# Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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.

OMB No. 1545-0047

2019

Open to Public Inspection

<u>A</u>	For the	e 2019 ca	endar year, or tax year b	eginning		, and e	nding		
В	Check if	applicable:	C Name of organization	SOCIETY OF AME	RICAN FIGHT	DIRECTORS	D Emp	loyer identi	fication number
	Address	change	Doing business as						
$\equiv$		Ü	Number and street (or P.O.	box if mail is not delive	ered to street add	ress) Room/suite	94-314	0849	
1	Name ch	ange	1333 W DEVON AVENI			274		phone numb	ner .
П.	nitial retu	ırn	City or town	<u> </u>	State	ZIP code			
닏'	muai reu	alli	CHICAGO		IL	60660	(765) 6	58-4596	
F	inal return	n/terminated		Fi			Landa		_
$\overline{\Box}$			Foreign country name	Foreign provi	nce/state/county	Foreign posta			000 000
$\square'$	Amended	d return					<b>G</b> Gros	s receipts \$	280,680
$\square$	Annlicatio	on pending	F Name and address of princi	ipal officer:			H(a) Is this a group	eturn for subor	rdinates? Yes X No
ш,	тррпоси	on ponding	•		D DOAD EA	TON DADIDO MI			
			CHRISTINA TRAISTER	3534 BOSTEDC	<u>IR RUAD, EA</u>	TON RAPIDS, MI	H(b) Are all subor	dinates inclu	ided? Yes No
1	Tax-exe	mpt status:	X 501(c)(3) 501(c)	( ) <b>◄</b> (ins	ert no.) 49	47(a)(1) or 527	If "No," attac	h a list. (see	instructions)
$\overline{}$	Mahaita	. • \^/\^	/W.SAFD.ORG				H/a) Craun avam	otion numbo	. ►
							H(c) Group exem	Juon number	
K	Form of	organizatior	: X Corporation Tru	ıst Association	Other ►	L Ye	ar of formation: 1	977 <b>M</b>	State of legal domicile: NV
Р	art I	Su	mmary					·	
	1		escribe the organization	'e mission or mos	t cianificant a	stivitios: TO I	DDOMOTE THE	SVEE 8	EFFECTIVE USE OF
Φ	'						<del></del>		EFFECTIVE USE OF
2		VIOLEN	CE FOR THE STAGE A	ND SCREEN, IM	PROVING IH	E QUALITY OF P	ERFURIVIANCI	<b>-</b> 5.	
Activities & Governance									
Š	2	Check tl	nis box 🕨 📗 if the org	anization disconti	inued its opera	ations or disposed	of more than 2	5% of its	net assets.
Ö	3		of voting members of the		-				8
∞			_		•				
S	4		of independent voting m						8
ĕ	5		mber of individuals empl	•					0
츷	6	Total nu	mber of volunteers (estir	mate if necessary	). ,			6	
ĕ	7a	Total un	related business revenue	e from Part VIII, c	olumn (C), lin	e 12		7a	0
	b		elated business taxable i		* /			7b	0
						• • • • • • • •	Prior Ye		Current Year
		Contribu	utions and grants (Dort )	III line (lb)			11101 10		
ne	8	Continbu	itions and grants (Part V	iii, iine in)				234,282	280,680
eu	9		n service revenue (Part V					0	0
Revenue	10	Investm	ent income (Part VIII, col	lumn (A), lines 3,	4, and 7d) .			6	0
œ	11	Other re	venue (Part VIII, column	(A), lines 5, 6d, 8	3c, 9c, 10c, ar	ıd 11e)		0	0
	12		enue—add lines 8 through					234,288	280,680
	13		and similar amounts paid					0	
	14		paid to or for members						
								0	
Expenses	15		other compensation, emp					0	
SL	16a		onal fundraising fees (Pa					0	0
g	b	Total fur	ndraising expenses (Part	: IX, column (D), li	ine 25) ▶	0			
ũ	17		penses (Part IX, column					193,614	198,505
	18		penses. Add lines 13–17	***				193,614	
	1								
_ v	19	Revenu	e less expenses. Subtrac	cume to from line	<del>:</del> 12	<u> </u>		40,674	
Net Assets or Fund Balances							Beginning of Cu	rrent Year	End of Year
set	20		sets (Part X, line 16) .   .					55,530	138,979
άķ	21	Total lia	bilities (Part X, line 26) .					1,030	2,304
ᅙ								54,500	136,675
	22		ets or fund balances. Sul	btract line 21 from	n line 20				
		Net ass		btract line 21 from	line 20	<u> </u>	<u> </u>	0 .,000	100,0.0
Pa	rt II	Net asso	nature Block				and to the hest of		,
Pa	<b>irt II</b> er penalti	Net asso	nature Block y, I declare that I have examined	d this return, including	accompanying scl	nedules and statements		my knowledo	,
Pa	<b>irt II</b> er penalti	Net asso	nature Block	d this return, including	accompanying scl	nedules and statements		my knowledo	,
Under and	I <b>rt II</b> er penalti belief, it i	Net asso	nature Block  I, I declare that I have examined  ct, and complete. Declaration o	d this return, including	accompanying scl	nedules and statements	h preparer has any	my knowledç knowledge.	,
Under and	er penalti belief, it i	Net asso	nature Block y, I declare that I have examined	d this return, including	accompanying scl	nedules and statements	h preparer has any	my knowledo	,
Under and	er penalti belief, it i	Net asso	nature Block  I, I declare that I have examined  ct, and complete. Declaration o	d this return, including	accompanying scl	nedules and statements	h preparer has any	my knowledç knowledge.	,
Under and	er penalti belief, it i	Net asso	nature Block  I, I declare that I have examined  ct, and complete. Declaration o	d this return, including	accompanying scl	nedules and statements	h preparer has any	my knowledç knowledge.	,
Under and	er penalti belief, it i	Net asso Sig ies of perjur is true, corre	nature Block  y, I declare that I have examined ct, and complete. Declaration of  Signature of officer	d this return, including f preparer (other than o	accompanying scl	nedules and statements	h preparer has any	my knowledç knowledge.	,
Under and Sig	er penalti belief, it i n p	Net asso Sig ies of perjur is true, corre	nature Block  y, I declare that I have examined ct, and complete. Declaration of  Signature of officer  Type or print name and title	d this return, including f preparer (other than o	accompanying scl officer) is based or	nedules and statements	h preparer has any	my knowledç knowledge.	ge
Sig Hei	er tiller penalti belief, it i gn re	Net ass	nature Block  y, I declare that I have examined ct, and complete. Declaration of  Signature of officer  Type or print name and title	d this return, including f preparer (other than o	accompanying scl officer) is based or	nedules and statements	h preparer has any	my knowledg knowledge.	ge if PTIN
Sig He	irt II er penalti belief, it i gn re	Net assortion Signification Si	nature Block  y, I declare that I have examined ct, and complete. Declaration of  Signature of officer  Type or print name and title tyType preparer's name  L H FISHMAN	d this return, including f preparer (other than o	accompanying scl officer) is based or arer's signature	nedules and statements	h preparer has any  Date  7/28/2020	my knowledge.  Date  Check self-emp	pe PTIN ployed P01279403
Sig He	er tiller penalti belief, it i gn re	Net assume Signies of perjuristrue, correstrue, correstrue, Frim	nature Block  y, I declare that I have examined ct, and complete. Declaration of the complete	this return, including f preparer (other than of the preparer (other than other	accompanying scl officer) is based of parer's signature L H FISHMAN AS PA	nedules and statements	Date 7/28/2020 Firm's E	my knowledge.  Pate  Check self-emp	prin ployed P01279403 596500
Sig He	irt II er penalti belief, it i gn re	Net assume Signies of perjuristrue, correstrue, correstrue, Frim	nature Block  y, I declare that I have examined ct, and complete. Declaration of  Signature of officer  Type or print name and title tyType preparer's name  L H FISHMAN	this return, including f preparer (other than of the preparer (other than other	accompanying scl officer) is based of parer's signature L H FISHMAN AS PA	nedules and statements	Date 7/28/2020 Firm's E	my knowledge.  Pate  Check self-emp	pe PTIN ployed P01279403

