organi		sted a	abov	e) v	who	recei	vec	more than \$100	,000 of		0
	Teportable	compensation from the organiz	alion									Ιγ	es No
3	Did the org	ganization list any former office	r, director, trustee, ke	y em	ploy	ee,	or h	nighes	t c	ompensated			110
	employee	on line 1a? If "Yes," complete \$	Schedule J for such in	dividu	ual.							3	Х
4	For any in	dividual listed on line 1a, is the	sum of reportable cor	npens	satio	on a	nd d	other o	con	npensation from			
	_	zation and related organizations	s greater than \$150,0	00? <i>II</i>	f "Ye	es, "	con	nplete	Sc	chedule J for suc	h		
												4	X
5		erson listed on line 1a receive o											
Sec		es rendered to the organization? ependent Contractors	r it "Yes," complete So	cneau	ile J	tor	suc	n per	sor	1		5	Х
1		this table for your five highest of	compensated indepen-	dent o	cont	ract	tors	that r	ece	eived more than S	\$100.000 of		
		tion from the organization. Rep										tax year	
		(A)								(B)		(C)	
		Name and busine	ess address							Description of ser	vices (Compensa	
													0
													0
													0
													0
2		ber of independent contractors	,	ted to	tho	se l	iste	d abo	ve)	who received			
	more than	\$100,000 of compensation from	n the organization					0					

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or	note to any line in	this Part VIII			📙
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	12,280				
ည် ဋ	С	Fundraising events	1c	3,493				
fts,	d	Related organizations	1d	0				
<u> </u>	е	Government grants (contributions)	1e	0			A	
Sir	f	All other contributions, gifts, grants, and						
utio		similar amounts not included above	1f	195,890				
를 돌	g	Noncash contributions included in						
nd on		lines 1a-1f	1g	\$ 0				
	h	Total. Add lines 1a-1f			211,663			
ø.				Business Code				
Program Service Revenue	2a				0			
e P	b				0			
n S	C				0			
gram Ser Revenue	d				0			
5 _	e	All other program service revenue			0			
Δ.	g	Total. Add lines 2a–2f			0			
	3	Investment income (including dividends, in						
		other similar amounts)			1,168			
	4	Income from investment of tax-exempt bor			0			
	5	Royalties			0			
		(i) Rea	al	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b						
	С	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)		 (ii) Other	0			
	7a	sales of assets	illes	(ii) Other				
		other than inventory 7a	0	0				
<u>•</u>	b	Less: cost or other basis	-	Ü				
Revenue		and sales expenses 7b	0	0				
ě	С	Gain or (loss) 7c	0	0				
e.	d	Net gain or (loss)			0			
Othe	8a	Gross income from fundraising						
0		events (not including \$ 3,493						
		of contributions reported on line 1c).	_					
		See Part IV, line 18	8a	0				
	b	Less: direct expenses	8b	Ŭ	0			
	c 9a	Net income or (loss) from fundraising even Gross income from gaming activities.	15		U			
	Ja	See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
	C	Net income or (loss) from gaming activities			0			
		Gross sales of inventory, less						
		• •	10a	0				
	b	Less: cost of goods sold	10b	0				
	С	Net income or (loss) from sales of inventor	у		0			
22				Business Code				
eor	11a				0			
lan en	b				0			
Miscellaneous Revenue	С	All all and an arrangement			0			
Ais F	d	All other revenue			0			
_	<u>е</u> 12	Total Add lines 11a–11d			212 831	0	^	

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note t	o any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		'		·
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	-			
·	trustees, and key employees	0		0	
6	Compensation not included above to disqualified	-		Ü	
·	persons (as defined under section 4958(f)(1)) and			·	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0		/	
8	Pension plan accruals and contributions (include	0			
U	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
		0			
10 11	Payroll taxes				
		4,560		4,560	
a	Management	4,300		4,560	
b	Legal		V	4 475	
C	Accounting	1,475		1,475	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	11,036		11,036	
13	Office expenses	7,561		7,561	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	164,798	163,189	1,609	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	2,668		2,668	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
a	PUBLISHING	924	924		
b	EDUCATION	15,052		15,052	
С	MISCELLANEOUS	910		910	
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	208,984	164,113	44,871	0
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)				

