

**City of Key West Application for Non-
Profit Funding Fiscal Year 2022
October 1, 2021 – September 30, 2022**

Agency Name	KWLCB
Physical Address	3111 NORTHSIDE DR
Mailing Address	SAME
City, State, Zip	KEY WEST, FL 33040
Phone	305-879-1092
Fax	
Email	kwlcbaseball@gmail.com
Who should we contact with questions about this application?	HEATHER ROBERTS

Amount received for prior fiscal year ending 09/30/20	\$19,500
Amount received for current fiscal year ending 09/30/21	\$ Not Applicable
Amount requested for upcoming fiscal year ending 09/30/22	\$19,500

For Fiscal Year 2022 how will the amount requested be utilized?	scorekeepers /umpires
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CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. The City of Key West is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use City funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Key West City Commission.

We understand that the agency must substantially meet the eligibility criteria to be considered for City funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Key West.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will receive funding.

Typed Name of Executive Director: Heather Roberts

Signature



Title: Treasurer


Date: 04/19/2021

Witness: _____

Witness: _____

Typed Name of Board President/Chairman: Ozzie Hernandez

Signature



Title: President

Date: 04/19/2021

Witness: _____

Witness: _____

Application (Please type responses. You may complete on your own form).

1. List the services your agency provides. Little league baseball from ages 4 to 15
2. How will funding be used? What specific services will be funded by this request? What needs or problems in Key West does your agency address? Please explain in detail. The funding will be used to pay for umpires and scorekeepers
3. Will City funds be used as match for a grant? Please circle yes or no: Yes No
If you answered "no", please see Question #7.
4. If you answered "yes" to Question #3, please specify the following for each grant:
 - a. grant award title, granting agency, and purpose:
 - b. grant amount:
 - c. match percentage requirement and amount:
 - d. expected award date:
5. Has your agency applied for or received funding for the same purpose from another entity? If yes, please explain.
No
6. Is your agency monitored by an outside entity? If so, by whom and how often?
(If applying for \$5,000 or less, a response is not required.) Yes, City of Key West and Zuelch & Zuelch Accounting
7. What measurable outcomes do you plan to accomplish in the next funding year? Full season of baseball
8. How will you measure these outcomes? (If applying for \$5,000 or less, a response is not required.)
9. In 300 words or less, address any topics not covered above (optional).

Please See List of Required Attachments

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
Application	X		
Current Board Information Form	X		
Evidence of Annual Election of Officers	X		
Board Resolution Approving Application for Funding		X	N/A
City Funded Program Budget	X		
Agency Expenses	X		
Agency Revenue	X		
Agency Fee Schedule	X		
Upon approval of funding, do you agree to provide a copy of an Audited Financial Statement, a review of financial statements, or other financial report as appropriate (to be determined based on amount of funding and agency budget) from most recent fiscal year?		X	N/A
Copy of filed IRS Form 990 from most recent fiscal year	X		
Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout	X		
Copy of Current Monroe County and City Occupational Licenses		X	N/A
Copy of Florida Dept. of Children And Families License or Certification		X	N/A
Copy of any other Federal or State Licenses		X	N/A
Copy of Florida Dept. of Health Licenses/Permits		X	N/A
Copy of Organization's Corporate Bylaws.	X		
Copy of front page of Agency's EEO Policy/Plan	X		
Annual performance report describing services rendered during the most recently completed grant period		X	N/A
Copy of Summary Report of most current Evaluation/Monitoring *		X	N/A

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

Key West Little Conch Baseball Board

President/12U League Director:	Ozzie Hernandez
Vice President:	NA
Secretary:	Dana Vega
Treasurer	Heather Roberts
Director of Field Ops:	Brent Bishop
Equipment Manager:	Greg Maclaren
Sponsorship Coordinator:	Carrie Otto
General Board Member:	Juan Menendez

Schedule of Fees

Registration Fee:	\$130.00
Late Registration Fee:	\$150.00



**Operational Budget
2021 Babe Ruth**

	Budget 21	NOTES					
REVENUE							
Reserves	\$32,000.00	\$0.38	Total deposits in accts				
City KW	\$0.00	0.0%					
Banners	\$3,500.00	4.2%					
Registration Fees	\$39,000.00	46.4%	300 kids at \$130.00				
Jamboree	\$0.00	0.0%					
All-star travel	\$0.00	0.0%					
Team Sponsorship	\$9,600.00	11.4%	24 teams at \$400.00				
Miscellaneous	\$0.00	0.0%					
TOTAL REVENUE	\$84,100.00	100.00%					
EXPENSES							
Uniforms	\$21,000.00	30.97%					
Insurance	\$6,500.00	9.59%					
Babe Ruth Fees	\$800.00	1.18%					
Baseballs	\$5,000.00	7.37%					
Equipment	\$2,000.00	2.95%					
Events	\$0.00	0.00%					
Accountant	\$500.00	0.74%					
Umpires	\$15,000.00	22.12%					
Scorekeepers	\$9,000.00	13.27%					
Office supplies/Op	\$2,000.00	2.95%					
All Star Costs	\$0.00	0.00%					
Trophies	\$3,000.00	4.42%					
Scholarship	\$3,000.00	4.42%					
Micellaneous	\$0.00	0.00%					
TOTAL EXPENSES	\$67,800.00	100.00%					
RESERVES	\$16,300.00	19.38%					

**Zuelch & Zuelch LLC
3144 Northside Dr 101
Key West, FL 33040-8013
305-295-2900**

November 13, 2020

CONFIDENTIAL

Key West Little Conch Baseball
League Inc
3111 Northside Drive
Key West, FL 33040

For professional services rendered in connection with the preparation of the following tax forms
for year ending 12/31/19.

Amount due \$ 500.00

Filing Instructions

Key West Little Conch Baseball League Inc

Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2019

Date Due: November 16, 2020

Remittance: None is required. Your Form 990-EZ for the tax year ended 12/31/19 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Zuelch & Zuelch LLC
3144 Northside Dr 101
Key West, FL 33040-8013

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or fiscal year beginning, 2019, and ending, 20

▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2019**

Name of exempt organization

**Key West Little Conch Baseball
League Inc**

Employer identification number

65-0643805

Name and title of officer

**Heather Roberts
Treasurer****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	104,200
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **11/12/20****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

65781822222

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF)** Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Christian M Zuelch

Date ▶

11/12/20**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So****For Paperwork Reduction Act Notice, see back of form.**Form **8879-EO** (2019)

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the 2019 calendar year, or tax year beginning , and ending**B** Check if applicable:

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

C Name of organization**Key West Little Conch Baseball League Inc**

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

3111 Northside Drive

Room/suite

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

Key West FL 33040**D** Employer identification number**65-0643805****E** Telephone number**305-295-2900****F** Group Exemption

Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: **N/A****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **104,200****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																0											
	2	Program service revenue including government fees and contracts																25,000											
	3	Membership dues and assessments																79,200											
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																											
	6	Gaming and fundraising events:																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																											
c	Less: direct expenses from gaming and fundraising events																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																104,200												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																500											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O)																133,260											
	17	Total expenses. Add lines 10 through 16																133,760											
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																-29,560											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																22,603											
	20	Other changes in net assets or fund balances (explain in Schedule O)																12,000											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																5,043											

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed	None	
42a The organization's books are in care of	Heather Roberts	
	3111 Northside Drive	
Located at	Key West FL ZIP + 4	
	33040	
b 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)? If "Yes," enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

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

	Yes	No
46		X

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

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

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

☐

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

	Yes	No
47		X

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

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

49a		X
-----	--	---

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

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here	Signature of officer Heather Roberts		Date Treasurer		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Christian M Zuelch	Preparer's signature Christian M Zuelch	Date 11/13/20	Check <input type="checkbox"/> if self-employed	PTIN P00222493
	Firm's name ▶ Zuelch & Zuelch LLC			Firm's EIN ▶ 46-2820268	
	Firm's address ▶ 3144 Northside Dr 101 Key West, FL 33040-8013			Phone no. 305-295-2900	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

**Key West Little Conch Baseball
League Inc**

Employer identification number

65-0643805**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				34,500		34,500
2 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						
4 Total. Add lines 1 through 3				34,500		34,500
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						34,500

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4				34,500		34,500
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						34,500
12 Gross receipts from related activities, etc. (see instructions)					12	127,000
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?

- a** 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?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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		

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

- 7** ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
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			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

2019Open to Public
InspectionName of the organization **Key West Little Conch Baseball
League Inc**Employer identification number
65-0643805**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
Uniforms	\$ 24,500
Equipment	\$ 3,000
Baseballs	\$ 7,200
Insurance	\$ 5,400
Babe Ruth Fees	\$ 1,020
Advertising	\$ 600
Umpires	\$ 13,500
Scorekeepers	\$ 8,900
Office Supplies	\$ 1,000
Banners	\$ 800
Allstar Expense	\$ 25,000
Trophies	\$ 2,400
Scholarships	\$ 3,000
Dues	\$ 90
Petty Cash	\$ 1,350
Baseball Camp	\$ 5,000
Concession Expenses	\$ 30,500
Total	\$ 133,260

Form 990-EZ, Part III - Primary Exempt Purpose

To provide the community with recreational options for youth baseball
leagues and instruction.



(Step 3 of 3) Thank you for your payment.

Please print this receipt and keep it for your records.

Tracking Number : 9226976246CC

Document Number : N96000003305

Payment Amount: \$70.00

Receipt Number: 3772545302

Transaction Date: 01/05/2020 02:25 PM

Payment Type:



Account Number: *8668



(Step 3 of 3) Thank you for your payment.

Please print this receipt and keep it for your records.

Tracking Number : 0142842974CC

Document Number : N96000003305

Payment Amount: \$70.00

Receipt Number: 3796422106

Transaction Date: 01/10/2021 09:33 PM

Payment Type:



Account Number: *8668

2021 CHARTER



PENDING PAYMENT

League Name: KEY WEST
LITTLE
CONCH
BABE RUTH
LEAGUE

Request ID: 106

Invoice Number: 2021-53720

League Address: 2809

Venetian
Drive

City, State, Zip: Key West
Florida,
33040

Babe Ruth League Charter Fees

Your SI Play discount is reflected in the prices below

Item Description	Item Quantity	Cost
Major / 70	4	\$80.00
Minor	4	\$60.00
Rookie	4	\$60.00
T-Ball	8	\$120.00
13-15	4	\$80.00
Baseball Rule Book	30	\$105.00
Inspirations Shirt	1	\$19.95
	1	(\$529.95)
	1	(\$4,630.00)
		Initial Balance \$0.00
		Total Charges \$524.95
		Amount Due \$524.95

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

Please enclose a check made out to **Babe Ruth League Inc** for the amount of \$524.95 along with a printed copy of this invoice to:

Babe Ruth League International Headquarters
1670 Whitehorse-Mercerville Road
Hamilton, NJ 08619

K&K Insurance Fees**League Name:**KEY WEST LITTLE CONCH BABE RUTH LEAGUE**Request ID:**106**Invoice Number:**2021-53720**League Address:**2809 Venetian Drive**City, State, Zip:**Key West Florida, 33040

Subdivision	Team Count	Accident	Liability 1	Liability 2
Major / 70	4	\$168.00	\$0.00	\$572.00
Minor	4	\$132.00	\$0.00	\$264.00
Rookie	4	\$132.00	\$0.00	\$264.00
T-Ball	8	\$264.00	\$0.00	\$528.00
13-15	4	\$484.00	\$0.00	\$572.00

Total Accident \$1,180.00**Total Liability 1** \$0.00**Total Liability 2** \$2,200.00**D&O Insurance Total Premium** \$550.00**Equipment and Contents Insurance Total Premium** \$450.00**Crime and Fidelity Total Premium** \$250.00**Amount Due** **\$4,630.00**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

Please enclose a check made out to **K&K INSURANCE GROUP** for the amount of \$4,630.00 and mail the check with a copy of this invoice to:

Babe Ruth League International Headquarters

1670 Whitehorse-Mercerville Road

Hamilton, NJ 08619

Payment Pending

You've submitted an e-check payment for this invoice already. Payment is pending and may take up to 48 hours to process depending on your financial institution. You will be notified via email once processing is complete.

