Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 8/01 **, 2008, and ending** 7/31 **, 2009**

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C
MERIDIAN POLICE ACTIVITIES LEAGUE
250 N. BALTIC PLACE A
MERIDIAN, ID 83642

D Employer identification number 82-0484108

E Telephone number 208-888-6030

F Group Exemption Number ►

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method [ ] Cash [X] Accrual
Other (specify) ►

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► MERIDIANPAL.ORG

J Organization type (check only one) — [X] 501(c) (3) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 481,226.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	80,479.
	2	Program service revenue including government fees and contracts		2	342,080.
	3	Membership dues and assessments		3	
	4	Investment income		4	1,562.
	5a	Gross amount from sale of assets other than inventory	5a 2,250.		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch) SEE STATEMENT 1		5c	2,250.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► [X]			
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6a 54,855.		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	54,855.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ►)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►		9	481,226.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	44,782.
	13	Professional fees and other payments to independent contractors		13	2,852.
	14	Occupancy, rent, utilities, and maintenance		14	22,020.
	15	Printing, publications, postage, and shipping		15	3,738.
	16	Other expenses (describe ► SEE STATEMENT 2)		16	289,758.
	17	**Total expenses** (add lines 10 through 16) ►		17	363,150.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	118,076.
	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)		19	465,023.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	583,099.

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SCANNED JAN 20 2010

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

	(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	143,434.	22	244,714.
23	Land and buildings	942,890.	23	937,196.
24	Other assets (describe ► SEE STATEMENT 3)	44,611.	24	54,694.
25	**Total assets**	1,130,935.	25	1,236,604.
26	**Total liabilities** (describe ► SEE STATEMENT 4)	665,912.	26	653,505.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	465,023.	27	583,099.

Part III **Statement of Program Service Accomplishments** (See the instructions.)

What is the organization's primary exempt purpose? SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	SEE STATEMENT 6 (Grants $) If this amount includes foreign grants, check here ► ☐	28a	
29	SEE STATEMENT 7 (Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30	SEE STATEMENT 8 (Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (attach schedule) SEE STATEMENT 9 (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	

Part IV **List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated See the instrs.)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account and other allowances
TOM ROY 250 N BALTIC PLACE MERIDIAN, ID 83642	COMMISSIONER 0	0.	0.	0.
RUSS KARN 250 N BALTIC PLACE MERIDIAN, ID 83642	FINANCE DIR 0	0.	0.	0.
RICK EDWARDS 250 N BALTIC PLACE MERIDIAN, ID 83642	SOCCER PRES 0	0.	0.	0.
BRIAN SIMER 250 N BALTIC PLACE MERIDIAN, ID 83642	FOOTBALL PRES 0	0.	0.	0.
DIANNE GRIFFITS 250 N BALTIC PLACE MERIDIAN, ID 83642	HOCKEY PRES 0	0.	0.	0.
JULIE BURKETT 250 N BALTIC PLACE MERIDIAN, ID 83642	BASEBALL PRES 0	0.	0.	0.
JOHN GONZALES 250 N BALTIC PLACE MERIDIAN, ID 83642	POLICE LIAISON 0	0.	0.	0.

Part V **Other Information** (Note the statement requirement in General Instruction V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		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 unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0.			
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.			
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	40e		X

41 List the states with which a copy of this return is filed ► NONE

42a The books are in care of ► MERIDIAN POLICE ACTVTS LEAGUE Telephone no ► 208-888-6030

Located at ► 250 N. BALTIC PLACE, SUITE A MERIDIAN ID ZIP + 4 ► 83642

			Yes	No
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 ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ? If 'Yes,' enter the name of the foreign country ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 10

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If 'Yes,' was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ►				

51 Complete this table for the 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 address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

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

► Signature of officer — Date 12-29-09

► Tom Roy Commissioner
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► CAMERON KELLER, CPA	Date 12/29/09	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► KELLER JOHANNSEN CPA'S 700 E FRANKLIN RD SUITE 125 MERIDIAN, ID 83642-7992		EIN ► N/A Phone no ► (208) 887-9541	

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes [ ] No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: MERIDIAN POLICE ACTIVITIES LEAGUE

Employer identification number: 82-0484108

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 (Please check only one organization)

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.)