94-3140849

Form 990 (2023) SOCIETY OF AMERICAN FIGHT DIRECTORS Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	247,049	2	251,849
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		4	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	0	8	
⋖	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	1,286	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	248,335	16	251,849
	17	Accounts payable and accrued expenses	4,647	17	4,314
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	4,647	26	4,314
S		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	0	27	
ä	28	Net assets with donor restrictions	0	28	
<u>n</u>		Organizations that do not follow FASB ASC 958, check here	·		
Ţ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
Ŝ	31	Retained earnings, endowment, accumulated income, or other funds	243,688	31	247,535
۲	32	Total net assets or fund balances	243,688		247,535
Š	33	Total liabilities and net assets/fund balances	248.335		251.849

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		212	2,831
2	Total expenses (must equal Part IX, column (A), line 25)	2		208	3,984
3	Revenue less expenses. Subtract line 2 from line 1	3		3	3,847
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		243	3,688
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10		247	7,535
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
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 on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

SOC	IET	Y OF AMERICAN FIGHT DIREC	CTORS				94-31	40849	
Par		Reason for Public Char							
The	orga	anization is not a private foundat	•		-		,		
1		A church, convention of church				170(b)(1)	(A)(i).		
2		A school described in section 1	1 70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)				
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(ii	i).		
4		A medical research organizatio hospital's name, city, and state		nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii). Er	iter the	
5		An organization operated for th		e or university owned	or operate	d by a go	vernmental unit des	rihed in	
Ū	_	section 170(b)(1)(A)(iv). (Com	plete Part II.)	•	•			JIIDCG III	
6		A federal, state, or local govern	•						
7		An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental u	unit or from the gene	ral public	;
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organic or university or a non-land-gran university:							je
10	Х	An organization that normally re	eceives (1) more that	an 33 1/3% of its supp	ort from co	ontribution	s, membership fees	, and gro	 SS
		receipts from activities related t							
		support from gross investment acquired by the organization af						sses	
11		An organization organized and							
12		An organization organized and	•	· / /	•		. , ,	he purpo	ses of
		one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a)(1) or se	ction 509(a)(2). See section 5	609(a)(3).	
а		Type I. A supporting organiz							
		the supported organization(s			majority o	of the direc	ctors or trustees of the	ne suppo	rting
b		organization. You must con Type II. A supporting organization	•		on with its	cupporte	d organization(s) by	havina	
D		control or management of th							d
		organization(s). You must c	omplete Part IV, S	ections A and C.					
С		Type III functionally integra						rated wit	h,
d		its supported organization(s) Type III non-functionally in		•				anization	v(c)
u		that is not functionally integr							
		requirement (see instruction	s). You must com p	lete Part IV, Sections	A and D	, and Part	V.		
е		Check this box if the organiz					Type I, Type II, Typ	e III	
f		functionally integrated, or Ty Enter the number of supported	arganizations						0
a		Provide the following information		ed organization(s).					
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary		mount of
				(described on lines 1–10 above (see instructions))	-	ur governing ment?	support (see instructions)		upport (see ructions)
				//			,		,
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	l						0		0