Your e-check payment was successful! You may print this page for your records. Your confirmation is below:

Charter Confirmation: 42472598124

Insurance Confirmation: 62817547606

Note: You will receive email confirmation within the next 24 hours of the completion of processing for your league as well as availability of insurance certificates if applicable.



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/27/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY K&K Insurance Group 1712 Magnavox Way PO Box 2338 Fort Wayne IN 46801-2338		PHONE (A/C, No, Ext): 1-800-441-3994		COMPANY National Casualty Insurance Company	
FAX (A/C, No): 1-260-459-5120		E-MAIL ADDRESS: Cheryl.Pettibone@kandkinsurance.com			
CODE:		SUB CODE:			
AGENCY CUSTOMER ID#:					
INSURED KEY WEST LITTLE CONCH BABE RUTH LEAGUE 2809 Venetian Drive Key West, FL, 33040				LOAN NUMBER	
				POLICY NUMBER KKO0000008581200	
EFFECTIVE DATE 02/01/2021		EXPIRATION DATE 02/01/2022		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Various Locations

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

X

SPECIAL

COVERAGE / PERILS / FORMS

AMOUNT OF INSURANCE

DEDUCTIBLE

Unscheduled Miscellaneous Equipment

\$15,000.00

REMARKS (Including Special Conditions)


Items Valued Over \$5,000: FME -- \$0.00, SE -- \$5,000.00, CSE -- \$10,000.00, PSU -- \$0.00,

Deductible: \$1,000.00

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS EVIDENCE OF COVERAGE	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	MORTGAGEE				
	LOAN #				
	AUTHORIZED REPRESENTATIVE 				

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER K&K INSURANCE GROUP, INC. 1712 MAGNAVOX WAY PO BOX 2338 FORT WAYNE IN 46801		CONTACT NAME: Cheryl Pettibone PHONE (A/C, No. Ext): 800-736-7358 FAX (A/C, No): 847-953-2873 E-MAIL ADDRESS: Cheryl.Pettibone@kandkinsurance.com													
INSURED MEMBER NO: KEY WEST LITTLE CONCH BABE RUTH LEAGUE DBA: Key West Little Conch Baseball 2809 Venetian Drive Key West, FL, 33040		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <td>INSURER A: Nationwide Mutual Insurance Company</td> <td>NAIC # 23787</td> </tr> <tr> <td>INSURER B: Nationwide Life Insurance Company</td> <td>NAIC # 66869</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER A: Nationwide Mutual Insurance Company	NAIC # 23787	INSURER B: Nationwide Life Insurance Company	NAIC # 66869	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: Nationwide Mutual Insurance Company	NAIC # 23787														
INSURER B: Nationwide Life Insurance Company	NAIC # 66869														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			RPG0000031509700	02/01/2021 12:01 AM	02/01/2022 12:01 AM	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS-COMP/OP AGG \$2,000,000 PARTICIPANT LEGAL LIABILITY \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			RPG0000031509700	02/01/2021 12:01 AM	02/01/2022 12:01 AM	COMBINED SINGLE LIMIT (Ea Accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB # OCCUR EXCESS LIAB # CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B	PARTICIPANT ACCIDENT			BAX0000031509800	02/01/2021 12:01 AM	02/01/2022 12:01 AM	Excess Medical \$250,000 AD&D \$ 15,000


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INSURED: ANY PERSON, ORGANIZATION OR ENTITY WHO IS ENGAGED IN PROVIDING THE PREMISES, IS A SPONSOR OR CO-PROMOTER, BUT SOLELY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED.

SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/19/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY K&K Insurance Group 1712 Magnavox Way PO Box 2338 Fort Wayne IN 46801-2338		PHONE (A/C, No, Ext): 1-800-441-3994	COMPANY National Casualty Insurance Company	
FAX (A/C, No): 1-260-459-5120	E-MAIL ADDRESS: Cheryl.Pettibone@kandkinsurance.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID#:				
INSURED KEY WEST LITTLE CONCH BABE RUTH LEAGUE 2809 Venetian Drive Key West, FL, 33040		LOAN NUMBER	POLICY NUMBER KKO0000008581400	
		EFFECTIVE DATE	EXPIRATION DATE 02/01/2022	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

Various Locations

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	DEDUCTIBLE
COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE			DEDUCTIBLE	
Employee Theft	\$25,000			\$500	

REMARKS (Including Special Conditions)


This covers only those 5 persons listed below holding the "positions" designated while such person is engaged in league sanctioned Activities:

President - Ozzie Hernandez
Secretary - Dana Vega
Treasurer - Heather Roberts
DOFO - Brent Bishop
Equipment Mgr - Greg MacLaren

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS EVIDENCE OF COVERAGE	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	MORTGAGEE				
	LOAN #				
	AUTHORIZED REPRESENTATIVE 				

**NON-PROFIT ORGANIZATION
DIRECTORS AND OFFICERS
INCLUDING EMPLOYMENT PRACTICES LIABILITY
CERTIFICATE OF INSURANCE**

**Certificate
Number: 32579**

ISSUED: 02/01/2021

**Company Affording Coverage:
NATIONWIDE MUTUAL INSURANCE COMPANY**

**AUTHORIZED AGENT:
K&K INSURANCE GROUP, INC.**

**THE COVERAGE SHOWN ON THIS CERTIFICATE IS CLAIMS MADE COVERAGE
WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE COVERAGE PERIOD.**

This Certificate of Insurance provides you (the Insured Member) with the insurance indicated below as part of Master Policy #DNO0000031509900 issued to the Sports, Leisure and Entertainment RPG. This Certificate of Insurance together with the Master Policy Declarations, Coverage Form, Endorsements and Enrollment Form constitute the contract between the Insurer, the Organization and the Individual Insureds.

Item A. INSURED MEMBER/PARENT ORGANIZATION

KEY WEST LITTLE CONCH BABE RUTH LEAGUE
2809 Venetian Drive
Key West, FL 33040

ITEM B. COVERAGE PERIOD

Effective: 02/01/2021

Expiration:

02/01/2022

(at 12:01 a.m. Standard Time at the address of the Parent Organization)

ITEM C. LIMITS OF INSURANCE

PREMIUM

\$1,000,000

Limit of Liability

Maximum Aggregate Limit of Liability for each Policy Year:

\$500.00

EXCLUDED

Outside Service Coverage:

EXCLUDED

\$ 500

Retention (Each Claim):

INCLUDED

EXCLUDED

Medical Payments for Participants

Directors and Officers:

EXCLUDED

EXCLUDED

Volunteers:

EXCLUDED

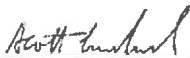
Total Premium Fully Earned at Inception:

\$500.00

**NOTICES: ALL NOTICES REQUIRED TO BE GIVEN TO THE
INSURER UNDER THIS COVERAGE SHALL BE ADDRESSED TO:**

K&K Insurance Group, Inc.
PO Box 2338, 1712 Magnavox Way
Fort Wayne, IN 46801

By:



AUTHORIZED REPRESENTATIVE SIGNATURE



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8014821310C-9	04/30/2018	04/30/2023	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

KEY WEST LITTLE CONCH
BASEBALL LEAGUE INC
3111 NORTHSIDE DR
KEY WEST FL 33040-8001

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



KEY WEST LITTLE CONCH BASEBALL

Little League Pledge

I TRUST IN GOD
I LOVE MY COUNTRY
AND WILL RESPECT ITS LAWS
I WILL PLAY FAIR
AND STRIVE TO WIN
BUT WIN OR LOSE
I WILL ALWAYS
DO MY BEST

KEY WEST LITTLE CONCH BASEBALL LEAGUE CONSTITUTION

Article 1

The name of the league shall be Key West Little Conch Baseball and shall consist of players 4-17 years of age.

Article 2

The purpose of this league is to develop and operate in conformity with and pursuant to the principles and rules and regulations enumerated by Key West Little Conch Baseball to provide a supervised, competitive baseball program for the youth of the community.

Key West Little Conch Baseball is a program of service to youth. It is geared to provide an outlet of healthful activity and training under good leadership in the atmosphere of wholesome community participation.

The league is dedicated to helping children become good and decent citizens. It strives to inspire them with a goal and to enrich their lives towards the day when they must take their places in the world. It establishes for them the fundamentals of teamwork and fair play.

Article 3

The league shall operate in the Lower Florida Keys and Key West, Florida.

Article 4

The League shall be governed by a Board of Directors as follows:
Board of Directors/Members:

Voting Members

1. President
2. Vice-President
3. Treasurer
4. Secretary
5. TBall/6U League Director
6. 7/8 League Director
7. 9/10 League Director
8. 11/12 League Director
9. Pony League Director

Non-Voting Members

10. At-Large member – City of Key West, Representative
11. At-Large member

Article 5

Membership in the league is based upon the following criteria:

1. Completion of application for team membership (Sponsor, Manager and Coaches)
2. Approval of the Board of Directors, whose function is to investigate to insure that individuals selected will fulfill the intent and objectives set forth in Article II, as well as follow league affiliated rules and protocol.
3. The Manager is responsible for the actions of the team and its Coaches.

Article 6

The League shall consist of the following standing committees:

1. Budget and Finance
2. Registration
3. Equipment**
4. Sponsorship
5. Umpires/Scorekeepers
6. All-Stars
7. Rules

***All equipment will be checked in and out by League Directors.*

Article 7

There shall be one annual meeting held the beginning of October each year. At this meeting the following business must be conducted by the current Board of Directors.

1. Final financial report to membership
2. Final equipment inventory must be turned in for each division and all equipment placed in storeroom.

3. Assignment of League Directors to serve the following year (October-September)
4. Old business and any other business that may legally come before the Board.

Article 8

The Code of Conduct of the Key West Little Conch Baseball shall be enforced by the Board of Directors and the following penalties shall apply to Managers, Assistant Coaches, Umpires, Spectators and Board Members:

**** Player conduct – see League Rules***

OFFENSE	FIRST OFFENSE	SECOND OFFENSE	THIRD OFFENSE
Verbal Abuse	Warning	One (1) Game Suspension	Season Suspension
Physical Contact	Season Suspension	Lifetime Suspension	XXXXXXXXXX
Smoking	One (1) Game Suspension	Season Suspension	Lifetime Suspension
Profanity	Warning	Three (3) Game Suspension	Season Suspension
Alcohol Abuse	Three (3) Game Suspension	Season Suspension	Lifetime Suspension
Property Abuse	Restitution(warning)	Season Suspension and restitution	Lifetime Suspension and restitution
Ejection	Next game suspension	Next three (3) games suspension	Suspension: remainder of the season

Article 9

The Constitution may only be amended by unanimous consent of the Board of Directors. The Bylaws to be adopted by the Board may only be amended by a three-fourths (3/4) majority vote of the Board.