**4e** Total program service expenses

Pa		am Service Accomplish			
		·	ote to any line in this Pa	rt III	
1	Briefly describe the organization's TO PROMOTE THE SAFE AND I QUALITY OF PERFORMANCES	FFECTIVE USE OF VIOLEN	ICE FOR THE STAGE AND	SCREEN, IMPROVING THE	
2	Did the organization undertake ar the prior Form 990 or 990-EZ? . If "Yes," describe these new servi			Yes	X No
3	Did the organization cease conduservices?			y program Yes	X No
4	Describe the organization's progra	am service accomplishments 501(c)(4) organizations are re	equired to report the amount	orogram services, as measured by of grants and allocations to others,	
4a	(Code: ) (Expens FIGHT WORKSHOPS PROVIDE BETWEEN PARTICIPANTS		ding grants of \$ EXPERIENCE WITH PROF	) (Revenue \$ 179,4 PS AND AN EXCHANGE OF INFOR	
41-	(O. d	A	diament of the	) /D	
4b	(Code: ) (Expense PUBLICATION OF THE FIGHT M	IASTER, A TWICE YEARLY	ding grants of \$ JOURNAL WITH A CIRCUL	) (Revenue \$ ATION OF OVER 600	)
			' 		
4c	(Code:) (Expens	es \$ include	ding grants of \$	) (Revenue \$	)
		<b></b>			
4d	Other program services (Describe	e on Schedule O )			
	(Expenses \$	0 including grants of \$	0 ) (Revenue	\$ 0)	

163,450

	990 (2019) SOCIETY OF AMERICAN FIGHT DIRECTORS	94-3140849	Pa	age <b>3</b>
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)? <i>If</i> "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>			Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Par Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	5 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	, , , , , <u>, , , , , , , , , , , , , , </u>		X
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.			
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			X
10	negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>			Х
11	or in quasi endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		X
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete Schedule D, Part VI.</i>	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>			_^ X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>			Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part		+	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," comp Schedule D, Parts XI and XII.</i>	olete 12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yo and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	es,"		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?			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			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<u>14b</u>		Χ
16	for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		Χ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
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," <i>complete Schedule G, Part I</i> (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Χ

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

20b

Part IV

94-314	0849	P	age <b>4</b>
		Yes	No
	22		X
	23		Х
	24a 24b		Х
	24c		
	24d		
	25a		X
	25b		Х
	26		Х
	27		X
	28a		Х
	28b		X
	28c		_
	28C 29		X
	30		X
	31		X
	32		Х
	33		Х
	34 35a		Х
	35b		
	36		X
	37		Х
	38	Χ	
		Yes	No

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			· ·
00	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			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			$\stackrel{\sim}{-}$
	\$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		Ė
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	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			
	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 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			
	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		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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,			
	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	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			1
	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			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			l
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	10		X

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х
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		Х
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
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		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
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			
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		
	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			
C	Enter the amount of reserves on hand	4.		
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		Х
	If "Yes," see 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		Χ
	If "Yes," complete Form 4720, Schedule O.			

94-3140849

Part VI

Sect	ion A. Governing Body and Management			
	g = g =		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	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			
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	_		
Ū	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Χ	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	•		
ı a	one or more members of the governing body?	7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 a	^	
b		76		~
•	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following: The governing body?	00	Χ	
a	The governing body?	8a	X	
b		8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	9		V
Cast	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	-	١	Χ
Seci	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oue.	) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X
_	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		^
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			Х
11a		11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		V
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		X
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	12b		Χ
С	describe in Schedule O how this was done	120		~
42	Did the organization have a written whistleblower policy?	12c 13		X
13	Did the organization have a written document retention and destruction policy?	14	Х	^
14		14	^	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		V
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		Х
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		V
	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			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	401-		
Coot	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 990).	501/6\		
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	) I (C)		
	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	icv		
13	and financial statements available to the public during the tax year.	ιοy,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	_		
_0	(0.4.) 0.4.4.0000			
	CHARLION GAVITI (214) 914-9268 3424 ELVA AVENUE. DALLAS. TX 75227			

04 24	10010	
94-0	140849	

Form 990 (2019) SOCIETY OF AMERICAN FIGHT DIRECTORS

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
Employees, and Independent Contractors

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 instructions for the order in which to list the persons above.