Pa	rt II Support Schedule for Orga	anizations Des	cribed in Sec	tions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checke						der
	Part III. If the organization fa	ils to quality un	der the tests lis	sted below, plea	ase complete F	art III.)	
	tion A. Public Support	(-) 0040	/I-) 0000	(-) 0004	(-1) 0000	(-) 0000	(D. T. t. l
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the						0
2	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities				4		
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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						0
	ction B. Total Support	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	(a) 2019	(6) 2020	0	0	0	(i) Total 0
8	Gross income from interest, dividends,	0	0	0	0	0	0
Ü	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	♦					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		_				0
11	Total support. Add lines 7 through 10					40	0
12	Gross receipts from related activities, etc. (se					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year as a	` ' ' '		
800	tion C. Computation of Public Su						
14	Public support percentage for 2023 (line 6, c			(f))		14	0.00%
15	Public support percentage from 2022 Sched					15	0.00%
	33 1/3% support test—2023. If the organiz						0.007
	and stop here . The organization qualifies as						
b	33 1/3% support test—2022. If the organiz	ation did not check	a box on line 13 c	or 16a, and line 15 i	is 33 1/3% or more	, check this	<u></u>
	box and stop here . The organization qualified			•			
17a	10%-facts-and-circumstances test—2023	B. If the organizatio	n did not check a b	oox on line 13, 16a,	or 16b, and line 1	4	•
	10% or more, and if the organization meets to	the facts-and-circu	mstances test, che	ck this box and sto	op here . Explain in		
	Part VI how the organization meets the facts		•	•	. ,	d	ı—
	organization						
b	10%-facts-and-circumstances test—2022 15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fac						
	organization		•	•	. ,		
18	Private foundation. If the organization did i	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

instructions

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	52,796	3,127	7,422	64,171	21,925	149,441
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	227,884	12,128	267,783	232,947	189,739	930,481
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 . $$.						0
4	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	280,680	15,255	275,205	297,118	211,664	1,079,922
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				/)		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						•
	or 1% of the amount on line 13 for the year	0	• •	0	0	0	0
	Add lines 7a and 7b	0	- 0	0	0	0	0
8	Public support (Subtract line 7c from						1 070 000
Sac	tion B. Total Support						1,079,922
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	280,680	15,255	275,205	297,118	211,664	1,079,922
	Gross income from interest, dividends,	200,000	10,200	270,200	201,110	211,004	1,070,022
iva	payments received on securities loans, rents,	_					
	royalties, and income from similar sources			19	26	1,167	1,212
b	Unrelated business taxable income (less	4				-,,,,,,,	
	section 511 taxes) from businesses		·				
	acquired after June 30, 1975		•				0
С	Add lines 10a and 10b	0	0	19	26	1,167	1,212
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	280,680	15,255	275,224	297,144	212,831	1,081,134
14	First 5 years. If the Form 990 is for the orga			•	, , , ,		
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su		_			Г	
15	Public support percentage for 2023 (line 8, c		-			15	99.89%
	Public support percentage from 2022 Sched					16	100.00%
	tion D. Computation of Investmer						0.4.0
17	Investment income percentage for 2023 (line		-			17	0.11%
18	Investment income percentage from 2022 S					18	0.00%
19a	33 1/3% support tests—2023. If the organic pot more than 33 1/3% shock this box and 6						X
h	not more than 33 1/3%, check this box and \$ 33 1/3% support tests—2022. If the organi	-			-		<u> X</u>
D	line 18 is not more than 33 1/3%, check this						Γ
20	Private foundation. If the organization did		=				
			,	,			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	- 1-		
	5b 5c		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	9c		
	33		
	4.6		
	10a		
	10b		
dule		rm 990) 2023

Schedule	e A (Form 990) 2023 SOCIETY OF AMERICAN FIGHT DIRECTORS	94-3140849		Page 5
Part I	V Supporting Organizations (continued)			
4.4		_	Ye	s No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11	h and		
а	11c below, the governing body of a supported organization?	11 and	a	
b	A family member of a person described on line 11a above?	11	_	
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11</i>			
	detail in Part VI.	11	С	
Section	on B. Type I Supporting Organizations	•	· ·	
		_	Ye	s No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	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			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than on	V .		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a	· -		
•	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 ir.	. Port		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	rait		
	supervised, or controlled the supporting organization.	2	,	
Section	on C. Type II Supporting Organizations			1
	- The state of the		Ye	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the dire	ectors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con	ntrol		
	or management of the supporting organization was vested in the same persons that controlled or management	aged		
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		1	
			Ye	s No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies	-		
	organization's governing documents in effect on the date of notification, to the extent not previously pro			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supp			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Pa			
	the organization maintained a close and continuous working relationship with the supported organization		2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations	•		
	a significant voice in the organization's investment policies and in directing the use of the organization's	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	3	
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	year (see instructio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	mental entity (see instr	uctions)	
2	Activities Test. Answer lines 2a and 2b below.		Ye	s No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpos	ses of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ident	tify		
	those supported organizations and explain how these activities directly furthered their exempt purp	ooses,		
	how the organization was responsive to those supported organizations, and how the organization determined to the organization of the organization determined to the organization of the or	rmined		
	that these activities constituted substantially all of its activities.	2	а	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involved			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," exp			
	Part VI the reasons for the organization's position that its supported organization(s) would have engage		h	
2	these activities but for the organization's involvement.	21	U	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>If "Yes" or "No," provide details in Part VI.</i>	3	а	
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this re		b	