Article 10

All meetings conducted pursuant to the Constitution shall be governed by Roberts Rule of Order.

- A. The Board will hold monthly meetings and emergency sessions as needed.
- B. All agenda items should be presented to the Secretary of the League prior to the scheduled meeting date.
- C. Agenda items will be distributed to all Board Members for review.
- D. All first time business must be tabled and not voted on until the following meeting.

KEY WEST LITTLE CONCH BASEBALL

BYLAWS

Article 1

Each team shall have a Manager and maximum of three coaches in appropriate team uniform. Only Managers can discuss umpire interpretation. In his absence the Manager should designate an Assistant coach to assume responsibility of the team. Assistant coaches will be held to the same standard as the Manager.

Article 2

1. Each team in the league will be sponsored by a business which includes having their business advertised on their sponsored team uniform.
2. The concession stand, which is under the authority of the Board of Directors, will be used as a source of revenue for Key West Little Conch Baseball.
3. Managers and coaches shall support all fundraising campaigns of Key West Little Conch Baseball.

Article 3

1. Registration and try-outs shall be set at a time to be determined by the Board of Directors.
2. No player may participate in try-outs without presenting a valid birth certificate or other form of identity acceptable to the Board of Directors.
3. All players previously playing in the league shall be members of the team from the prior season, except for those players returned to the draft by the Board of Directors. Any player who quits or leaves a team must have league approval to participate the following year.
4. All other players not previously members of a team shall be selected in a round robin draft, except for a Manager's child which must be a first pick by his rank in the draft.
5.
 - A. Draft order will be determined by drawing of numbers. Starting with one (1).
 - B. Managers may trade players only on draft day prior to certification of rosters by League Directors.
 - C. If an additional team is added to any League, all players in that League are subject to the draft.
6. Each team shall consist of a maximum of fifteen (15) players, with a balanced number of each age group. Minimum number of players will vary on number of teams per League.
7. Each team will play a schedule to be determined by the Board of Directors.
 - A. Any schedule changes must be Board approved.
8. Each League Championship will be decided in a playoff format.

- A. Seeding: Teams will be seeded based on their record. If teams do not play the same number of games we will use winning percentage in order to seed teams. Seeding will vary by number of teams in each League.
- B. Tie Breaker: Cal Ripken league rules will be used if a tie exists between two or more teams, either for advancement to the elimination round or for seeding purposes.

Sample seeding:



1. Seed 1 plays seed 8
2. Seed 2 plays seed 7
3. Seed 3 plays seed 6
4. Seed 4 plays seed 5

5. The winners from games 1 and 4 play.
6. The winners from games 2 and 3 play.

7. The winners of games 5 and 6 play as the championship game.

- C. Rain-Outs: The Board will reschedule games as soon as they are rained out. We reserve the right to establish a cut-off date for the rescheduling of games should it become necessary.

Article 4

1. Trophies shall be presented as follows:
 - A. 1st place team - Season
 - B. 1st place team - Tournament
2. Individuals trophies shall be presented to the following players:
 - A. Most homeruns for the season
 - B. Highest batting average: *Minimum at bats to be set by Board of Directors.*
 - C. Pitching: *statistics as determined by the Board of Directors.*
 - D. Sportsmanship: *Players will be nominated by Team Manager. Nominees will be evaluated and recipient chosen by scorekeepers/umpires.*
3. The source of the statistics shall be the official scorebooks maintained by the official scorekeepers as certified by the Board of Directors

Article 5

1. The All Star team shall be selected by the All Star committee per Article 6 in the Key West Little Conch Baseball League Constitution.
 - A. The All Star committee will be selected by the Board of Directors.
 - B. The All Star committee will pick twelve (12) players.
 - C. The Board will choose the All Star Manager and one Assistant coach, and the Manager will choose one Assistant.

Article 6

1. All games shall be played in accordance with Key West Little Conch Baseball.
2. Each League will follow their specific rules and regulations.**
3. In the 8U, 10U, 12U, and 13-15U Leagues each player shall play a minimum of two full innings every six (6) innings.
 - A. Players shall have two (2) defensive innings and one (1) at bat every six (6) innings.
 - B. Two (2) at bats as DH/designated hitter or EH/extra hitter equals one (1) defensive inning.
 - C. Free substitutions defensively.

***Rules will adjust per League as stated in Article 6, Section 2.*

Article 7

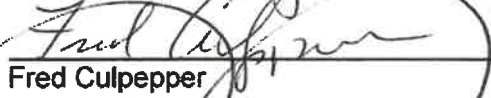
1. Any decision by a League Director concerning any Manager, Coach, Player or Spectator shall be final. Any aggrieved party may appeal said League Director's decision by filing a request in writing to the Board of Directors.
2. The Board of Directors shall rule on all appeals as soon as possible in order to provide complete due process to the appealing party.

Adopted:


Ozzie Hernandez


Heather Roberts


Dana Vega


Fred Culpepper


Tommy Todd


Pedro Fraga


Gary Maitland


Tiffany Pellicier


Greg McLaren

11/20/14
Date

11/20/14
Date

11/20/2014
Date

11/20/14
Date

11/20/14
Date

11/20/14
Date

11/20/14
Date

1/5/15
Date



Transaction history
Account: Operating Account
Date: 4/19/2021

50 transactions

DATE	DESCRIPTION	DEBITS	CREDITS	BALANCE
4/19/2021	MOBILE DEPOSIT		\$600.00	
4/16/2021	CHECK 1004	-\$175.00		\$12,530.93
4/16/2021	MOBILE 897649758 DEPOSIT		\$50.00	\$12,705.93
4/16/2021	MOBILE 897648970 DEPOSIT		\$150.00	\$12,655.93
4/16/2021	MOBILE 897648226 DEPOSIT		\$150.00	\$12,505.93
4/16/2021	MOBILE 897644990 DEPOSIT		\$150.00	\$12,355.93
4/16/2021	MOBILE 897641734 DEPOSIT		\$150.00	\$12,205.93
4/16/2021	MOBILE 897640838 DEPOSIT		\$175.00	\$12,055.93
4/16/2021	MOBILE 897639506 DEPOSIT		\$260.00	\$11,880.93
4/16/2021	MOBILE 897637570 DEPOSIT		\$200.00	\$11,620.93
4/16/2021	MOBILE 897636338 DEPOSIT		\$300.00	\$11,420.93
4/16/2021	MOBILE 897634806 DEPOSIT		\$300.00	\$11,120.93
4/16/2021	MOBILE 897633590 DEPOSIT		\$325.00	\$10,820.93
4/16/2021	MOBILE 897631230 DEPOSIT		\$400.00	\$10,495.93
4/16/2021	MOBILE 897629742 DEPOSIT		\$300.00	\$10,095.93
4/16/2021	MOBILE 897628786 DEPOSIT		\$400.00	\$9,795.93
4/16/2021	MOBILE 897627698 DEPOSIT		\$400.00	\$9,395.93
4/16/2021	MOBILE 897626598 DEPOSIT		\$400.00	\$8,995.93
4/16/2021	MOBILE 897625014 DEPOSIT		\$200.00	\$8,595.93
4/15/2021	TRANSFER FROM X5169 TO X5177		\$5,000.00	\$8,395.93
4/13/2021	CHECK 1008	-\$2,015.00		\$3,395.93
4/12/2021	CHECK 3005	-\$280.00		\$5,410.93
4/12/2021	CHECK 1651	-\$210.00		\$5,690.93
4/12/2021	CHECK 1005	-\$115.00		\$5,900.93
4/12/2021	CHECK 1003	-\$280.00		\$6,015.93
4/9/2021	CHECK 1007	-\$180.00		\$6,295.93
4/9/2021	CHECK 1006	-\$90.00		\$6,475.93
4/9/2021	CHECK 1002	-\$200.00		\$6,565.93
3/25/2021	CHECK 3002	-\$180.00		\$6,765.93
3/25/2021	CHECK 1648	-\$100.00		\$6,945.93

4/19/2021

Transaction history - Operating Account - IBERIABANK

DATE	DESCRIPTION	DEBITS	CREDITS	BALANCE
3/24/2021	CHK ORDER HARLAND CLARKE PPD	-\$137.88		\$7,045.93
3/24/2021	CHECK 3003	-\$175.00		\$7,183.81
3/22/2021	CHECK 3007	-\$1,950.00		\$7,358.81
3/22/2021	CHECK 3004	-\$180.00		\$9,308.81
3/22/2021	DDA B/P 1539 43468550 AT&TBILL PAYMENT 800-331-0500 TX CARD# 8668	-\$185.67		\$9,488.81
3/19/2021	CHECK 3006	-\$200.00		\$9,674.48
3/16/2021	CHECK 1647	-\$190.00		\$9,874.48
3/15/2021	0845 31378509 CATEGORY 5 DESIGN KEY WEST FL CARD# 8668	-\$300.00		\$10,064.48
3/12/2021	CHECK 1653	-\$1,730.00		\$10,364.48
3/11/2021	CHECK 1652	-\$200.00		\$12,094.48
3/8/2021	CHECK 1650	-\$150.00		\$12,294.48
3/8/2021	CHECK 1649	-\$70.00		\$12,444.48
3/5/2021	CHECK 1646	-\$210.00		\$12,514.48
3/4/2021	CHECK 1645	-\$21,074.00		\$12,724.48
2/26/2021	CHECK 1643	-\$2,510.00		\$33,798.48
2/26/2021	CHECK 1639	-\$150.00		\$36,308.48
2/25/2021	CHECK 1638	-\$350.00		\$36,458.48
2/23/2021	CHECK 1642	-\$350.00		\$36,808.48
2/23/2021	CHECK 1640	-\$210.00		\$37,158.48
2/23/2021	CHECK 1635	-\$250.00		\$37,368.48
Totals	Transactions: 50	- \$34,397.55	\$9,910.00	



Transaction history
Account: Reserve Account
Date: 4/19/2021

1 transactions

DATE	DESCRIPTION	DEBITS	CREDITS	BALANCE
3/31/2021	INTEREST DEPOSIT		\$3.98	\$32,312.42
Totals	Transactions: 1		\$3.98	