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

<u> </u>	,			•						
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos leck s pe	more rson	than on a sport that on the state of the sta	ın 💮	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SARA FLANAGAN	2.00									
DIRECTOR	0.00	X								
(2) JENNY MALE	2.00									
DIRECTOR	0.00	Х								
(3) ROBERT HUNTER	2.00									
DIRECTOR	0.00	X								
(4) RICHARD RAETHER	2.00									
DIRECTOR	0.00	Х								
(5) ANDREW HAYES	2.00									
DIRECTOR	0.00	Х								
(6) CHARLES E. COYL JR.	2.00									
DIRECTOR	0.00	Х								
(7) CHRISTINA TRAISTER	5.00									
PRESIDENT	0.00			Х						
(8) ROBERT NAJARIAN	3.00			.,						
VICE PRESIDENT	0.00			Χ						
(9) CHRISTOPHER ELST	3.00									
SECRETARY	0.00			Х						
(10) CHARLTON GAVITT	4.00									
TREASURER	0.00			Х						
(11)										
(12)										
(13)										
(14)										
										i e

Form **990** (2019)

Form	990 (2019) SOCIETY OF AMERICAN FIG	HT DIRECTORS	3							(	94-3140	)849	Pa	ge 8
Pa	Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,			ighes	t C	ompensated En	ployees	(continu	ıed)		
						<b>C)</b> sition								
	(A) Name and title	( <b>B</b> ) Average					e than o		<b>(D)</b> Reportable	(E) Reporta		Estima	( <b>F</b> ) ted amo	ount
		hours per week	office	er an	d a d	1	or/trust		compensation from the	compens from rela			f other pensation	n
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)				om the ization a organiza	and
(15)														
(16)														
(17)														
(18)														
(19)														
(20)						7								
(21)														
(22)														
(23)														
(24)														
(25)				•										
1b	Subtotal							<b>•</b>	0		0			0
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)				•			<b>&gt;</b>	0		0			0
2	Total number of individuals (including but not live reportable compensation from the organization	mited to those lis	sted a	bov	e) v	who	recei	ved	more than \$100	),000 of				C
		7										,	Yes	No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched										[	3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greaters.		-						-					
	individual										. [	4		Χ
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo											5		Х
	tion B. Independent Contractors  Complete this table for your five highest compe	encated indepen	dont :	non+	root	torc	that :	-000	aived more than	¢100 000	of			
1	compensation from the organization. Report co											ax yea	ır.	
	(A) Name and business add	ress							(B) Description of ser	vices	C	(C) ompens	ation	

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
			0
			0
			0
			0
			0
2	Total number of independent contractors (including but not limited to those listed above	) who received	

more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	te to any line in	this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	0 52,796 0 0 0 227,884				
Cont	h	lines 1a–1f		280,680			
Program Service Revenue	2a b c d e f	All other program service revenue		0 0 0 0 0			
Other Revenue	3 4 5 6a b c d 7a b c d 8a b c 10a	Investment income (including dividends, interest, a other similar amounts).  Income from investment of tax-exempt bond proce Royalties.  Gross rents.  Less: rental expenses.  Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory.  Less: cost or other basis and sales expenses.  Gain or (loss).  Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c).  See Part IV, line 18	(ii) Other  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0			
Miscellaneous Revenue	11a b c	Net income or (loss) from sales of inventory	Business Code	0 0 0			
Σ	е е	<b>Total.</b> Add lines 11a–11d		0			
	12	Total revenue See instructions		280 680	0	0	-

### **Statement of Functional Expenses**

	OCCILITION AMERICANI DINECTORIO	010110010
Part IX	Statement of Functional Expenses	
Section 501(d	c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must comp	olete column (A).

Do not include amounts reported on lines 6b, 7b,  (A) (B) (C) Total expenses Program service Management	(D)	
8b, 9b, and 10b of Part VIII.	•	
1 Grants and other assistance to domestic organizations		
domestic governments. See Part IV, line 21		
2 Grants and other assistance to domestic		
individuals. See Part IV, line 22		
3 Grants and other assistance to foreign		
organizations, foreign governments, and foreign		
individuals. See Part IV, lines 15 and 16		
4 Benefits paid to or for members		
5 Compensation of current officers, directors,		
trustees, and key employees	0	
6 Compensation not included above to disqualified		
persons (as defined under section 4958(f)(1)) and		
persons described in section 4958(c)(3)(B)		
8 Pension plan accruals and contributions (include		
section 401(k) and 403(b) employer contributions)		
9 Other employee benefits		
10 Payroll taxes		
11 Fees for services (nonemployees):		
<b>a</b> Management	1,638	
<b>b</b> Legal	,	
<b>c</b> Accounting	1,400	
<b>d</b> Lobbying		
e Professional fundraising services. See Part IV, line 17		
f Investment management fees		
g Other. (If line 11g amount exceeds 10% of line 25, column		
(A) amount, list line 11g expenses on Schedule O.)	0	
12 Advertising and promotion	1,956	
<b>13</b> Office expenses	4,401	
14         Information technology		
15 Royalties		
16 Occupancy	0.005	
17 Travel	6,305	
Payments of travel or entertainment expenses for any federal, state, or local public officials		
	13 112	
	13,112	
20       Interest		
22 Depreciation, depletion, and amortization	0	0
23 Insurance		Ť
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.)		
<b>a</b> PUBLISHING 5,270 5,270		
b DUES & SUBSCRIPTIONS 0		
c MISCELLANEOUS 806	806	
d BANK/CC CHARGES 5,333	5,333	
e All other expenses MEMBERSHIP 104	104	_
<b>25 Total functional expenses.</b> Add lines 1 through 24e 198,505 163,450	35,055	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 (2019)