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	g tru:	st on Nov. 20, 1970 <i>(explain l</i>	•
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	0	0
5 Depreciation and depletion	5	A	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional instructions).	ly inte	egrated Type III supporting o	organization (see

Dow4 V	Type III New Typetienelly Integrated E00/e)/2	Cumporting Organi		. di. dd .
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	ī
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	1	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V i		
6	Other distributions (describe in Part VI). See instructions.		. 6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	ne organization is respor		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
8	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023	_		
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018 0			
b	From 2019	4.11		
С	From 2020			
d	From 2021 0			
е	From 2022			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2023 distributable amount			0
i	Carryover from 2018 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2023 from Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2023 distributable amount		,	0
С	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020 0			
С	Excess from 2021 0			
d	Excess from 2022 0			
e	Excess from 2023 0			

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.)
	• 0

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

SOCIETY OF AMERICAN FIGHT DIRECTORS

Attach to Form 990, 990-EZ, or 990-PF.

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

Employer identification number 94-3140849

Organiz	zation type (check one):	
Filers o	f:	Section:
Form 99	90 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	90-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		vered by the General Rule or a Special Rule .
		(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
instructi	ons.	
Genera	I Rule	
		g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.
Special	Rules	
	regulations under section 16b, and that received f	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or in (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the y literary, or educational p	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ourposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering lead of the contributor name and address), II, and III.
	contributor, during the y contributions totaled mo during the year for an e General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the of this organization because it received nonexclusively religious, charitable, etc., contributions during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
SOCIETY OF AMERICAN FIGHT DIRECTORS

Employer identification number 94-3140849

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
SOCIETY OF AMERICAN FIGHT DIRECTORS

Employer identification number 94-3140849

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Name of org				Employer identification number
Part III	OF AMERICAN FIGHT DIRECTORS Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y			
	the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	completing Part r. (Enter this inf	III, enter the total of excluormation once. See instru	usively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2		ransfer of gift	p of transferor to transferee
				or transferor to transferee
(a) No	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	p of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a		ransfer of gift Relationshi	p of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
			ransfer of gift	
	Transferee's name, address, and a	ZIP + 4	Relationsh	p of transferor to transferee
	For. Prov. Country			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SOCIETY OF AMERICAN FIGHT DIRECTORS Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements . . . **c** Number of conservation easements on a certified historic structure included on line 2a . . . 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. **b** Assets included in Form 990, Part X.