Transaction history
Account: Concession Account
Date: 4/19/2021

50 transactions

DATE	DESCRIPTION	DEBITS	CREDITS	BALANCE
4/16/2021	CHECK 1791	-\$60.00		\$6,404.50
4/16/2021	CHECK 1786	-\$120.00		\$6,464.50
4/16/2021	CHECK 1776	-\$60.00		\$6,584.50
4/16/2021	DEPOSIT		\$815.25	\$6,644.50
4/15/2021	TRANSFER FROM X5169 TO X5177	-\$5,000.00		\$5,829.25
4/15/2021	DEPOSIT		\$836.25	\$10,829.25
4/14/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$335.78		\$9,993.00
4/14/2021	DEPOSIT		\$775.50	\$10,328.78
4/13/2021	C01 FLA DEPT REVENUE PPD	-\$922.03		\$9,553.28
4/13/2021	CHECK 1789	-\$315.00		\$10,475.31
4/13/2021	DEPOSIT		\$686.00	\$10,790.31
4/12/2021	CHECK 1788	-\$105.00		\$10,104.31
4/12/2021	CHECK 1783	-\$120.00		\$10,209.31
4/12/2021	CHECK 1782	-\$623.52		\$10,329.31
4/12/2021	CHECK 1774	-\$120.00		\$10,952.83
4/12/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$118.13		\$11,072.83
4/12/2021	1205 15229204 SUBURBAN PROPANE 800-776-7263 NJ CARD# 1099	-\$384.90		\$11,190.96
4/12/2021	DEPOSIT		\$371.00	\$11,575.86
4/9/2021	CHECK 1785	-\$120.00		\$11,204.86
4/9/2021	CHECK 1784	-\$60.00		\$11,324.86
4/9/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$749.11		\$11,384.86
4/9/2021	DEPOSIT		\$834.00	\$12,133.97
4/8/2021	DEPOSIT		\$842.25	\$11,299.97
4/7/2021	CHECK 1779	-\$105.00		\$10,457.72
4/7/2021	CHECK 1777	-\$120.00		\$10,562.72
4/7/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$61.89		\$10,682.72
4/7/2021	DEPOSIT		\$895.75	\$10,744.61
4/6/2021	CHECK 1778	-\$165.00		\$9,848.86
4/6/2021	PIN PUBLIX KEY WEST FL CARD# 1099	-\$30.50		\$10,013.86
4/6/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$135.42		\$10,044.36

4/19/2021

Transaction history - Concession Account · IBERIABANK

DATE	DESCRIPTION	DEBITS	CREDITS	BALANCE
4/6/2021	DEPOSIT		\$735.25	\$10,179.78
4/5/2021	CHECK 1780	-\$465.00		\$9,444.53
4/5/2021	CHECK 1775	-\$120.00		\$9,909.53
4/5/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$489.27		\$10,029.53
4/5/2021	DEPOSIT		\$250.75	\$10,518.80
4/2/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$197.91		\$10,268.05
4/2/2021	DEPOSIT		\$881.75	\$10,465.96
4/1/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$130.54		\$9,584.21
4/1/2021	DEPOSIT		\$917.00	\$9,714.75
3/31/2021	SERVICE CHARGE	-\$3.50		\$8,797.75
3/31/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$179.98		\$8,801.25
3/31/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$445.67		\$8,981.23
3/31/2021	DEPOSIT		\$549.50	\$9,426.90
3/30/2021	DEPOSIT		\$871.00	\$8,877.40
3/29/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$124.05		\$8,006.40
3/25/2021	PIN GFS STORE #0788 25 KEY WEST FL CARD# 1099	-\$112.59		\$8,130.45
3/24/2021	CHECK 1770	-\$60.00		\$8,243.04
3/23/2021	CHECK 1771	-\$120.00		\$8,303.04
3/23/2021	CHECK 1769	-\$120.00		\$8,423.04
3/22/2021	CHECK 1773	-\$120.00		\$8,543.04
Totals	Transactions: 50	- \$12,519.79	\$10,261.25	

AGREEMENT

This Agreement is made and entered into this _____ day of October, 2021, between the CITY OF KEY WEST, FLORIDA, a municipal corporation, hereinafter referred to as "City," and KWLCB, hereinafter referred to as "PROVIDER."

WHEREAS, the PROVIDER is a not-for-profit corporation established for the provision of BASEBALL services in Key West, and

WHEREAS, it is a legitimate public purpose to provide _____ services, now, therefore,

IN CONSIDERATION of the mutual promises and covenants contained herein, it is agreed as follows:

FUNDING

1. AMOUNT OF AGREEMENT. The City, in consideration of the PROVIDER substantially and satisfactorily performing and carrying out the duties for BASEBALL services, shall pay to the PROVIDER the sum of 19,500 AND NO/100 DOLLARS (\$ 19,500 .00) for fiscal year 2021-2022.

2. TERM. This Agreement shall commence on October 1, 2021, and terminate September 30, 2022, unless earlier terminated pursuant to other provisions herein.

3. PAYMENT. Payment will be made periodically, but no more frequently than monthly, as hereinafter set forth. Reimbursement requests will be submitted to the City via the City Manager's Office. The City shall only reimburse, subject to the funded amounts below, those reimbursable expenses which are reviewed and approved as complying with City of Key West Code of Ordinances, State laws and regulations and Attachment A - Expense Reimbursement Requirements. Evidence of payment by the PROVIDER shall be in the form of a letter, summarizing the expenses, with supporting documentation attached. The letter should contain a notarized certification statement. An example of a reimbursement request cover letter is included as Attachment B. The organization's final invoice must be received within thirty days after the termination date of this contract shown in Article 2 above.

After the City Manager or his designee examines and approves the request for reimbursement, the City shall reimburse the PROVIDER. However, the total of said reimbursement expense payments in the aggregate sum shall not exceed the total amount shown in Article 1, above, during the term of this agreement.

4. AVAILABILITY OF FUNDS. If funds cannot be obtained or cannot be continued at a level sufficient to allow for continued reimbursement of expenditures for services specified herein, this agreement may be terminated immediately at the option of the City Commission by written notice of termination delivered to the PROVIDER. The City shall not be obligated to pay for any services or goods provided by the PROVIDER after the PROVIDER has received written notice of termination, unless otherwise required by law.

5. CLAIMS FOR FEDERAL OR STATE AID. PROVIDER and City agree that each shall be, and is, empowered to apply for, seek, and obtain federal and state funds to further the purpose of this Agreement-

6. PURCHASE OF PROPERTY. All property, whether real or personal, purchased with funds provided under this agreement, shall become the property of the City of Key West and shall be accounted for pursuant to statutory requirements.

RECORDKEEPING

7. RECORDS. PROVIDER shall maintain all books, records, and documents directly pertinent to performance under this Agreement in accordance with generally accepted accounting principles consistently applied. Each party to this Agreement or their authorized representatives shall have reasonable and timely access to such records of each other party to this Agreement for public records purposes during the term of the Agreement and for four years following the termination of this Agreement. If an auditor employed by the City determines that monies paid to PROVIDER pursuant to this Agreement were spent for purposes not authorized by this Agreement, the PROVIDER shall repay the monies together with interest calculated pursuant to Sec. 55.03, FS, running from the date the monies were paid to PROVIDER.

In addition, if PROVIDER is required to provide an audit as set forth in in Section 9(d) below, the audit shall be prepared by an independent certified public accountant (CPA) with a current license, in good standing with the Florida State Board of Accountancy, who maintains malpractice insurance covering the audit services provided. If the PROVIDER receives \$100,000 or more in grant funding from the City, the CPA must also be a member of the American Institute of Certified Public Accountant (AICPA). The City shall be considered an "intended recipient" of said audit.

8. PUBLIC ACCESS. The City and PROVIDER shall allow and permit reasonable access to, and inspection of, all documents, papers, letters or other materials in its possession or under its control subject to the provisions of Chapter 119, Florida Statutes, and made or received by the City and PROVIDER in conjunction with this Agreement; and the City shall have the right to unilaterally cancel this Agreement upon violation of this provision by PROVIDER.

9. COMPLIANCE WITH CITY GUIDELINES. The PROVIDER must furnish to the City the following (items A-I must be provided prior to the payment of any invoices):

- (a) IRS Letter of Determination and GUIDESTAR printout indicating current 501(c)(3) status;
- (b) List of the Organization's Board of Directors of which there must be at least 5 and for each board member please indicate when elected to serve and the length of term of service;
- (c) Evidence of annual election of Officers and Directors;
- (d) Board resolution approving application for funding
- (e) Unqualified audited financial statement from the most recent fiscal year for all organizations that expend \$150,000 a year or more; if qualified, include a statement of deficiencies with corrective actions recommended/taken;
- (f) Copy of a filed IRS Form 990 from most recent fiscal year with all attached schedules;
- (g) Organization's Corporate Bylaws, which must include the organization's mission, board and membership composition, and process for election of officers;
- (h) Organization's Policies and Procedures Manual which must include hiring policies for all staff, drug and alcohol free workplace provisions, and equal employment opportunity provisions;
- (i) Specific description or list of services to be provided under this contract with this grant (see Attachment C);
- (j) Annual Performance Report describing services rendered during the most recently completed grant period (to be furnished within 30 days after the contract end date.) The performance report shall include statistical information regarding the types and frequencies of services provided, a profile of clients (including residency) and numbers served, and outcomes achieved;
- (k) Cooperation with City monitoring visits that the City may request during the contract year; and
- (l) Annual budget including expenditures and sources of revenue
- (m) Other reasonable reports and information related to compliance with applicable laws, contract provisions and the scope of services that the City may request during the contract year.

RESPONSIBILITIES

10. SCOPE OF SERVICES. The PROVIDER, for the consideration named, covenants and agrees with the City Commission to substantially and satisfactorily perform and provide the services outlined in Attachment C to residents of Key West, Florida.

11. ATTORNEY'S FEES AND COSTS. The City and PROVIDER agree that in the event any cause of action or administrative proceeding is initiated or defended by any party relative to the enforcement or interpretation of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees, court costs, investigative, and out-of-pocket expenses, as an award against the non-prevailing party, and shall include attorney's fees, courts costs, investigative, and out-of-pocket expenses in appellate proceedings. Mediation proceedings initiated and conducted pursuant to this Agreement shall be in accordance with the Florida Rules of Civil Procedure and usual and customary procedures required by the circuit court of Monroe County.

12. BINDING EFFECT. The terms, covenants, conditions, and provisions of this Agreement shall bind and inure to the benefit of the City and PROVIDER and their respective legal representatives, successors, and assigns.

13. CODE OF ETHICS. City agrees that officers and employees of the City recognize and will be required to comply with the standards of conduct for public officers and employees as delineated in Section 112.313, Florida Statutes, regarding, but not limited to, solicitation or acceptance of gifts; doing business with one's agency; unauthorized compensation; misuse of public position, conflicting employment or contractual relationship; and disclosure or use of certain information.

14. NO SOLICITATION/PAYMENT. The City and PROVIDER warrant that, in respect to itself, it has neither employed nor retained any company or person, other than a bona fide employee working solely for it, to solicit or secure this Agreement and that it has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for it, any fee, commission, percentage, gift, or other consideration contingent upon or resulting from the award or making of this Agreement. For the breach or violation of the provision, the PROVIDER agrees that the City shall have the right to terminate this Agreement without liability and, at its discretion, to offset from monies owed, or otherwise recover, the full amount of such fee, commission, percentage, gift, or consideration.

15. INDEPENDENT CONTRACTOR. At all times and for all purposes hereunder, the PROVIDER is an independent contractor and not an employee of the Board. No statement contained in this agreement shall be construed so as to find the PROVIDER or any of its employees, contractors, servants or agents to be employees of the City.

COMPLIANCE ISSUES

16. COMPLIANCE WITH LAW. In providing all services pursuant to this agreement, the PROVIDER shall abide by all statutes, ordinances, rules and regulations pertaining to or regulating the provision of such services, including those now in effect and hereinafter adopted. Any violation of said statutes, ordinances, rules and regulations shall constitute a material breach of this agreement and shall entitle the Board to terminate this contract immediately upon delivery of written notice of termination to the PROVIDER.

17. PROFESSIONAL RESPONSIBILITY AND LICENSING. The PROVIDER shall assure that all professionals have current and appropriate professional licenses and professional liability insurance coverage. Funding by the City is contingent upon retention of appropriate local, state and/or federal certification and/or licensure of the PROVIDER'S program and staff.