3 [ ] A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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 [X] 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)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III – Functionally integrated **d** [ ] Type III– Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**		
(ii) a family member of a person described in (i) above?	**11g (ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge.						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9 Net income form unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

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 ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33-1/3 support test — 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test — 2007.** 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 ► ☐

17a **10%-facts-and-circumstances test — 2008.** 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 IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. ► ☐

b **10%-facts-and-circumstances test — 2007.** 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 IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. ► ☐

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 ► ☐

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	441,116.	465,363.	452,563.	589,287.	422,559.	2,370,888.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	69,170.	74,565.	56,720.	60,137.	57,105.	317,697.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1-5	510,286.	539,928.	509,283.	649,424.	479,664.	2,688,585.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 **Public support** (Subtract line 7c from line 6)						2,688,585.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	510,286.	539,928.	509,283.	649,424.	479,664.	2,688,585.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,340.	4,914.	1,246.	820.	1,562.	10,882.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	2,340.	4,914.	1,246.	820.	1,562.	10,882.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 **Total support.** (add lns 9, 10c, 11, and 12)						2,699,467.

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 ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.6 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.5 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	0.4 %
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	0.5 %

19a **33-1/3 support tests – 2008.** 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 ► ☒

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 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 ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

OMB No 1545-0047

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► **Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

2008

Open to Public Inspection

Name of the organization: MERIDIAN POLICE ACTIVITIES LEAGUE

Employer identification number 82-0484108

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- [ ] Mail solicitations
- [ ] Email solicitations
- [ ] Phone solicitations
- [ ] In-person solicitations
- [ ] Solicitation of non-government grants
- [ ] Solicitation of government grants
- [ ] Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [ ] No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4 through 7 in column (d) ►				
	9 Net income summary Combine lines 3 and 8 in column (d) ►				

Part III **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue			54,855.	54,855.
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes 0 % ☒ No	☐ Yes 0 % ☒ No	☐ Yes 0 % ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ►				54,855.

		YES	NO
9 Enter the state(s) in which the organization operates gaming activities			
a Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b If 'No,' Explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b If 'Yes,' Explain			
11 Does the organization operate gaming activities with nonmembers?	11		X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

			YES	NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	**13a**	%		
b An outside facility	**13b**	100.0 %		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records				
Name ►				
Address ►				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		**15a**		X
b If 'Yes,' enter the amount of gaming revenue received by the organization $ ______ and the amount of gaming revenue retained by the third party $ ______				
c If 'Yes,' enter name and address:				
Name ►				
Address ►				
16 Gaming manager information				
Name ►				
Gaming manager compensation ► $ ______				
Description of services provided ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**17a**		X
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $				

STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	GOLF CART		
DATE ACQUIRED:	1/01/2000		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	3/09/2009		
TO WHOM SOLD:			
GROSS SALES PRICE:	2,250.		
COST OR OTHER BASIS:	1,750.		
BASIS METHOD:	COST		
DEPRECIATION:	1,750.		
		GAIN (LOSS)	2,250.
		TOTAL GAIN (LOSS) OTHER ASSETS	$ 2,250.
		TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES	$ 2,250.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	$ 4,788.
AUTOMOBILE EXPENSE	697.
BANK SERVICE CHARGES	10,482.
CHARITABLE DONATIONS	500.
CLEANING	299.
COACH CERTIFICATION	6,707.
CONCESSIONS EXPENSE	184.
DEPRECIATION	15,443.
DUES AND SUBSCRIPTIONS	1,019.
EQUIPMENT RENTAL	5,208.
EQUIPMENT REPAIRS	3,968.
FIELD MAINTENANCE	12,061.
FUNDRAISING EXPENSES	11,182.
INSURANCE	14,338.
INTEREST	17,035.
LAUNDRY	284.
NSF CHECKS AND FEES	2,531.
OFFICE EXPENSES	4,672.
PROFESSIONAL FEES	16,205.
PROPERTY TAXES	1,746.
REFEREE EXPENSE	34,663.
REGISTRATION AND TOURNAMENT	19,879.
TEAM PHOTOS	23,303.
TEAM SPONSORSHIP	1,760.
TENT COORDINATOR	555.
TRAINING AND EDUCATION	175.
TROPHIES AND MEDALS	1,947.
UNIFORMS	72,482.
UTILITIES	3,584.
VOLUNTEER APPRECIATION	2,061.
TOTAL	$ 289,758.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
FURNITURE AND FIXTURES	$ 656.	$ 478.
MACHINERY AND EQUIPMENT	1,072.	5,577.
MISCELLANEOUS	29,684.	34,832.
PREPAID EXPENSES AND DEFERRED CHARGES	13,199.	13,807.
TOTAL	$ 44,611.	$ 54,694.