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part V Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table. If "Yes," explain the arrangement in Part XIII and complete the following table. If "Yes," explain the arrangement in Part XIII and complete the following table. If "Yes," explain the arrangement in Part XIII and complete the following table. If "Yes," explain the arrangement in Part XIII and the part XIII of the organization include an amount on Form 990, Part X, line 21, for esclow or susfordial account liability? Yes No If "Yes," explain the arrangement in Part XIII of the Organization include an amount on Form 990, Part X, line 21, for esclow or susfordial account liability? Yes No If "Yes organization include an amount on Form 990, Part X, line 21, for esclow or susfordial account liability? Yes No If "Yes organization include an amount on Form 990, Part X, line 10, Vine years bask (6) Two year	Part	III Organizations Maintaining Colle	ections of Art, Histor	rical Treasures, or	Other Similar Assets	(continued)		
a Public axhibition d Loan or exchange program b Scholarly research e Other Other Chresevation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Dark V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian, or other intermediary for contributions or other shaets not included on Form 990, Part XP? 1a Is the organization an agent, frustee, custodian, or other intermediary for contributions or other shaets not included on Form 990, Part XIII and complete the following table. 1b If "Yes," explain the arrangement in Part XIII and complete the following table. 1c Beginning balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for eagons or crustfold all account tiability? Yes X No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation, has been provided in Part XIII. 1a Beginning of year balance. 3a Beginning of year balance. 4 Other expenditures for facilities and programs. 4 Administrative expenses. 5 One of the organization answered "Yes" on Form 990, Part X, line 10. 5 Other expenditures for facilities and programs. 5 Office of the estimated percentage of the guirent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment X & Complete If the organization that are held and administered for the organization by. (i) Unrelated organization in the possession of the organization that are held and administered for the organization by. (ii) Unrelated organization (line 3g, locutor of the basis (line 3g, locutor of the basis (line 3g, locutor	3	Using the organization's acquisition, access	sion, and other records, o	check any of the followi	ng that make significant	use of its		
Scholarly research e Other		collection items (check all that apply).		•				
c	а	Public exhibition	d	Loan or exchange pro	ogram			
c	b	Scholarly research	е	Other				
Sull	С							
Secretary Secr	4		collections and explain h	ow they further the orga	anization's exempt purpo	se in Part		
Escrow and Custodial Arrangements.	5							
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, bustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table. Complete If the organization and agent, bustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table. Complete If the organization include an amount on Form 990, Part X, line 21, for excrew or one stodial account liability? Yes X No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. O O O O O O O O O	Part							
Included on Form 990, Part X?		Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form						
b If "Yes," explain the arrangement in Part XIII and complete the following table. C	1a			-	ther assets not	Yes No		
C Beginning balance	b							
d Additions during the year					A	mount		
e Distributions during the year. f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions. C Net investment earnings, gains, and losses. d Grants or scholarships. O O O O O O O O O O O O O O O O O O O	С				1c	0		
Ending balance If O								
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds.					1	0		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	Did the organization include an amount on	Form 990, Part X, line 2	1, for escrow or custodi	al account liability?	Yes X No		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete	b					<u> </u>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete	Part	V Endowment Funds.	♦					
Beginning of year balance			vered "Yes" on Form 9	990, Part IV, line 10.				
b Contributions . Net investment earnings, gains, and losses . d Grants or scholarships . e Other expenditures for facilities and programs . e Other expenditures for facilities and programs . e Other expenditures for facilities and programs . e Team of year balance . D D D D D D D D D D D D D D D D D D		(;	a) Current year (b) Pri	or year (c) Two years	back (d) Three years back	(e) Four years back		
c Net investment earnings, gains, and losses	1a		0	0	0 () 0		
and losses	b	· · · · · · · · · · · · · · · · · · ·				<u> </u>		
d Grants or scholarships .	С							
e Other expenditures for facilities and programs . f Administrative expenses . g End of year balance . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
## Administrative expenses		· · · · · · · · · · · · · · · · · · ·				+		
Fig. Administrative expenses	е	-						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Possible 1	f	· ·				+		
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment		1	0	0	0 (0		
Board designated or quasi-endowment			rrent year end balance (line 1g, column (a)) hel	d as:	·		
Term endowment	а							
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	b	Permanent endowment	%					
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Vest	С							
Vest No Sa(i) Unrelated organizations Sa(i) Selated organizations Sa(ii) Related organizations Sa(ii) Related organizations Sa(ii) Selated organizations Sa(ii) Selated organizations Selated or								
(i) Unrelated organizations (ii) Related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0	3a		session of the organization	n that are held and adr	ninistered for the	[] .		
(ii) Related organizations								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		17				- '/- 		
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (a) Book value (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Dook va	h							
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0	4		•			OD		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Part							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 0 d Equipment 0 0 0 0 0 0 e Other 0 0 0 0 0 0				990, Part IV, line 11a	ı. See Form 990, Part	X, line 10.		
1a Land 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0								
b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0		·	(investment)	(other)	depreciation			
c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 0 e Other 0 0 0 0 0	1a	Land	·	0		0		
d Equipment 0 0 0 0 e Other 0 0 0 0	b	3	·	_				
e Other								
		• •	_					
				•				