18. NON-DISCRIMINATION. City and PROVIDER agree that there will be no discrimination against any person, and it is expressly understood that upon a determination by a court of competent jurisdiction that discrimination has occurred, this Agreement automatically terminates without any further action on the part of any party, effective the date of the court order. City or PROVIDER agree to comply with all Federal and Florida statutes, and all local ordinances, as applicable, relating to nondiscrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (PL 88-352) which prohibits discrimination on the basis of race, color or national origin; 2) Title IX of the Education Amendment of 1972, as amended (20 USC ss. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; 3) Section 504 of the Rehabilitation Act of 1973, as amended (20 USC s. 794), which prohibits discrimination on the basis of handicaps; 4) The Age Discrimination Act of 1975, as amended (42 USC ss. 6101-6107) which prohibits discrimination on the basis of age; 5) The Drug Abuse Office and Treatment Act of 1972 (PL 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; 6) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; 7) The Public Health Service Act of 1912, ss. 523 and 527 (42 USC ss. 690dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; 8) Title VIII of the Civil Rights Act of 1968 (42 USC s. et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; 9) The Americans with Disabilities Act of 1990 (42 USC s. 1201 Note), as maybe amended from time to time, relating to nondiscrimination on the basis of disability; 10) Any other nondiscrimination provisions in any Federal or state statutes which may apply to the parties to, or the subject matter of, this Agreement.

AMENDMENTS, CHANGES, AND DISPUTES

19. MODIFICATIONS AND AMENDMENTS. Any and all modifications of the services and/or reimbursement of services shall be accomplished by an amendment, which must be approved in writing by the City Commission.

20. ADJUDICATION OF DISPUTES OR DISAGREEMENTS. City and PROVIDER agree that all disputes and disagreements shall be attempted to be resolved by meet and confer sessions between representatives of each of the parties. If the issue or issues are not resolved to the satisfaction of the parties, then any party shall have the right to seek such relief or remedy as may be provided by this Agreement or by Florida law.

21. COOPERATION. In the event any administrative or legal proceeding is instituted against either party relating to the formation, execution, performance, or breach of this Agreement, City and PROVIDER agree to participate, to the extent required by the other party, in all proceedings, hearings, processes, meetings, and other activities related to the substance of this Agreement or provision of the services under this Agreement. City and PROVIDER specifically agree that no party to this Agreement shall be required to enter into any arbitration proceedings related to this Agreement.

ASSURANCES

22. COVENANT OF NO INTEREST. City and PROVIDER covenant that neither presently has any interest, and shall not acquire any interest, which would conflict in any manner or degree with its performance under this Agreement, and that only interest of each is to perform and receive benefits as recited in this Agreement.

23. NO ASSIGNMENT. The PROVIDER shall not assign this agreement except in writing and with the prior written approval of the City Commission, which approval shall be subject to such conditions and provisions as the City Commission may deem necessary. This agreement shall be incorporated by reference into any assignment and any assignee shall comply with all of the provisions herein. Unless expressly provided for therein, such approval shall in no manner or event

be deemed to impose any obligation upon the City Commission in addition to the total agreed upon reimbursement amount for the services of the PROVIDER.

24. NON-WAIVER OF IMMUNITY. Notwithstanding the provisions of Sec. 768.28, Florida Statutes, the participation of the City and the PROVIDER in this Agreement and the acquisition of any commercial liability insurance coverage, self-insurance coverage, or local government liability insurance pool coverage shall not be deemed a waiver of immunity to the extent of liability coverage, nor shall any contract entered into by the City be required to contain any provision for waiver.

25. ATTESTATIONS. PROVIDER agrees to execute such documents as the City may reasonably require, to include a Public Entity Crime Statement, an Ethics Statement, and a Drug-Free Workplace Statement.

26. AUTHORITY. Each party represents and warrants to the other that the execution, delivery and performance of this Agreement have been duly authorized by all necessary City and corporate action, as required by law.

INDEMNITY ISSUES

27. INDEMNIFICATION AND HOLD HARMLESS. The PROVIDER covenants and agrees to indemnify and hold harmless the City of Key West from any and all claims for bodily injury (including death), personal injury, and property damage (including property owned by the City of Key West) and any other losses, damages, and expenses (including attorney's fees) which arise out of, in connection with, or by reason of services provided by the PROVIDER occasioned by the negligence, errors, or other wrongful act or omission of the PROVIDER'S employees, agents, or volunteers.

28. INSURANCE. Provider shall secure, pay for and maintain throughout the duration of this agreement, the following minimum limits of liability insurance coverage:

Commercial General Liability	\$1,000,000 each occurrence \$2,000,000 aggregate \$50,000 property damage
Comprehensive Automobile Liability	\$1,000,000 combined single limit (include hired and non-owned liability)
Workers' Compensation	Statutory
Employer's Liability	\$500,000 each accident \$500,000 Disease-Policy Limit \$500,000 Disease-Each Employee

Grantee shall provide the city no less than thirty (30) days' notice of material change or cancellation. Original certificates of insurance shall be submitted naming the City as an additional insured under all policies other than workers' compensation.

29. PRIVILEGES AND IMMUNITIES. All of the privileges and immunities from liability, exemptions from laws, ordinances, and rules and pensions and relief, disability, workers' compensation, and other benefits which apply to the activity of officers, agents, or employees of any public agents or employees of the City, when performing their respective functions under this Agreement within the territorial limits of the City shall apply to the same degree and extent to the performance of such functions and duties of such officers, agents, volunteers, or employees outside the territorial limits of the City.

30. NO PERSONAL LIABILITY. No covenant or agreement contained herein shall be deemed to be a covenant or agreement of any member, officer, agent or employee of the City of

Key West in his or her individual capacity, and no member, officer, agent or employee of the City of Key West shall be liable personally on this Agreement or be subject to any personal liability or accountability by reason of the execution of this Agreement.

31. LEGAL OBLIGATIONS AND RESPONSIBILITIES: Non-Delegation of Constitutional or Statutory Duties. This Agreement is not intended to, nor shall it be construed as, relieving any participating entity from any obligation or responsibility imposed upon the entity by law except to the extent of actual and timely performance thereof by any participating entity, in which case the performance may be offered in satisfaction of the obligation or responsibility. Further, this Agreement is not intended to, nor shall it be construed as, authorizing the delegation of the constitutional or statutory duties of the City, except to the extent permitted by the Florida constitution, state statute, and case law.

32. NON-RELIANCE BY NON-PARTIES. No person or entity shall be entitled to rely upon the terms of this Agreement to enforce or attempt to enforce any third-party claim or entitlement to or benefit of any service or program contemplated hereunder, and the City and the PROVIDER agree that neither the City nor the PROVIDER or any agent, officer, or employee of either shall have the authority to inform, counsel, or otherwise indicate that any particular individual or group of individuals, entity or entities, have entitlements or benefits under this Agreement separate and apart, inferior to, or superior to the community in general or for the purposes contemplated in this Agreement.

GENERAL

33. Execution in Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be regarded as an original, all of which taken together shall constitute one and the same instrument and any of the parties hereto may execute this Agreement by signing any such counterpart.

34. NOTICE. Any notice required or permitted under this agreement shall be in writing and hand-delivered or mailed, postage pre-paid, by certified mail, return receipt requested, to the other party as follows:

For City:

City Manager
P.O. Box 1409
Key West, FL 33041
305-809-3888

and

City Attorney
PO Box 1409
Key West, FL 33041
305-809-3770

For PROVIDER

Heather Roberts, Executive Director
3111 Northside Dr

Key West, FL 33040
305- 879- 1092

35. GOVERNING LAW, VENUE, INTERPRETATION, COSTS, AND FEES. This Agreement shall be governed by and construed in accordance with the laws of the State of Florida applicable to contracts made and to be performed entirely in the State.

In the event that any cause of action or administrative proceeding is instituted for the enforcement or interpretation of this Agreement, the City and PROVIDER agree that venue will lie in the appropriate court or before the appropriate administrative body in Monroe County, Florida.

The City and PROVIDER agree that, in the event of conflicting interpretations of the terms or a term of this Agreement by or between any of them the issue shall be submitted to mediation prior to the institution of any other administrative or legal proceeding.

36. NON-WAIVER. Any waiver of any breach of covenants herein contained to be kept and performed by the PROVIDER shall not be deemed or considered as a continuing waiver and shall not operate to bar or prevent the City from declaring a forfeiture for any succeeding breach, either of the same conditions or covenants or otherwise.

37. SEVERABILITY. If any term, covenant, condition or provision of this Agreement (or the application thereof to any circumstance or person) shall be declared invalid or unenforceable to any extent by a court of competent jurisdiction, the remaining terms, covenants, conditions and provisions of this Agreement, shall not be affected thereby; and each remaining term, covenant, condition and provision of this Agreement shall be valid and shall be enforceable to the fullest extent permitted by law unless the enforcement of the remaining terms, covenants, conditions and provisions of this Agreement would prevent the accomplishment of the original intent of this Agreement. The City and PROVIDER agree to reform the Agreement to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision.

38. ENTIRE AGREEMENT. This agreement constitutes the entire agreement of the parties hereto with respect to the subject matter hereof and supersedes any and all prior agreements with respect to such subject matter between the PROVIDER and the City Commission.

[THIS SPACE INTENTIONALLY LEFT BLANK WITH SIGNATORY PAGE TO FOLLOW]

IN WITNESS WHEREOF, the parties hereto have caused these presents to be executed as of the day and year first written above.

(SEAL)
ATTEST: CHERI SMITH, CITY CLERK

CITY OF KEY WEST, FLORIDA

By _____
City Clerk

By _____
City Manager

Witness

(Federal ID No. _____)

Witness

By  _____
Executive Director

EXPENSE REIMBURSEMENT REQUIREMENTS

This document is intended to provide basic guidelines to Non-Profit Organizations, who have reimbursable expenses associated with City of Key West business.

A cover letter (see Attachment B) summarizing the major line items on the reimbursable expense request needs to also contain the following notarized certified statement:

"I certify that the above checks have been submitted to the vendors as noted and that the attached expenses are accurate and in agreement with the records of this organization. Furthermore, these expenses are in compliance with this organization's contract with the City of Key West and will not be submitted for reimbursement to any other funding source."

Invoices should be billed to the contracting agency. Third party payments will not be considered for reimbursement. Remember, the expense should be paid prior to requesting a reimbursement.

Only current charges will be considered, no previous balances.

Reimbursement requests will be monitored in accordance with the level of detail in the contract. This document should not be considered all-inclusive. The City reserves the right to review reimbursement requests on an individual basis. Any questions regarding these guidelines should be directed to 305-809-3888.

Data Processing, PC Time, etc.

The vendor invoice is required for reimbursement. Inter-company allocations are not considered reimbursable expenditures unless appropriate payroll journals for the charging department are attached and certified.

Payroll

A certified statement verifying the accuracy and authenticity of the payroll expense is needed. If a Payroll Journal is provided, it should include: dates, employee name, salary or hourly rate, total hours worked, withholding information and paid payroll taxes, check number and check amount. If a Payroll Journal is not provided, the following information must be provided: pay period, check amount, check number, date, payee, and support for applicable paid payroll taxes.

Postage, Overnight Deliveries, Courier, etc.