Part X Balance Sheet

<u> </u>			Check if Schedule O contains a response or note to any line in this Part X .			
Cash-mon-interest-bearing   0   1						T T
2 Savings and temporary cash investments				Beginning of year		End of year
3   Pledges and grants receivable, net.   0   3   0   0   0   0   0   0   0   0		1	Cash—non-interest-bearing		1	
A Accounts receivable, net   0   4   0		2	· · · · · · · ·	55,530		138,979
Secured Page   Secure   Sec		3		0	3	0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  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)  7 Notes and loans receivable, net.  9 Prepaid expenses and deferred charges.  10a Lond, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10b Less: accumulated depreciation.  11 Investments—publicly traded securities.  12 Investments—other securities. See Part IV, line 11.  13 Investments—other securities. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  1 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Excover or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other 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.  22 Secured mortgages and notes payable to unrelated third parties.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Total liabilities. Add lines 1't through 25 (and account liability. Complete Part IV of Schedule D.  26 Total liabilities. Add lines 1't through 25 (and complete lines 27, 28, 32, and 33)  27 Net assets with donor restrictions.  28 Net assets with donor restrictions.  29 Organizations that follow FASB ASC 958, check here Part IV of Schedule D.  20 Organizations that do not tollow FASB ASC 959, check here Part IV of Schedule ID.  29 Organizations that of not restrictions.  20 Organizations that on or other funds.  21 Excense of the section of the date of the parties.  22 Calcian or organizations that do not tollow fasb payables to related third parties.  29 Organizations that of n		4		0	4	0
Controlled entity or family member of any of these persons.   0   5		5	Loans and other receivables from any current or former officer, director,			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net			trustee, key employee, creator or founder, substantial contributor, or 35%			
### Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net			controlled entity or family member of any of these persons	0	5	
7 Notes and loans receivable, net.		6	Loans and other receivables from other disqualified persons (as defined			
10a			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0		
10a	ets	7	Notes and loans receivable, net	0	7	0
10a	SS	8	Inventories for sale or use	0	8	
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation . 10b 0 0 10c 0 11 b Less: accumulated depreciation . 10b 0 0 10c 0 11 11 Investments—publicity traded securities . 0 111 0 0 12 0 12 10 12 Investments—other securities. See Part IV, line 11 0 13 0 14 10 13 0 14 11 14 10 14 15 15 15 15 15 15 15 15 15 15 15 15 15	٩	9	Prepaid expenses and deferred charges	0	9	
b Less: accumulated depreciation   10b   0   0   10c   0   11c   1   1   1   1   1   1   1   1		10a	Land, buildings, and equipment: cost or			
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   0   15   0     16   Total assets. Add lines 1 through 15 (must equal line 33)   55,530   16   138,979     17   Accounts payable and accrued expenses   1,030   17   1,507     18   Grants payable   0   18     19   Deferred revenue   0   19   797     20   Tax-exempt bond liabilities   0   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   0   21     22   Loans and other 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   0   22     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 fax, 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   1,030   26   2,304     27   Net assets with donor restrictions   0   28     28   Organizations that follow FASB ASC 958, check here			other basis. Complete Part VI of Schedule D 10a 0			
12   Investments—other securities. See Part IV, line 11.   0   12   0   0   13   10   14   Intangible assets.   0   14   10   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   15   0   0   0   15   0   0   0   0   0   0   0   0   0		b	Less: accumulated depreciation	0	10c	0
13		11	Investments—publicly traded securities	0	11	0
14   Intangible assets   0   14   0   0   15   0   0   0   15   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   15   0   0   0   0   15   0   0   0   15   0   0   0   0   15   0   0   0   0   0   0   0   0   0		12	Investments—other securities. See Part IV, line 11	0	12	0
15 Other assets. See Part IV, line 11		13	Investments—program-related. See Part IV, line 11	0	13	0
16   Total assets. Add lines 1 through 15 (must equal line 33)   55,530   16   138,979     17   Accounts payable and accrued expenses   1,030   17   1,507     18   Grants payable   0   18   0   19   797     20   Tax-exempt bond liabilities   0   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   0   21     22   Loans and other 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   0   22     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 (ax, 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   1,030   26   2,304     Organizations that follow FASB ASC 958, check here		14	Intangible assets	0	14	0
17		15	Other assets. See Part IV, line 11	0	15	0
18   Grants payable   0   18   19   Deferred revenue   0   19   797		16	Total assets. Add lines 1 through 15 (must equal line 33)	55,530	16	138,979
19   Deferred revenue   0   19   797		17	Accounts payable and accrued expenses	1,030	17	1,507
Tax-exempt bond liabilities		18	Grants payable	0	18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue	0	19	797
22 Loans and other 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		20	Tax-exempt bond liabilities	0	20	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  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.  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions.  Corganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds.  29 Capital stock or trust principal, or current funds.  29 Paid-in or capital surplus, or land, building, or equipment fund.  30 Paid-in or capital surplus, or land, building, or equipment funds.  31 Retained earnings, endowment, accumulated income, or other funds.  54,500 31 136,675  54,500 32 136,675		21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
24 Unsecured notes and loans payable to unrelated third parties	es	22	Loans and other payables to any current or former officer, director,			
24 Unsecured notes and loans payable to unrelated third parties	₩		trustee, key employee, creator or founder, substantial contributor, or 35%			
24 Unsecured notes and loans payable to unrelated third parties	abi		controlled entity or family member of any of these persons	0	22	
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	J	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	0	24	0
Part X of Schedule D		25	Other liabilities (including federal income tax, payables to related third			
Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here  and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here  Organizations that do not follow FASB ASC 958, check here  Total liabilities. Add lines 17 through 25.  1,030 26 2,304  27  28 Net assets without donor restrictions 0 28  Organizations that do not follow FASB ASC 958, check here  Total liabilities. Add lines 17 through 25.  1,030 26  2,304  27  28 Net assets without donor restrictions 0 28  Organizations that do not follow FASB ASC 958, check here  X  and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 0 29  Paid-in or capital surplus, or land, building, or equipment fund 0 30  Retained earnings, endowment, accumulated income, or other funds 54,500 31 136,675  Total net assets or fund balances 54,500 32 136,675			parties, and other liabilities not included on lines 17–24). Complete			
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Organizations that follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Organiza			Part X of Schedule D	0	25	0
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 28 Net assets with donor restrictions 30 Organizations that do not follow FASB ASC 958, check here		26	Total liabilities. Add lines 17 through 25	1,030	26	2,304
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 28 Net assets with donor restrictions 30 Organizations that do not follow FASB ASC 958, check here	S		Organizations that follow FASB ASC 958, check here ▶			
Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  O 27  D 28  D 29  S 29  S 30  S	ğ					
Net assets with donor restrictions.  Organizations that do not follow FASB ASC 958, check here	ala	27		0	27	
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	Ä	28		0	28	
and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	Ę					
29 Capital stock or trust principal, or current funds	Ē					
80 80 81Paid-in or capital surplus, or land, building, or equipment fund03031Retained earnings, endowment, accumulated income, or other funds54,50031136,67532Total net assets or fund balances54,50032136,67533Total liabilities and net assets/fund balances55,53033138,979	ō	29		0	29	
8/8         31         Retained earnings, endowment, accumulated income, or other funds         54,500         31         136,675           32         Total net assets or fund balances         54,500         32         136,675           33         Total liabilities and net assets/fund balances         55,530         33         138,979	ets					
32       Total net assets or fund balances       54,500       32       136,675         33       Total liabilities and net assets/fund balances       55,530       33       138,979	\ss				31	136,675
Ž33Total liabilities and net assets/fund balances55,53033138,979	€ †					136,675
	ž					138,979