Part VII Investments Complete if t		Yes" on Form 990	Part IV, line 11b. See Form 9	90 Part X line 12
(a) Description o	f security or category	(b) Book value	(c) Method of val	
(including n	ame of security)	(b) Book value	Cost or end-of-year m	
(1) Financial derivatives .		0		
(2) Closely held equity inter	ests	0		
(3) Other				
(B)				
(C)				
(D)				
(E)				
(F)				
(H)	200 7 434 # 40 4 471			
	orm 990, Part X, line 12, col. (B)) .	0		
Part VIII Investments Complete if t		Yes" on Form 990,	Part IV, line 11c. See Form 9	90, Part X, line 13.
(a) Descripti	on of investment	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)		•		
(5)				
(6)				
(7)			•	
(8)				
(9)				
	orm 990, Part X, line 13, col. (B)) .	0		
Part IX Other Asset				
Complete if t			Part IV, line 11d. See Form 9	
	(a) Descrip	ption		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
, ,	ual Form 990, Part X, line 15, c	ol (R))		0
Part X Other Liabil	ities.		Part IV, line 11e or 11f. See F	
line 25.	ne organización anoworda	. 55 511 6111 650,	. 4	5 000, i dit /i,
1.	(a) Descripti	ion of liability		(b) Book value
(1) Federal income taxes				0
(2) EXCHANGES				
(3)	·			
(4)	·			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must eq	ual Form 990, Part X, line 25, c	ol. (B))		0
2. Liability for uncertain tax po	sitions. In Part XIII, provide the tex	xt of the footnote to the o	rganization's financial statements tha	at reports the
organization's liability for unce	rtain tax positions under FASB AS	C 740. Check here if the	text of the footnote has been provide	ed in Part XIII

	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	cturri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.1	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		_
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	7 and and an indicated on it of the coo, it are 174, into 20, but not on into 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII.)	-	
_	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 2d and 4b, Alex correlate this part to provide any additional information.		X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	iation.	

Schedule D (Form 990) 2023	SOCIETY OF AMERICAN FIGHT DIRECTORS	94-3140849	Page 5
Part XIII Supplem	nental Information (continued)		
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SCHEDULE L (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SOCIET	Y OF AMERICAN	FIGHT DIRECTO	ORS					94-31	140849	9				
Part I		it Transactions organization ar	(section 501(c	c)(3), se on Forr	ction 50 n 990, F	11(c)(4), and Part IV, line	d section 25a o	on 501(c)(29) or r 25b; or Form 9	ganiza 90-EZ	itions , Part	only). V, lin	e 40b.		
	(a) Name of disqualif	ind manner	(b) Relationship b			person and		(a) Decembris	f t	ti			(d) Cor	rected?
1	(a) Name of disqualif	led person		organizat	tion			(c) Descriptio	n oi tran			•	Yes	No
(1)									4					
(2)								_						
(3)														
(4)										, .	<u> </u>			
(5)										•				
(6)														
u	Inter the amount of nder section 4958								ear 		\$			
3 E	Inter the amount of	tax, if any, on lir	ne 2, above, re	eimburse	ed by th	e organizat	ion .				. \$			
Part II	Complete if the	or From Interes e organization ar eported an amou	nswered "Yes" nt on Form 99			6, 6, or 22.		a, or Form 990,			I			
(a) Nam	e of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Origii principal an		(f) Balance due	(g) In o	lefault?	by bo	proved ard or nittee?	(i) W agree	ritten ment?
				То	From		*		Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)			•											
(7)														
(8)														
(9)			-											
(10)														
Total .		<u> </u>					. \$	0)	<u> </u>				
Part III	Grants or Ass Complete if the	sistance Benefit e organization ar				Part IV, line			. 1					
(a) Na	ame of interested person		ship between interend the organization		c) Amount	of assistance	((d) Type of assistanc	e	(€	e) Purpo	ose of a	ssistan	се
(1)														
(2)		. (//												
(3)		V												
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														

