



ARIZONA ATHLETICS INC.
NON PROFIT SPONSORSHIP
PROGRAM

AZATHLETE.COM



Arizona Athletes Inc. Non-Profit
“Partner with Us to Build Future Leaders Through Baseball”

Hello,

My name is Ryan King and I’m reaching out on behalf of Arizona Athletics Inc. a youth baseball organization dedicated to developing not only athletes but also leaders in our community. Through baseball, we teach teamwork, discipline, and character — lessons that last far beyond the field.

We are excited to invite your business to partner with us as a sponsor for the upcoming season. Your support directly helps cover expenses such as field rentals, uniforms, equipment, and scholarships for players who might not otherwise be able to participate.

To recognize our sponsors, we’ve created tiered sponsorship packages that provide visibility for your business while making a real impact on local families. Opportunities range from banner placement, logos on uniforms, to social media promotion and recognition at games and events. I’ve attached a one-page flyer with all the details.

Your sponsorship will:

- Showcase your business to thousands of families and community members each season.
- Highlight your commitment to supporting local youth development.
- Help shape the next generation of leaders through sports.

We would be honored to have you join our team as a partner. I’d be happy to answer any questions or discuss which package might be the best fit for your business.

Thank you for considering this opportunity to make a lasting impact in our community.

Sincerely,

Ryan King

Head Coach/Arizona Athletes Inc.

(949) [466-4880](tel:466-4880) | ryan@azathlete.com

azathlete.com



Arizona Athletics Inc. Sponsorship Packages

Walk off Grand Slam: Sponsor – \$5,000+

- Company logo on team uniforms (jersey sleeve or hat patch)
- Logo & link on nonprofit website homepage
- Logo on all team banners
- Social media spotlight posts (monthly)

Hit a Bomb: Sponsor – \$2,500

- Medium banner displayed at field entrance or dugout
- Logo on nonprofit website sponsor page
- Logo on all team banners
- Quarterly social media spotlight
- Business name announced during games/events
- Option to sponsor a tournament trophy or award

Triple Sponsor – \$1,000

- Small banner displayed on outfield fence
- Logo on website sponsor page
- Social media shoutout (twice per season)
- Recognition in nonprofit newsletters

The Double: Sponsor – \$500

- Shared banner with other sponsors on field fence
- Logo on website sponsor page
- Social media shoutout (once per season)

The Bunt - Sponsor – \$250

- Recognition on website sponsor page

Form **1023-EZ**

(Rev. April 2021)

Department of the Treasury
Internal Revenue Service

**Streamlined Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

Do not enter Social Security numbers on this form as it will be made public.

Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023ez

OMB No. 1545-0047

Note: If exempt status is approved, this application will be open for public inspection.

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).

Have your annual gross receipts exceeded \$50,000 in any of the past 3 years and/or do you project that your annual gross receipts will exceed \$50,000 in any of the next 3 years? If yes, stop. Do not file Form 1023-EZ. See Instructions. Yes No

Do you have total assets the fair market value of which is in excess of \$250,000? If yes, stop. Do not file Form 1023-EZ. See Instructions. Yes No

Part I Identification of Applicant

| | | | | | |
|--|---|--|---|---|--------------------------------|
| 1a Full Name of Organization ARIZONA ATHLETES INC | | b Care Of Name (if applicable) | | | |
| c Mailing Address (number, street, and room/suite). If a P.O. box, see instructions. 2140 E GERONIMO ST | | d City CHANDLER | | e State AZ | f Zip code + 4 85225 |
| 2 Employer Identification Number 39-3224778 | 3 Month Tax Year Ends (MM) 12 | | 4 Person to Contact if More Information is Needed MARK DEL GUERCIO EA | | |
| 5 Contact Telephone Number 877-654-9688 | | 6 Fax Number (optional) 877-653-4628 | | 7 User Fee Submitted \$275.00 | |
| 8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.) | | | | | |
| First Name: FRANCINE | | Last Name: KING | | Title: DIRECTOR | |
| Street Address: 2140 E GERONIMO ST | | City: CHANDLER | | State: AZ | Zip code + 4: 85225 |
| First Name: RYAN | | Last Name: KING | | Title: DIRECTOR | |
| Street Address: 2140 E GERONIMO ST | | City: CHANDLER | | State: AZ | Zip code + 4: 85225 |
| First Name: | | Last Name: | | Title: | |
| Street Address: | | City: | | State: | Zip code + 4: |
| First Name: | | Last Name: | | Title: | |
| Street Address: | | City: | | State: | Zip code + 4: |
| First Name: | | Last Name: | | Title: | |
| Street Address: | | City: | | State: | Zip code + 4: |
| 9a Organization's Website (if available): | | | | | |
| b Organization's Email (optional): | | | | | |

Part II Organizational Structure

- To file this form, you must be a corporation, an unincorporated association, or a trust. **Select the box** for the type of organization.
 Corporation Unincorporated association Trust
- Check this box** to attest that you have the organizing document necessary for the organizational structure indicated above.
(See the instructions for an explanation of **necessary organizing documents**.)
- Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 07112025
- State of Incorporation or other formation: Arizona
- Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).
 Check this box to attest that your organizing document contains this limitation.
- Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
 Check this box to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.
 Check this box to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision.