Check if Schedule O contains a response or note to any line	e in this Part XI				
				. [	
1 Total revenue (must equal Part VIII, column (A), line 12)		1		280	,680
2 Total expenses (must equal Part IX, column (A), line 25)		2		198	,505
<b>3</b> Revenue less expenses. Subtract line 2 from line 1		3		82	,175
4 Net assets or fund balances at beginning of year (must equal Part X, line 3	32, column (A))	4		54	,500
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 (mu	ıst equal Part X, line 32,				
column (B))		10		136	,675
Part XII Financial Statements and Reporting				_	
Check if Schedule O contains a response or note to any line	e 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 c	hecked "Other," explain in				
Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an ir	ndependent accountant?		2a		Χ
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	ated and separate basis				
<b>b</b> Were the organization's financial statements audited by an independent ac	countant?		2b		Х
If "Yes," check a box below to indicate whether the financial statements for					
separate basis, consolidated basis, or both:					
Separate basis Consolidated basis Both consolidated	ated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assu	•				
the audit, review, or compilation of its financial statements and selection of			2c		
If the organization changed either its oversight process or selection process					
Schedule O.	a dailing the tax your, explain on				
3a As a result of a federal award, was the organization required to undergo a	audit or audits as set forth in				
the Single Audit Act and OMB Circular A-133?			3a		Χ
b If "Yes," did the organization undergo the required audit or audits? If the or					
required audit or audits, explain why on Schedule O and describe any step			3b		

Form **990** (2019)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Employer identification number Name of the organization SOCIETY OF AMERICAN FIGHT DIRECTORS 94-3140849