A log of all postage expenses as they relate to the City contract is required for reimbursement. For overnight or express deliveries, the vendor invoice must be included.

Rents, Leases, etc.

A copy of the rental or lease agreement is required. Deposits and advance payments are not allowable expenses.

Reproductions, Copies, etc.

A log of copy expenses as they relate to the City contract is required for reimbursement. The log must define the date, number of copies made, source document, purpose, and recipient. A reasonable fee for copy expenses will be allowable. For vendor services, the vendor invoice and a sample of the finished product are required.

Supplies, Services, etc.

For supplies or services ordered, a vendor invoice is required.

Telefax, Fax, etc.

A fax log is required. The log must define the sender, the intended recipient, the date, the number called, and the reason for sending the fax.

Telephone Expenses

A user log of pertinent information must be remitted including: the party called, the caller, the telephone number, the date, and the purpose of the call.

Travel and Meal Expenses

Travel reimbursement requests must be submitted and will be paid in accordance with the City of Key West Travel Policy and State laws and regulations. Credit card statements are not acceptable documentation for reimbursement. If attending a conference or meeting, a copy of the agenda is needed. Airfare reimbursement requires the original passenger receipt portion of the airline ticket. A travel itinerary is appreciated to facilitate the audit trail. Auto rental reimbursement requires the vendor invoice. Fuel purchases should be documented with paid receipts.

A detailed list of charges is required on the lodging invoice. Balance due must be zero. Room must be registered and paid for by traveler. The City will only reimburse the actual room and related bed tax.

Mileage and meal reimbursement shall be at the rate established by City of Key West Travel Policy.

Non-allowable Expenses

The following expenses are not allowable for reimbursement: capital outlay expenditures (unless specifically included in the contract), contributions, depreciation expenses (unless specifically included in the contract), entertainment expenses, fundraising, non-sufficient check charges, penalties and fines.



007816

TO PO 121898-23-23-1 - 7816

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN
CONCESSION ACCOUNT
3111 NORTHSIDE DR
KEY WEST FL 33040-8001


24-hr Phone Banking

1-800-968-0801

Customer Service

1-800-682-3231


24-hr Online Banking

iberiabank.com

BUSINESS CHECKING PLUS
ACCOUNT NUMBER ***5169**

Previous Balance	7,174.89
17 Deposits/Credits	11,749.25
49 Checks/Debits	10,122.89
Service Charge	3.50
Interest Paid	.00
Current Balance	8,797.75

Statement Dates	3/01/21 thru 3/31/21
Days this Statement Period	31
Average Ledger Balance	8,985.38
Average Collected Balance	8,985.38

DEPOSITS AND CREDITS

Date	Description	Amount
3/01	Deposit	370.00
3/02	Deposit	679.50
3/03	Deposit	882.50
3/04	Deposit	762.25
3/05	Deposit	690.75
3/08	Deposit	104.50
3/09	Deposit	840.00
3/10	Deposit	762.00
3/11	Deposit	882.25
3/12	Deposit	888.25
3/15	Deposit	505.75
3/16	Deposit	785.25
3/17	Deposit	739.50
3/18	Deposit	880.00
3/19	Deposit	556.25
3/30	Deposit	871.00
3/31	Deposit	549.50

WITHDRAWALS AND DEBITS

Date	Description	Amount
3/01	POS DEB 2147 02/26/21 36780223 AMZN Mktp US*IWOSH5YM3 Amzn.com/billWA Card# 1099	27.98-

Please examine this statement upon receipt and report at once if you find any difference.

If no error is reported in 30 days, the account will be considered correct. All items are credited subject to final payment.

CHECKS OUTSTANDING-NOT
CHARGED TO ACCOUNT[illegible]BANK BALANCE SHOWN
ON THIS STATEMENT \$ _____DEPOSITS NOT SHOWN
ON THIS STATEMENT
(IF ANY) \$ _____**TOTAL** \$ _____

CHECKS OUTSTANDING \$_____

BALANCE \$ _____

SHOULD AGREE WITH YOUR CHECK BOOK BALANCE
AFTER DEDUCTING SERVICE CHARGE
(IF ANY) SHOWN ON THIS STATEMENT.

Please make sure you have entered in your check register all automatic transactions, such as charges and interest earned, shown on the front of this statement.

Please examine immediately and report if incorrect. If no reply is received within 30 days the account will be considered correct.



In Case of Errors or Questions About Your Electronic Transfers
TELEPHONE US AT: 1-800-682-3231 OR
WRITE US AT: P. O. BOX 7299, Little Rock, AR 72217-7299



As soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the **FIRST** statement on which the problem appeared.

- 1) Tell us your name and account number.
- 2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- 3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than ten business days to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation. This Regulation E error resolution notice is only applicable to consumer accounts. A consumer account is defined as an account used primarily for personal, family and household purposes.

LINE OF CREDIT ACCOUNT INFORMATION

Refer to the Line of Credit section of this statement. We figure the finance charge on your account by applying the periodic rate to the "Average Daily Balance" of your account (including current transactions). To get the "Average Daily Balance" we take the beginning balance of your account each day, add any new advances, and subtract any payments or credits. This gives us the daily balance. We then add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "Average Daily Balance." We then multiply this Average Daily Balance by the daily periodic rate that has been established for your Account (shown on your statement along with the corresponding annual percentage rate) and then we multiply the product by the number of days in the billing cycle. The result is the dollar figure shown on your statement as "Finance Charge." Finance Charges for advances on your line will begin to accrue on the date such advances are posted to your account and will continue until the date your account is paid in full. There is no grace period that would allow you to avoid a finance charge on your account. On the closing date of your billing cycle, we will calculate the amount of your minimum payment due as per your original contract. We figure this minimum payment by calculating a percentage of the New Balance of your account (less any amount you have written to us to dispute that we are currently investigating). "New Balance" means the total outstanding balance of your line on any cycle closing date which includes principal. If the New Balance is less than or equal to the minimum payment required on your account, your minimum payment will be the entire New Balance (less any disputed amount), plus finance charges and other fees. If you have elected to make equal or level payments on your Account, your minimum payment will be calculated accordingly. The amount of your minimum payment is disclosed to you on this statement and will be automatically deducted from your checking account. If you wish to make payments in addition to those which are automatically deducted from your checking account, you may do so at any time. Payments may be mailed to the address shown on the statement, Attn.: Loan Accounting. Additional payments which are mailed to that address will be credited to your account as of the date of receipt. Payment made at any branch office will be credited promptly to your account, but in no event later than 5 days after receipt.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR LINE OF CREDIT ACCOUNT STATEMENT

If you think your bill is wrong, or if you need more information about a transaction on your statement, write us on a separate sheet at the address shown on the face of this statement as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In the letter, please give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item that you are not sure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we are investigating your question, we cannot report you as delinquent or take any action to collect the amount you question.

BUSINESS CHECKING PLUS (continued)
Account Number ***5169**
WITHDRAWALS AND DEBITS


007816

Date	Description	Amount
3/01	PIN POS 0826 02/27/21 00706516 GFS STORE #0788 25 Key West FL Card# 1099	179.91-
3/01	PIN POS 1535 03/01/21 00239064 GFS STORE #0788 25 Key West FL Card# 1099	441.54-
3/03	PIN POS 1831 03/02/21 00718148 GFS STORE #0788 25 Key West FL Card# 1099	17.12-
3/03	PIN POS 1523 03/03/21 00649794 GFS STORE #0788 25 Key West FL Card# 1099	485.78-
3/04	PIN POS 1109 03/04/21 00034264 GFS STORE #0788 25 Key West FL Card# 1099	82.25-
3/09	PIN POS 1556 03/09/21 00907193 GFS STORE #0788 25 Key West FL Card# 1099	359.05-
3/10	PIN POS 1541 03/10/21 00343154 GFS STORE #0788 25 Key West FL Card# 1099	386.77-
3/11	PIN POS 1153 03/11/21 00931981 GFS STORE #0788 25 Key West FL Card# 1099	350.85-
3/15	POS DEB 2053 03/12/21 04015644 SAMSClub.COM 888-746-7726 AR Card# 1099	64.81-
3/15	PIN POS 1534 03/15/21 00255709 GFS STORE #0788 25 Key West FL Card# 1099	253.57-
3/18	PIN POS 1118 03/18/21 00135694 GFS STORE #0788 25 Key West FL Card# 1099	384.63-
3/19	C01 FLA DEPT REVENUE PPD	923.72-
3/25	PIN POS 1118 03/25/21 00165230 GFS STORE #0788 25 Key West FL Card# 1099	112.59-
3/29	PIN POS 1524 03/29/21 00706271 GFS STORE #0788 25 Key West FL Card# 1099	124.05-

Please examine this statement upon receipt and report at once if you find any difference.

If no error is reported in 30 days, the account will be considered correct. All items are credited subject to final payment.

**STATEMENT OF ACCOUNT**

Date 3/31/21

Page 4 of 9

BUSINESS CHECKING PLUS (continued)**Account Number *****5169****WITHDRAWALS AND DEBITS**

Date	Description	Amount
3/31	PIN POS 1521 03/31/21 00639306 GFS STORE #0788 25 Key West FL Card# 1099	445.67-
3/31	PIN POS 1620 03/31/21 00606899 GFS STORE #0788 25 Key West FL Card# 1099	179.98-
3/31	Service Charge	3.50-SC

CHECKS IN NUMERICAL ORDER

Date	Check No	Amount	Date	Check No	Amount	Date	Check No	Amount
3/22	1730	277.50	3/09	1753	112.50	3/16	1764	161.25
3/22	1742*	101.25	3/22	1754	112.50	3/22	1765	101.25
3/22	1743	157.50	3/08	1755	60.00	3/22	1766	649.00
3/03	1745*	120.00	3/15	1756	105.00	3/18	1767	60.00
3/02	1746	116.25	3/22	1757	150.00	3/18	1768	270.00
3/15	1747	60.00	3/09	1758	307.50	3/23	1769	120.00
3/22	1748	157.50	3/16	1759	112.50	3/24	1770	60.00
3/22	1749	93.75	3/15	1760	52.50	3/23	1771	120.00
3/01	1750	247.50	3/22	1761	120.00	3/22	1772	120.00
3/08	1751	517.37	3/16	1762	112.50	3/22	1773	120.00
3/09	1752	116.25	3/16	1763	311.25			

(*) Check Numbers Missing

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
3/01	6,647.96	3/11	9,220.02	3/23	8,303.04
3/02	7,211.21	3/12	10,108.27	3/24	8,243.04
3/03	7,470.81	3/15	10,078.14	3/25	8,130.45
3/04	8,150.81	3/16	10,165.89	3/29	8,006.40
3/05	8,841.56	3/17	10,905.39	3/30	8,877.40
3/08	8,368.69	3/18	11,070.76	3/31	8,797.75
3/09	8,313.39	3/19	10,703.29		
3/10	8,688.62	3/22	8,543.04		