Part IV	Business Transactions Involving Complete if the organization answers	ng Interested Persons. wered "Yes" on Form 990,	Part IV, line 28a, 28b	, or 28c.		3
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring o zation's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5) (6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information. Provide additional information for	responses to questions or	n Schedule L. See ins	tructions.		
)		
		. (1				
		(U				
		>				
)				
	Y					

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

SOCIETY OF AMERICAN FIGHT DIRECTORS	94-3140849
Form 990, Part VI, Section B, Line 11: AFTER IT IS PREPARED, IT IS SENT	TO THE TREASURER FOR
FINAL REVIEW AND APPROVAL FOR SUBMISSION.	·
Form 990, Part VI, Section C, Line 19: THEY ARE AVAILABLE THROUGH TH	IE ORGANIZATION WEBSITE.
THEY ARE ALSO AVAILABLE UPON REQUEST.	
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• C)	
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Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
SOCIETY OF AMERICAN FIGHT DIRECTORS	94-3140849
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Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

= '				
For calendar year 2023, or fisca	l year be	ginning	, 2023,	and ending

023, and ending

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **EIN or SSN** SOCIETY OF AMERICAN FIGHT DIRECTORS 94-3140849 Name and title of officer or person subject to tax JONATHAN E RUBIN **TREASURER** Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here X **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 212,831 2a Form 990-EZ check here Form 1120-POL check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5) . . . 4a Form 990-PF check here 4b **5a Form 8868** check here 6b 7a Form 4720 check here 7b **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 8b 9a Form 5330 check here 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) SOCIETY OF AMERICAN FIGHT DIRECTORS , (EIN) 94-3140849 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize FISHMAN ASSOCIATES CPAS PA to enter my PIN 43140 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 60083278632 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. **NEIL H FISHMAN** ERO's signature Date **ERO Must Retain This Form—See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

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For calendar year 2023, or fiscal year beginning ______, 2023, and endin

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2023

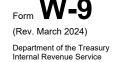
OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **EIN or SSN** SOCIETY OF AMERICAN FIGHT DIRECTORS 94-3140849 Name and title of officer or person subject to tax JONATHAN E RUBIN **TREASURER** Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here **b Total revenue**, if any (Form 990-EZ, line 9) Form 1120-POL check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). Form 990-PF check here **5a Form 8868** check here 7a Form 4720 check here 7b **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 8b 9a Form 5330 check here 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here . . . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am a person subject to tax with respect to (name Under penalties of periury. I declare that I am an officer of the above entity or of entity) SOCIETY OF AMERICAN FIGHT DIRECTORS , (EIN) 94-3140849 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize FISHMAN ASSOCIATES CPAS PA to enter my PIN 43140 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 11/11/2024 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 60083278632 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. **NEIL H FISHMAN** ERO's signature Date **ERO Must Retain This Form—See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Befor	e you b	pegin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form, below.</i>						
		ime of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line tity's name on line 2.)	1, and enter the business/disregarded					
		CIETY OF AMERICAN FIGHT DIRECTORS						
		siness name/disregarded entity name, if different from above						
რ								
on page		leck the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check ly one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership Trust/e	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
ons ons								
r t		LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)	Exempt payee code (if any)					
LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)			Exemption from Foreign Account Tax					
F P		box for the tax classification of its owner.	Compliance Act (FATCA) reporting					
Ę		Other (see instructions)	code (if any)					
Print or type See Specific Instructions	and	on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, d you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check s box if you have any foreign partners, owners, or beneficiaries. See instructions	(Applies to accounts maintained outside the United States.)					
0,	5 Ad	dress (number, street, and apt. or suite no.) See instructions. Requester	s name and address (optional)					
	3501	NORTH SOUTHPORT AVENUE, UNIT 302						
		y, state, and ZIP code						
	CHIC	AGO, IL 60657						
	7 Lis	at account number(s) here (optional)						
Pa	rt I	Taxpayer Identification Number (TIN)						
			Social security number					
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HTA Form **W-9** (Rev. 3-2024)