1	Reason for Public Char	<b>ity Status</b> (All org	ganizations must co	mplete th	nis part.)	See instructions.			
rga							-		
Щ						(A)(i).			
Н									
Щ	·			•					
			e or university owned	or operate	ed by a go	vernmental unit desc	cribed in		
	A federal, state, or local govern	ment or governmen	ital unit described in <b>se</b>	ection 170	(b)(1)(A)(	y).			
				m a gove	rnmental ι	init or from the gene	ral public		
	A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)					
X	receipts from activities related t support from gross investment	o its exempt functio income and unrelate	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section t	no more than 33 1/3 511 tax) from busine	3% of its		
	An organization organized and	operated exclusivel	y to test for public safe	ety. See <b>s</b> e	ection 509	(a)(4).			
	of one or more publicly support	ed organizations de	scribed in section 509	(a)(1) or	section 50	9(a)(2). See section	n 509(a)(3).		
	the supported organization(s	s) the power to regu	larly appoint or elect a						
L	control or management of th	e supporting organi	zation vested in the sa						
	Type III functionally integra	ated. A supporting o	organization operated i				rated with,		
L	that is not functionally integr	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att			
Γ							e III		
L	functionally integrated, or Ty	pe III non-functiona				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
							0		
			<u> </u>	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of		
.,			(described on lines 1–10 above (see instructions))			support (see instructions)	other support (see instructions)		
				Yes	No				
						0	0		
		organization is not a private foundat A church, convention of church A school described in section of A hospital or a cooperative hos A medical research organization hospital's name, city, and state An organization operated for the section 170(b)(1)(A)(iv). (Commodity of the section 170(b)(1)(A)(iv). (Commodity of the section 170(b)(1)(A)(Iv). (Commodity of the section 170(b)(1)(A) and organization that normally redescribed in section 170(b)(1)(A) and agricultural research organizor university:  X an organization that normally redescribes from activities related the support from gross investment acquired by the organization afformation or more publicly support. Check the box in lines 12a through the supported organization (sorganization. You must commodity organization. You must commodity organization. You must commodity organization organization organization (sorganization). You must commodity organization organization. You must commodity organization organization. You must commodity organization organization organization. You must commodity organization organization organization organization organization. You must commodity organization organization organization organization organization organization organization organization organization organization. You must commodity organization organizatio	organization is not a private foundation because it is: (F A church, convention of churches, or association of A school described in section 170(b)(1)(A)(ii). (Att. A hospital or a cooperative hospital service organizal A medical research organization operated in conjunt hospital's name, city, and state:  An organization operated for the benefit of a colleg section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or government An organization that normally receives a substantiate described in section 170(b)(1)(A)(vi). (Complete F A community trust described in section 170(b)(1)(A)(vi). (Complete F A community trust described in section 170(b)(1)(A)(vi). (Complete F A community trust described in section 170(b)(1)(A)(vi). (Complete F A community trust described in section 170(b)(1)(A)(vi). (Complete F A community trust described in section 170(b)(1)(A)(vi). (Complete F A community trust described in section 170(b)(1)(A)(vi). (Complete F A community or a non-land-grant college of agriculturiniversity:  An organization after June 30, 1975. S An organization that normally receives: (1) more the receipts from activities related to its exempt function support from gross investment income and unrelate acquired by the organization after June 30, 1975. S An organization organization after June 30, 1975. S An organization organization after June 30, 1975. S An organization organization operated exclusively of one or more publicly supported organizations de Check the box in lines 12a through 12d that described in section organization. You must complete Part IV, Section organization. You must complete Part IV, Section organization (s) the power to regulated organization organization (s) (see instructions). Type III functionally integrated. A supporting organization (s) (see instructions). Type III non-functionally integrated. A supporting organization organization organization received with functionally integrated. The organization functionally integrated. The organization organization organizat	arganization is not a private foundation because it is: (For lines 1 through 12, of A church, convention of churches, or association of churches described in A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form A hospital or a cooperative hospital service organization described in sec hospital's name, city, and state:  An organization operated for the benefit of a college or university owned section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in sec An organization that normally receives a substantial part of its support for described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community an approximation described in section 170(b)(1)(A)(i) or university:  X An organization that normally receives: (1) more than 33 1/3% of its support from gross investment income and unrelated business taxable, in support from gross investment income and unrelated business taxable, in acquired by the organization after June 30, 1975. See section 509(a)(2).  An organization organized and operated exclusively to test for public safe An organization organized and operated exclusively to test for public safe An organization organized and operated exclusively to test for public safe An organization organization after June 30, 1975. See section 509(a)(2).  An supporting organization operated, supervised, or controlled in section 505 Check the box in lines 12a through 12d that describes the type of support of one or more publicly supported organizations described in section 505 Check the box in lines 12a through 12d that describes the type of support or one or organization or	arganization is not a private foundation because it is: (For lines 1 through 12, check only A church, convention of churches, or association of churches described in section A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 99 or 95 A hospital or a cooperative hospital service organization described in section 170(b) A medical research organization operated in conjunction with a hospital described hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated or university or a non-land-grant college of agriculture (see instructions). Enter the university:  An organization that normally receives: (1) more than 33 1/3% of its support from crecipits from activities related to its exempt functions—subject to certain exception support from gross investment income and unrelated business taxable income (less acquired by the organization after June 30, 1975. See section 59(a)(2). (Complet An organization organized and operated exclusively to test for public safety. See set An organization organized and operated exclusively for the benefit of, to perform the of one or more publicly supported organizations described in section 59(a)(1) or check the box in lines 12a through 12d that describes the type of supporting organization. You must complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled in connection with its control or management of the supporting organization operated in control or management of the supporting organization operated in control or that is not functionally integrated. The organization granization operated in control with its supported organization (s) (iv) t	arganization is not a private foundation because it is: (For lines 1 through 12, check only one box.  A church, convention of churches, or association of churches described in section 170(b)(1)(  A school described in section 170(b)(1)(A)(ii), (Altach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)  A medical research organization operated in conjunction with a hospital described in section hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a go section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in section 170(b)(1)(A)(ix). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunce or university or a non-land-grant college of agriculture (see instructions). Enter the name, city university:  X An organization that normally receives: (1) more than 33 1/3% of its support from contribution receipts from activities related to its exempt functions—subject to certain exceptions, and (2) support from gross investment income and unrelated business taxable income (less section 30 An organization organization and operated exclusively to test for public safety. See section 50 (a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 50 (a)(1) or section 50 (check the box in lines 122 through 124 that describes the type of supporting organization organization of one or more publicly supported organizations described in section supported organization. You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization perated in connection with at its supporte	prognization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A school described in section 170(b)(1)(A)(ii). (Altack Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Complete Part III.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.)  A norganization that normally receives a substantial part of its support from a governmental unit or from the gene described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(vi). Operated in conjunction with a land-gray university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the countersity or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the countersity or a non-land-grant college of agriculture (see instructions). Enter the name city, and state of the countersity or a non-land-grant college of agriculture (see instructions). Enter the name city, and state of the countersity or a non-land-grant college of agriculture (see instructions). Enter the name city, and state of the countersity or an organization of the sex expension of the support of the counters of the support of the		

Pa	(Complete only if you checked Part III. If the organization fa	ed the box on li	ne 5, 7, or 8 of	Part I or if the	organization fa	iled to qualify ur	nder
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						(
3	The value of services or facilities furnished by a governmental unit to the organization without charge						(
<b>4 5</b>	Total. Add lines 1 through 3	0	0	0		0	C
6	Public support. Subtract line 5 from line 4						C
	ction B. Total Support	( ) 0045	(1) 2242	( ) 2047	(1) 0040	( ) 0040	(D. T. ).
_	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7 8	Amounts from line 4	0	0	0	C	0	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4					(
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						(
11	<b>Total support.</b> Add lines 7 through 10						(
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, s	second, third, fourth	h, or fifth tax year a		12   (3)	▶
Sec	ction C. Computation of Public Su					1	
14	Public support percentage for 2019 (line 6, c					14	0.00%
15 16a	Public support percentage from 2018 Sched 33 1/3% support test—2019. If the organiz and stop here. The organization qualifies as	ation did not check	the box on line 13	s, and line 14 is 33	1/3% or more, che		0.00%
b	33 1/3% support test—2018. If the organiz box and stop here. The organization qualifies						
	10%-facts-and-circumstances test—2019 10% or more, and if the organization meets to Part VI how the organization meets the "fact organization	the "facts-and-circus- s-and-circumstanc	umstances" test, ches" test. The organ	neck this box and <b>s</b> iization qualifies as 	stop here. Explains a publicly suppor	in ted 	· · · · · • <b>•</b>
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-ands ts the "facts-and-ci	l-circumstances" te rcumstances" test.	est, check this box The organization o	and <b>stop here.</b> qualifies as a publi		<b>&gt;</b> _
18	Private foundation. If the organization did it	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		<u></u>