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00004150

IBERIABANK

Account Number *****5169



007816

2-26-2021

DEPOSIT TICKET
TOTAL ITEMS

IBERIABANK \$ 370.00

#0 3/1/21 \$370.00

March 9, 2021

DEPOSIT TICKET
TOTAL ITEMS

IBERIABANK \$ 840.00

#0 3/9/21 \$840.00

3-1-21

DEPOSIT TICKET
TOTAL ITEMS

IBERIABANK \$ 679.50

#0 3/2/21 \$679.50

3/9/21

DEPOSIT TICKET
TOTAL ITEMS

IBERIABANK \$ 762.00

#0 3/10/21 \$762.00

March 8, 2021

DEPOSIT TICKET
TOTAL ITEMS

IBERIABANK \$ 762.25

#0 3/4/21 \$762.25

3/10/21

DEPOSIT TICKET
TOTAL ITEMS

IBERIABANK \$ 882.25

#0 3/11/21 \$882.25

3-4-21

DEPOSIT TICKET
TOTAL ITEMS

IBERIABANK \$ 690.75

#0 3/5/21 \$690.75

3/11/21

DEPOSIT TICKET
TOTAL ITEMS

IBERIABANK \$ 888.25

#0 3/12/21 \$888.25

3-5-2021

DEPOSIT TICKET
TOTAL ITEMS

IBERIABANK \$ 1045.00

#0 3/8/21 \$1045.00

March 12

DEPOSIT TICKET
TOTAL ITEMS

IBERIABANK \$ 505.75

#0 3/15/21 \$505.75

IBERIABANK

Account Number *****5169

3/16/21

CURRENCY	COIN	TOTAL CASH	DEPOSIT

IBERIABANK \$ 785.25

42652704134 20000775169# 10

#0 3/16/21 \$785.25

3/30/21

CURRENCY	COIN	TOTAL CASH	DEPOSIT

IBERIABANK \$ 871.00

42652704134 20000775169# 10

#0 3/30/21 \$871.00

3/17/21

CURRENCY	COIN	TOTAL CASH	DEPOSIT

IBERIABANK \$ 739.50

42652704134 20000775169# 10

#0 3/17/21 \$739.50

3/31/21

CURRENCY	COIN	TOTAL CASH	DEPOSIT

IBERIABANK \$ 549.50

42652704134 20000775169# 10

#0 3/31/21 \$549.50

3/18/21

CURRENCY	COIN	TOTAL CASH	DEPOSIT

IBERIABANK \$ 880.00

42652704134 20000775169# 10

#0 3/18/21 \$880.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT

3111 NORTHWIDE DR KEY WEST, FL 33040

DATE 2-12-2021

PAY TO ORDER OF Melissa Patterson \$ 277.50

Two hundred seventy seven and 00/100 DOLLARS

IBERIABANK

FOR

0001730# 42652704134 20000775169#

#1730 3/22/21 \$277.50

March 18 2021

CURRENCY	COIN	TOTAL CASH	DEPOSIT

IBERIABANK \$ 556.25

42652704134 20000775169# 10

#0 3/19/21 \$556.25

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT

3111 NORTHWIDE DR KEY WEST, FL 33040

DATE 2-19-21

PAY TO ORDER OF Melissa Patterson \$ 101.25

One hundred one and 00/100 DOLLARS

IBERIABANK

FOR

0001742# 42652704134 20000775169#

#1742 3/22/21 \$101.25

March 20 2021

CURRENCY	COIN	TOTAL CASH	DEPOSIT

IBERIABANK \$ 882.50

42652704134 20000775169# 10

#0 3/31/21 \$882.50

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT

3111 NORTHWIDE DR KEY WEST, FL 33040

DATE 2-19-21

PAY TO ORDER OF Skylar Larnel \$ 157.50

One hundred fifty seven and 00/100 DOLLARS

IBERIABANK

FOR

0001743# 42652704134 20000775169#

#1743 3/22/21 \$157.50

IBERIABANK

Account Number *****5169

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-26-21 1745

PAY TO THE ORDER OF Jimmy Lamberson \$ 120.00
One hundred twenty and 00/100 DOLLARS

IBERIABANK

FOR: _____

⑆001745⑆ ⑆265270413⑆ 20000775169⑆

#1745 3/3/21 \$120.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-26-21 1750

PAY TO THE ORDER OF Richard Gorman \$ 247.20
Two hundred forty seven and 50/100 DOLLARS

IBERIABANK

FOR: _____

⑆001750⑆ ⑆265270413⑆ 20000775169⑆

#1750 3/1/21 \$247.50

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-26-21 1748

PAY TO THE ORDER OF Jameysi Gorman \$ 116.25
One hundred sixteen and 25/100 DOLLARS

IBERIABANK

FOR: _____

⑆001748⑆ ⑆265270413⑆ 20000775169⑆

#1746 3/2/21 \$116.25

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-4-21 1751

PAY TO THE ORDER OF Coca-Cola \$ 517.37
Five hundred sixteen and 37/100 DOLLARS

IBERIABANK

FOR: _____

⑆001751⑆ ⑆265270413⑆ 20000775169⑆

#1751 3/8/21 \$517.37

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-26-21 1747

PAY TO THE ORDER OF Jessica Braschias \$ 60.00
Sixty and 00/100 DOLLARS

IBERIABANK

FOR: _____

⑆001747⑆ ⑆265270413⑆ 20000775169⑆

#1747 3/15/21 \$60.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-5-21 1752

PAY TO THE ORDER OF Jimmy Lamberson \$ 116.25
One hundred sixteen and 25/100 DOLLARS

IBERIABANK

FOR: _____

⑆001752⑆ ⑆265270413⑆ 20000775169⑆

#1752 3/9/21 \$116.25

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-26-21 1748

PAY TO THE ORDER OF Melissa Patterson \$ 157.50
One hundred fifty seven and 50/100 DOLLARS

IBERIABANK

FOR: _____

⑆001748⑆ ⑆265270413⑆ 20000775169⑆

#1748 3/22/21 \$157.50

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-5-21 1753

PAY TO THE ORDER OF Jameysi Gorman \$ 112.50
One hundred twelve and 50/100 DOLLARS

IBERIABANK

FOR: _____

⑆001753⑆ ⑆265270413⑆ 20000775169⑆

#1753 3/9/21 \$112.50

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-26-21 1749

PAY TO THE ORDER OF Skylar Larnel \$ 93.75
Ninety three and 75/100 DOLLARS

IBERIABANK

FOR: _____

⑆001749⑆ ⑆265270413⑆ 20000775169⑆

#1749 3/22/21 \$93.75

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-5-21 1754

PAY TO THE ORDER OF Skylar Larnel \$ 112.50
One hundred twelve and 50/100 DOLLARS

IBERIABANK

FOR: _____

⑆001754⑆ ⑆265270413⑆ 20000775169⑆

#1754 3/22/21 \$112.50



007816

IBERIABANK

Account Number *****5169

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHRIDGE DR
KEY WEST, FL 33040

DATE 3-5-21

PAY TO THE ORDER OF Stephanie Lamberson \$ 60.00
Sixty and 00/100

IBERIABANK

FOR _____

#001755# 1265270413# 20000775169#

#1755 3/8/21 \$60.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHRIDGE DR
KEY WEST, FL 33040

DATE 3-12-21

PAY TO THE ORDER OF Stephanie Lamberson \$ 52.50
Fifty two and 50/100

IBERIABANK

FOR _____

#001760# 1265270413# 20000775169#

#1760 3/15/21 \$52.50

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHRIDGE DR
KEY WEST, FL 33040

DATE 3-5-21

PAY TO THE ORDER OF Jessica Braschos \$ 105.00
One hundred five and 00/100

IBERIABANK

FOR _____

#001756# 1265270413# 20000775169#

#1756 3/15/21 \$105.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHRIDGE DR
KEY WEST, FL 33040

DATE 3-12-21

PAY TO THE ORDER OF Skylar Latmel \$ 120.00
One hundred twenty and 00/100

IBERIABANK

FOR _____

#001761# 1265270413# 20000775169#

#1761 3/22/21 \$120.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHRIDGE DR
KEY WEST, FL 33040

DATE 3-5-21

PAY TO THE ORDER OF Melissa Patterson \$ 150.00
One hundred fifty and 00/100

IBERIABANK

FOR _____

#001757# 1265270413# 20000775169#

#1757 3/22/21 \$150.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHRIDGE DR
KEY WEST, FL 33040

DATE 3-12-21

PAY TO THE ORDER OF Jamys Gorman \$ 112.50
One hundred twelve and 50/100

IBERIABANK

FOR _____

#001762# 1265270413# 20000775169#

#1762 3/16/21 \$112.50

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHRIDGE DR
KEY WEST, FL 33040

DATE 3-5-21

PAY TO THE ORDER OF Richard Gorman \$ 307.50
Three hundred seven and 50/100

IBERIABANK

FOR _____

#001758# 1265270413# 20000775169#

#1758 3/9/21 \$307.50

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHRIDGE DR
KEY WEST, FL 33040

DATE 3-12-21

PAY TO THE ORDER OF Richard Gorman \$ 311.25
Three hundred eleven and 25/100

IBERIABANK

FOR _____

#001763# 1265270413# 20000775169#

#1763 3/16/21 \$311.25

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHRIDGE DR
KEY WEST, FL 33040

DATE 3-12-21

PAY TO THE ORDER OF Jimmy Lamberson \$ 112.50
One hundred twelve and 50/100

IBERIABANK

FOR _____

#001759# 1265270413# 20000775169#

#1759 3/16/21 \$112.50

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHRIDGE DR
KEY WEST, FL 33040

DATE 3-12-21

PAY TO THE ORDER OF Jessica Braschos \$ 161.25
One hundred sixty one and 25/100

IBERIABANK

FOR _____

#001764# 1265270413# 20000775169#

#1764 3/16/21 \$161.25

IBERIABANK

Account Number *****5169

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN
CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-12-21 1765

PAY TO THE ORDER OF Melissa Patterson \$ 101.25
One hundred one and 25/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001765⑆ ⑆265270413⑆ 20000775169⑆

#1765

3/22/21

\$101.25

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN
CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-19-21 1770

PAY TO THE ORDER OF Stephanie Lomberson \$ 60.00
Sixty and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001770⑆ ⑆265270413⑆ 20000775169⑆

#1770

3/24/21

\$60.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN
CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-18-21 1766

PAY TO THE ORDER OF Coca Cola \$ 649.00
Six hundred forty nine and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001766⑆ ⑆265270413⑆ 20000775169⑆

#1766

3/22/21

\$649.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN
CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-19-21 1771

PAY TO THE ORDER OF Jessica Brasches \$ 120.00
One hundred twenty and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001771⑆ ⑆265270413⑆ 20000775169⑆

#1771

3/23/21

\$120.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN
CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-18-21 1767

PAY TO THE ORDER OF Jamesi Guzman \$ 60.00
Sixty and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001767⑆ ⑆265270413⑆ 20000775169⑆

#1767

3/18/21

\$60.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN
CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-19-21 1772

PAY TO THE ORDER OF Skylar Larnel \$ 120.00
One hundred twenty and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001772⑆ ⑆265270413⑆ 20000775169⑆

#1772

3/22/21

\$120.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN
CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-18-21 1768

PAY TO THE ORDER OF Richard Guzman \$ 270.00
Two hundred seventy and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001768⑆ ⑆265270413⑆ 20000775169⑆

#1768

3/18/21

\$270.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN
CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-19-21 1773

PAY TO THE ORDER OF Melissa Patterson \$ 120.00
One hundred twenty and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001773⑆ ⑆265270413⑆ 20000775169⑆

#1773

3/22/21

\$120.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN
CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 3-19-21 1769

PAY TO THE ORDER OF Jimmy Lomberson \$ 120.00
One hundred twenty and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001769⑆ ⑆265270413⑆ 20000775169⑆