Part III Your Specific Activities

1 Briefly describe the organization's mission or most significant activities (limit 250 characters)

Arizona Athletes is a community-based, volunteer-supported youth baseball organization serving players and families across Arizona. We provide structured training, competitive play, and mentorship with emphasis on teamwork for athletes ages 6 to14.

2 Enter the appropriate 3-character NTEE Code that best describes your activities (See the instructions): P30

3 To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated. **Check all that apply.**

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Charitable | <input type="checkbox"/> Religious | <input checked="" type="checkbox"/> Educational |
| <input type="checkbox"/> Scientific | <input type="checkbox"/> Literary | <input type="checkbox"/> Testing for public safety |
| <input type="checkbox"/> To foster national or international amateur sports competition | <input type="checkbox"/> Prevention of cruelty to children or animals | |

4 To qualify for exemption as a section 501(c)(3) organization, you must:

- Refrain from supporting or opposing candidates in political campaigns in any way.
- Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).
- Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.
- Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).
- Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally make expenditures in excess of expenditure limitations outlined in section 501(h).
- Not provide commercial-type insurance as a substantial part of your activities.

Check this box to attest that you have not conducted and will not conduct activities that violate these prohibitions and restrictions.

- 5** Do you or will you attempt to influence legislation? _____ Yes No
(If yes, consider filing Form 5768. See the instructions for more details.)
- 6** Do you or will you pay compensation to any of your officers, directors, or trustees? _____ Yes No
(Refer to the instructions for a definition of **compensation**.)
- 7** Do you or will you donate funds to or pay expenses for individual(s)? _____ Yes No
- 8** Do you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United States? _____ Yes No
- 9** Do you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, or trustees, or any entities they own or control? _____ Yes No
- 10** Do you or will you have unrelated business gross income of \$1,000 or more during a tax year? _____ Yes No
- 11** Do you or will you operate bingo or other gaming activities? _____ Yes No
- 12** Do you or will you provide disaster relief? _____ Yes No

Part IV Foundation Classification

Part IV is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status.

1 Are you applying for recognition as a church, school, or hospital (described in section 170(b)(1)(A)(i), (ii), or (iii) of the Internal Revenue Code)? If yes, stop. Do not file Form 1023-EZ. See Instructions Yes No

2 If you qualify for public charity status, check the appropriate box (**2a - 2c** below) and skip to **Part V** below.

- a** **Select this box** to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. **Sections 509(a)(1) and 170(b)(1)(A)(vi).**
- b** **Select this box** to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income. **Section 509(a)(2).**
- c** **Select this box** to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. **Sections 509(a)(1) and 170(b)(1)(A)(iv).**

3 If you are not described in items **2a - 2c** above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.

Select this box to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

Part V Reinstatement After Automatic Revocation

Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

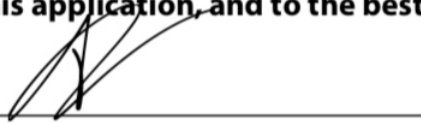
- 1 **Check this box** if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)
- 2 **Check this box** if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filing this application.

Part VI Signature

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

RYAN KING

(Type name of signer)



DIRECTOR

(Type title or authority of signer)

08022025

(Date)



You successfully submitted your Form 1023 user fee payment to Pay.gov and the details are below. For information on the status of your application, visit IRS.gov and search for Where's My Application. If you submitted your application before the date indicated in the chart on that page and haven't been contacted, you can call the toll-free Customer Account Services number, Monday through Friday, 8 a.m. - 5 p.m. (local time), at 877-829-5500 to check on the status. You will need the information specified on the Where's My Application page, including your name and employer identification number (EIN), when calling.

Receipt

Tracking Information

Pay.gov Tracking ID: 27Q3P65C

Agency Tracking ID: 77124565428

Form Name: Streamlined Application for Recognition of Exemption Under Section 501(c)(3)

Application Name: Form 1023-EZ

Payment Information

Payment Type: Debit or credit card

Payment Amount: \$275.00

Transaction Date: 08/11/2025 12:01:43 PM EDT

Payment Date: 08/11/2025

Account Information

Cardholder Name: NON PROFIT ADVISOR GROUP

Card Type: Visa

Card Number: *****3804