#### 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	ction A. Public Support	<b>,</b>		7.1	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	27,136	42,249	23,469	20,090	52,796	165,740
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	193,524	170,165	128,649	214,192	227,884	934,414
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			77.410			0
6	<b>Total.</b> Add lines 1 through 5	220,660	212,414	152,118	234,282	280,680	1,100,154
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0
_	or 1% of the amount on line 13 for the year	0	0	0	0	0	
8	Public support (Subtract line 7c from	U	U	0	U	U	
Ü	line 6.)						1,100,154
Sec	ction B. Total Support						1,100,101
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	220,660		152,118		280,680	1,100,154
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	12	9	0	6		27
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		, i				0
С	Add lines 10a and 10b	12	9	0	6	0	27
11	Net income from unrelated business						
	activities not included in 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,	000.070	040 400	450 440	004.000	000 000	4 400 404
4.4	and 12.)	220,672	212,423	152,118		280,680	1,100,181
14	First five years. If the Form 990 is for the o organization, check this box and stop here	•		•	• • •	,	
800	ction C. Computation of Public Su						· · · · · · <u>_</u>
15	Public support percentage for 2019 (line 8, c			(f)\		15	100.00%
16	Public support percentage for 2019 (line 6, c		•	. , ,		16	100.00%
_	ction D. Computation of Investmen			<u> </u>		10	100.0070
17	Investment income percentage for 2019 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2018 Se					18	0.00%
	33 1/3% support tests—2019. If the organi						
	not more than 33 1/3%, check this box and s						<b>▶</b> X
b	33 1/3% support tests—2018. If the organi				-		<del></del>
	line 18 is not more than 33 $1/3\%$ , check this	box and stop here	. The organization	qualifies as a publ	licly supported orga	anization	<b>.</b> 上
20	Private foundation. If the organization did i	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	;	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

i		Yes	NO
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
rm (	990 or	990-F7	2010

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations		V	NI -
	Did the direction to the control of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			Į
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	ction	c)	
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	Cuons	<b>3</b> ).	
_				
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	าstruci	tions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or its supported organizations: It ires, describe in Fait vi the fole played by the organization in this legald.	JU		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	<u>rga</u> r	<u>nizations</u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	•		•
instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	_ 0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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>b</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):			
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 1-1/2% 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 .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 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-functionally	y inte	egrated Type III supporting	organization (see
instructions).			

Part	Type III Non-Functionally integrated 509(a)(3	) Supporting Organi	zations (continuea)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	I	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	1		0.000
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
	From 2018			
	Total of lines 3a through e	0		
<u>g</u>	Applied to underdistributions of prior years		0	•
	Applied to 2019 distributable amount			0
<u>i</u>	Carryover from 2014 not applied (see instructions)	•		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from			
	Section D, line 7: \$ 0 Applied to underdistributions of prior years		0	
	Applied to underdistributions of prior years  Applied to 2019 distributable amount		U	0
	Remainder. Subtract lines 4a and 4b from 4.	0		0
5	Remaining underdistributions for years prior to 2019, if	U		
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.		0	
6	Remaining underdistributions for 2019. 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 2020. Add lines 3j			Ţ.
•	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
<u></u>	Excess from 2019			

Schedule A (Fo	orm 990 or 990-EZ) 2019	SOCIETY OF AMERI	CAN FIGHT DIRECTORS	94-3140849	Page <b>8</b>
Part VI			planations required by Part II, line 10		
			3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11		
			eart IV, Section D, lines 2 and 3; Part		
			line 1e; Part V, Section D, lines 5, 6		
	lines 2, 5, and 6. Als	so complete this part for	any additional information. (See inst	ructions.)	
				A	
			·		
				- <b>/</b>	
		. N Y / /	<b>7</b>		
			•		
		· · ·			
		7			
			=======================================		

#### **SCHEDULE D** (Form 990)

## **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.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

►Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

SOCI	ETY OF AMERICAN FIGHT DIRECTORS		94-3140849
Part	Organizations Maintaining Donor	Advised Funds or Other Similar Fur	
		ed "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don		
	funds are the organization's property, subject t	_	
6	Did the organization inform all grantees, donor		
	only for charitable purposes and not for the be		
	conferring impermissible private benefit?		Yes No
Part	Conservation Easements.		
		ed "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for examp	ole, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on 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
а		🛕	2a
b	Total acreage restricted by conservation easer		
С	Number of conservation easements on a certif		
d	Number of conservation easements included in	n (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified,	transferred, released, extinguished, or term	inated by the organization during
	the tax year		
4	Number of states where property subject to co		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing c	conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing conse	ervation easements during the year
	<b>5</b>	line O(d) above actiof the manyimements of	f +i 470/L\/4\/D\/i\
8	Does each conservation easement reported or		
0	and section 170(h)(4)(B)(ii)?	orto concervation accoments in its revenue	
9	balance sheet, and include, if applicable, the to		
	organization's accounting for conservation eas		nodi statements that describes the
Part		ions of Art, Historical Treasures, or	Other Similar Assets
· ai		ed "Yes" on Form 990, Part IV, line 8.	The difficulty of the second
1a	If the organization elected, as permitted under		e statement and balance sheet
	works of art, historical treasures, or other simil		
	public service, provide in Part XIII the text of the		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	·	
	public service, provide the following amounts r	elating to these items:	
	(i) Revenue included on Form 990, Part VIII, li		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of ar		ts for financial gain, provide the
	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line		<b>&gt;</b> \$
h	Accete included in Form 000 Port V		▶ ₾