#1769

3/23/21

\$120.00



007816



007231

TO PO 121571-23-19-1 - 7231

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN
CONCESSION ACCOUNT
3111 NORTHSIDE DR
KEY WEST FL 33040-8001



007231


24-hr Phone Banking

1-800-968-0801

Customer Service

1-800-682-3231


24-hr Online Banking

iberiabank.com

BUSINESS CHECKING PLUS
ACCOUNT NUMBER ***5169**

Previous Balance 4,764.71
14 Deposits/Credits 11,982.50
36 Checks/Debits 9,568.36
Service Charge 3.96
Interest Paid .00
Current Balance 7,174.89

Statement Dates 2/01/21 thru 2/28/21
Days this Statement Period 28
Average Ledger Balance 5,310.57
Average Collected Balance 5,310.57

DEPOSITS AND CREDITS

Date	Description	Amount
2/08	Deposit	1,596.25
2/09	Deposit	955.25
2/10	Deposit	981.25
2/11	Deposit	880.00
2/12	Deposit	1,050.00
2/16	Deposit	531.00
2/16	Deposit	570.00
2/17	Deposit	711.50
2/18	Deposit	810.25
2/19	Deposit	867.50
2/22	Deposit	370.75
2/24	Deposit	872.00
2/25	Deposit	844.75
2/26	Deposit	942.00

WITHDRAWALS AND DEBITS

Date	Description	Amount
2/02	PIN POS 1634 02/02/21 00733342 GFS STORE #0788 25 Key West FL Card# 1314	708.43-
2/04	PIN POS 1212 02/04/21 00605150 GFS STORE #0788 25 Key West FL Card# 1099	222.57-

Please examine this statement upon receipt and report at once if you find any difference.

If no error is reported in 30 days, the account will be considered correct. All items are credited subject to final payment.

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item that you are not sure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we are investigating your question, we cannot report you as delinquent or take any action to collect the amount you question.

BUSINESS CHECKING PLUS (continued)
Account Number ***5169**
WITHDRAWALS AND DEBITS

Date	Description	Amount
2/08	PIN POS 1650 02/08/21 00416090 GFS STORE #0788 25 Key West FL Card# 1099	423.90-
2/09	PIN POS 1616 02/09/21 00115331 GFS STORE #0788 25 Key West FL Card# 1099	193.74-
2/10	PIN POS 1239 02/10/21 00808778 GFS STORE #0788 25 Key West FL Card# 1099	152.32-
2/11	PIN POS 1156 02/11/21 00940353 GFS STORE #0788 25 Key West FL Card# 1099	381.48-
2/11	PIN POS 1203 02/11/21 00008565 GFS STORE #0788 25 Key West FL Card# 1099	152.94-
2/12	PIN POS 0827 02/12/21 00736186 GFS STORE #0788 25 Key West FL Card# 1099	268.43-
2/12	Checking Withdrawal	250.00-
2/16	PIN POS 2010 02/12/21 00244929 THE HOME DEPOT #63 KEY WEST FL Card# 1099	509.55-
2/16	PIN POS 1110 02/15/21 00034197 GFS STORE #0788 25 Key West FL Card# 1099	105.75-
2/17	PIN POS 1720 02/16/21 00600981 GFS STORE #0788 25 Key West FL Card# 1099	216.41-
2/17	PIN POS 1641 02/17/21 00858629 GFS STORE #0788 25 Key West FL Card# 1099	143.99-
2/18	POS DEB 0737 02/16/21 90629026 AMZN Mktp US*K431T4KJ3 Amzn.com/billWA Card# 1099	149.99-
2/18	PIN POS 1016 02/18/21 00163921 GFS STORE #0788 25 Key West FL Card# 1099	203.14-
2/18	PIN POS 1028 02/18/21 00748065 GFS STORE #0788 25 Key West FL Card# 1099	41.53-



007231

BUSINESS CHECKING PLUS (continued)
Account Number ***5169**
WITHDRAWALS AND DEBITS

Date	Description	Amount
2/18	PIN POS 1550 02/18/21 00422654 GFS STORE #0788 25 Key West FL Card# 1099	21.99-
2/23	PIN POS 1520 02/23/21 00107027 GFS STORE #0788 25 Key West FL Card# 1099	423.40-
2/24	PIN POS 1514 02/24/21 00620762 GFS STORE #0788 25 Key West FL Card# 1099	23.18-
2/25	PIN POS 1134 02/25/21 00246096 GFS STORE #0788 25 Key West FL Card# 1099	438.79-
2/26	POS DEB 1907 02/23/21 40726366 SAMSClub.COM 888-746-7726 AR Card# 1099	47.03-
2/26	PIN POS 0854 02/26/21 00901132 GFS STORE #0788 25 Key West FL Card# 1099	233.97-
2/26	Service Charge	3.96-SC

CHECKS IN NUMERICAL ORDER

Date	Check No	Amount	Date	Check No	Amount	Date	Check No	Amount
2/08	1726	1,603.90	2/17	1733	375.00	2/23	1739	120.00
2/04	1727	300.00	2/17	1735*	172.50	2/22	1740	60.00
2/17	1728	202.50	2/17	1736	172.50	2/26	1741	120.00
2/16	1729	120.00	2/22	1737	529.43	2/23	1744*	153.75
2/16	1732*	60.00	2/23	1738	266.25			

(*) Check Numbers Missing

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
2/01	4,764.71	2/11	5,038.18	2/22	6,346.47
2/02	4,056.28	2/12	5,569.75	2/23	5,383.07
2/04	3,533.71	2/16	5,875.45	2/24	6,231.89
2/08	3,102.16	2/17	5,304.05	2/25	6,637.85
2/09	3,863.67	2/18	5,697.65	2/26	7,174.89
2/10	4,692.60	2/19	6,565.15		

IBERIABANK

Account Number *****5169

2/8/21

IBERIABANK

\$ 955.25

#0 2/9/21 \$955.25

2/16/21

IBERIABANK

\$ 531.00

#0 2/16/21 \$531.00

2/10/21

IBERIABANK

\$ 981.25

#0 2/10/21 \$981.25

2/16/21

IBERIABANK

\$ 570.00

#0 2/16/21 \$570.00

2/11/21

IBERIABANK

\$ 880.00

#0 2/11/21 \$880.00

2/17/21

IBERIABANK

\$ 711.50

#0 2/17/21 \$711.50

2/12/21

IBERIABANK

\$ 1050.00

#0 2/12/21 \$1050.00

2/18/21

IBERIABANK

\$ 810.25

#0 2/18/21 \$810.25

2/12/21

IBERIABANK

\$ 250.00

#0 2/12/21 \$250.00

2/19/21

IBERIABANK

\$ 867.50

#0 2/19/21 \$867.50



007231

IBERIABANK

Account Number *****5169

DATE	DEPOSIT	TICKET	TOTAL
2/19/21			370.75

KEY WEST LITTLE CONCH BASEBALL LEAGUE CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

IBERIABANK \$ 370.75

#265270413# 20000775169# 10

#0 2/22/21 \$370.75

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-4-2021

PAY TO THE ORDER OF Coca-Cola

One thousand six hundred three and 40/100 \$ 1603.30

IBERIABANK

#001726# #265270413# 20000775169#

#1726 2/8/21 \$1603.90

DATE	DEPOSIT	TICKET	TOTAL
2-6-21			1596.25

KEY WEST LITTLE CONCH BASEBALL LEAGUE CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

IBERIABANK \$ 1596.25

#265270413# 20000775169# 10

#0 2/8/21 \$1596.25

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-4-21

PAY TO THE ORDER OF Richard Guzman

Three hundred and 09/100 \$ 300.00

IBERIABANK

#001727# #265270413# 20000775169#

#1727 2/4/21 \$300.00

DATE	DEPOSIT	TICKET	TOTAL
2/23/21			872.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

IBERIABANK \$ 872.00

#265270413# 20000775169# 10

#0 2/24/21 \$872.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-12-2021

PAY TO THE ORDER OF Jimmy Lamberson

Two hundred two and 50/100 \$ 202.50

IBERIABANK

#001728# #265270413# 20000775169#

#1728 2/17/21 \$202.50

DATE	DEPOSIT	TICKET	TOTAL
2-24-2021			844.75

KEY WEST LITTLE CONCH BASEBALL LEAGUE CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

IBERIABANK \$ 844.75

#265270413# 20000775169# 10

#0 2/25/21 \$844.75

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-12-2021

PAY TO THE ORDER OF Stephanie Lamberson

One hundred twenty and 00/100 \$ 120.00

IBERIABANK

#001729# #265270413# 20000775169#

#1729 2/16/21 \$120.00

DATE	DEPOSIT	TICKET	TOTAL
2/26/21			942.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

IBERIABANK \$ 942.00

#265270413# 20000775169# 10

#0 2/26/21 \$942.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-12-2021

PAY TO THE ORDER OF Jameysi Guzman

Sixty and 00/100 \$ 60.00

IBERIABANK

#001732# #265270413# 20000775169#

#1732 2/16/21 \$60.00

IBERIABANK

Account Number *****5169

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-12-2021 1733

PAY TO THE ORDER OF Richard Guzman \$ 375.00
Three hundred seventy five and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001733⑆ ⑆265270413⑆ 20000775169⑆

#1733 2/17/21 \$375.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-19-21 1739

PAY TO THE ORDER OF Jimmy Lamberson \$ 120.00
One hundred twenty and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001739⑆ ⑆265270413⑆ 20000775169⑆

#1739 2/23/21 \$120.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-12-2021 1735

PAY TO THE ORDER OF Skyler Larnel \$ 172.50
One hundred seventy two and 50/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001735⑆ ⑆265270413⑆ 20000775169⑆

#1735 2/17/21 \$172.50

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-19-21 1740

PAY TO THE ORDER OF Stephanie Lamberson \$ 60.00
Sixty and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001740⑆ ⑆265270413⑆ 20000775169⑆

#1740 2/22/21 \$60.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-12-2021 1736

PAY TO THE ORDER OF Jessica Braschos \$ 172.50
One hundred seventy two and 50/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001736⑆ ⑆265270413⑆ 20000775169⑆

#1736 2/17/21 \$172.50

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-19-21 1741

PAY TO THE ORDER OF Jameysi Guzman \$ 120.00
One hundred twenty and 00/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001741⑆ ⑆265270413⑆ 20000775169⑆

#1741 2/26/21 \$120.00

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-18-21 1737

PAY TO THE ORDER OF Coca-Cola \$ 529.43
Five hundred twenty nine dollars and 43/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001737⑆ ⑆265270413⑆ 20000775169⑆

#1737 2/22/21 \$529.43

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-19-21 1744

PAY TO THE ORDER OF Jessica Braschos \$ 153.75
One hundred fifty three and 75/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001744⑆ ⑆265270413⑆ 20000775169⑆

#1744 2/23/21 \$153.75

KEY WEST LITTLE CONCH BASEBALL LEAGUE IN CONCESSION ACCOUNT
3111 NORTHSHORE DR
KEY WEST, FL 33040

DATE 2-19-21 1738

PAY TO THE ORDER OF Richard Guzman \$ 266.25
Two hundred sixty six and 25/100 DOLLARS

IBERIABANK

FOR [Signature]

⑆001738⑆ ⑆265270413⑆ 20000775169⑆

#1738 2/23/21 \$266.25