Part	Organizations Maintaining Col	lections of Art, Histo	rical Tre	asures, or	Other Simila	r Assets	(contir	าued)	
3	Using the organization's acquisition, acces	ssion, and other records,	check any	of the followi	ng that make s	ignificant	use of its	S	
	collection items (check all that apply):		_						
а	Public exhibition	d	Loan or	exchange pro	ogram				
b	Scholarly research	е	Other						
С	Preservation for future generations		_						
4	Provide a description of the organization's	collections and explain h	now they fu	ırther the ora	anization's exe	mpt purpo	se in Pa	ırt	
•	XIII.								
5	During the year, did the organization solic	it or receive donations of	art, histori	cal treasures,	or other simila	ır			
	assets to be sold to raise funds rather tha						Ye	es	No
Part	IV Escrow and Custodial Arrange	ements		-					
	Complete if the organization ans		990, Part	IV, line 9, c	or reported ar	amount	on For	m	
	990, Part X, line 21.		·						
1a	Is the organization an agent, trustee, cust	odian or other intermedia	ry for conti	ributions or ot	her assets not				
	included on Form 990, Part X?		-				Ye	s	No
b	If "Yes," explain the arrangement in Part >	III and complete the follo	wing table	:					
						Α	mount		
С	Beginning balance				1c				0
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				0
2a	Did the organization include an amount or					-		s X	No
b	If "Yes," explain the arrangement in Part >	(III. Check here if the exp	lanation ha	as been provi	ded on Part XI	II			
Part									
	Complete if the organization ans				ı				
	<b></b>		ior year	(c) Two years		e years back		ur years	
1a	Beginning of year balance	0	0		0	(	4		0
b	Contributions								
С	Net investment earnings, gains,								
A	and losses						+		
d e	Other expenditures for facilities						+		
·	and programs								
f	Administrative expenses						+		
g	End of year balance	0	0		0	(	)		0
2	Provide the estimated percentage of the	urrent year end balance	(line 1g, co	olumn (a)) hel	d as:				
а	Board designated or quasi-endowment		, 0,	· //					
b	Permanent endowment	%							
С	Term endowment ► %								
	The percentages on lines 2a, 2b, and 2c s								
3a	Are there endowment funds not in the pos	session of the organizati	on that are	held and adr	ministered for t	he	г		
	organization by:							Yes	No
	.,						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	•					3b		
4	Describe in Part XIII the intended uses of		ment tuna	5.					
Part			000 Dort	IV line 11c	Soo Form (	000 Dort	V line	10	
	Complete if the organization ans								
	Description of property	(a) Cost or other basis (investment)	` '	or other basis other)	(c) Accumula depreciation		(a) Bo	ook value	:
1a	Land	` ,	,	, 0	·				0
b	Buildings			0		0			0
C	Leasehold improvements	<del>-</del>	+	0		0			0
d	Equipment	*	)	0		0			0
е	Other		)	0		0			0
Total	. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Part X	, column (l	B), line 10c.) .	<del></del>	. •			0

Part VII	Investments—Other Securities.  Complete if the organization answered "	Ves" on Form 990	Part IV line 11h See Form 9	190 Part X line 12
	(a) Description of security or category		(c) Method of val	
	(including name of security)	( <b>b</b> ) Book value	Cost or end-of-year m	
(1) Financia	ll derivatives	0		
(2) Closely	held equity interests	0		
(3) Other				
(A)				
(B)				
(C)				
(H)	in (h) mount a must Forme 000 Port V and (D) line 10 )	0		
	n (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0		
Part VIII	Investments—Program Related.  Complete if the organization answered "	Ves" on Form 990	Part IV line 11c See Form 9	90 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of val	·
	(a) Description of investment	(b) book value	Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) .	0		
Part IX	Other Assets.	V 000	Dart IV   Br 44-1   Car   Farms   0	000 Dant V lina 45
	Complete if the organization answered		Part IV, line 11d. See Form 9	
	(a) Descri	ption		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u> (5)		-		
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lii	ne 15.) .   .   .   .   .		0
Part X	Other Liabilities.	/	1	-
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11e or 11f. See I	Form 990, Part X,
	line 25.	,	,	,
1.		ion of liability		(b) Book value
(1) Federa	I income taxes			0
(2) EXCH	ANGES			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lii		1	0
	r uncertain tax positions. In Part XIII, provide the tex			
organization'	s liability for uncertain tax positions under FASB AS	C 740. Check here if the	e text of the footnote has been provid	ed in Part XIII

	Reconciliation of Revenue per Audited Financial Statements With Revenue per		
	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:		
а			
b	<del>- 1</del>		
C			
d	,		_
е	3 1	. <u>2e</u>	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			
b	,		•
C		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		0
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses p	ber Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 4 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			
b	7 1		
C			
d		20	0
е 3	Add lines 2a through 2d	2e 3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 3	0
a b			
C		4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )		0
	t XIII Supplemental Information.	.   •	
	All Supplemental information.		
Drovi		· Dart \/ line 4: Da	rt V lino
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
			rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		rt X, line

Schedule D (Fo		SOCIETY OF AMERICAN FIGHT DIRECTORS	94-3140849	Page <b>5</b>
Part XIII	Suppleme	ental Information (continued)		
			A	

#### **SCHEDULE L** (Form 990 or 990-EZ)

**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

Internal Revenue Service Name of the organization

Department of the Treasury

**Employer identification number** SOCIETY OF AMERICAN FIGHT DIRECTORS 94-3140849 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22, (d) Loan to or (g) In default? (a) Name of interested person (b) Relationship (c) Purpose of (e) Original (f) Balance due (h) Approved (i) Written principal amount with organization loan from the by board or agreement? organization? committee? То From Yes No Yes Yes No (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)Total  $\blacktriangleright$ \$ 0 Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested (a) Name of interested person (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3) (4)(5)(6)(7) (8)

(9) (10)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)						
(2)				A		
(3)						
(4) (5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information. Provide additional information	n for responses to questions on	Schedule L (see inst	ructions).		
		·				
		<b>/</b>				

#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 94-3140849 SOCIETY OF AMERICAN FIGHT DIRECTORS 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 THE ORGANIZATION WEBSITE THEY ARE ALSO AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization	Employer identification number
SOCIETY OF AMERICAN FIGHT DIRECTORS	94-3140849
	<del></del>