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 6,720.	$ 4,536.
DEFERRED REVENUE	108,818.	118,794.
PAYROLL TAXES	374.	1,564.
SECURED MORTGAGES AND NOTES PAYABLE	550,000.	528,611.
TOTAL	$ 665,912.	$ 653,505.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE A SAFE PLACE FOR KIDS TO PLAY SPORTS.

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SOCCER

THE SOCCER LEAGUE SERVED OVER 5,000 PARTICIPANTS DURING THE FALL AND SPRING SEASONS. THE ORGANIZATION OPERATED SOCCER PROGRAMS FOR CHILDREN FROM AGES 4 THROUGH 17, DIVIDED INTO DIFFERENT AGE GROUPS. WHILE THE PRIMARY EMPHASIS IS ON RECREATIONAL SOCCER AND RELATED DEVELOPMENT OF SKILLS, TEAMSMANSHIP, SPORTSMANSHIP AND OTHER QUALITIES, THE ORGANIZATION ALSO OPERATES A LEAGUE FOR MORE ADVANCED PLAYERS AND FOR COMPETITIVE PLAYERS IN THE TREASURE VALLY SOCCER LEAGUE. THE LATTER LEAGUE REQUIRES PLAYERS TO TRAVEL WITHIN THE STATE OF IDAHO TO REGIONAL EVENTS.

GAMES ARE PLAYED ON SATURDAYS FOR THE RECREATIONAL AND ADVANCED LEAGUES AND ON WEEKENDS AND SOME WEEKDAYS IN THE COMPETITIVE LEAGUE.

IN ORDER TO IMPROVE THE SKILLS OF ALL PLAYERS, SOCCER CAMPS AND PROFESSIONAL COACHES ARE PROVIDED TO ALL SOCCER COACHES. THE COACHES ARE ENCOURAGED TO OBTAIN COACHING LICENSES WHICH REQUIRES THEM TO ATTEND TRAINING CAMPS RANGING FROM 20 HOURS TO OVER 40 HOURS OF INSTRUCTION.

PASSING A BACKGROUND CHECK COORDINATED THROUGH THE STATE POLICE IS REQUIRED OF ALL COACHES, BOARD MEMBERS AND OTHER ADULTS WHO HAVE CONTACT WITH THE SOCCER

STATEMENT 6 (CONTINUED)
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PARTICIPANTS.

STATEMENT 7
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BASEBALL

THE BASEBALL PROGRAM SERVED OVER 600 PARTICIPANTS BETWEEN THE AGES OF 3 AND 8. THE PRINCIPAL FOCUS IS ON TEACHING THE FUNDAMENTALS OF BASEBALL THROUGH A RECREATIONAL PROGRAM. THE LEAGUE USES BOTH T-BALL AND PITCHING MACHINES FOR THE YOUNGER CHILDREN. MANY OF THE PLAYERS CONTINUE ON TO OTHER BASEBALL PROGRAMS OFFERED IN THE TREASURE VALLEY. THE BASEBALL SEASON BEGINS IN MAY AND CONTINUES INTO JUNE, FOR A TOTAL OF ABOUT 7 WEEKS.

PASSING A BACKGROUND CHECK COORDINATED THROUGH THE STATE POLICE IS REQUIRED OF ALL COACHES, BOARD MEMBERS AND OTHER ADULTS WHO HAVE CONTACT WITH THE BASEBALL PARTICIPANTS.

STATEMENT 8
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

IN-LINE HOCKEY

THE IN-LINE HOCKEY PROGRAM OPERATES A SUMMER OUTDOOR LEAGUE DURING THE MONTHS OF JUNE AND JULY. CHILDREN FROM AGES 6 THROUGH 12 CAN PARTICIPATE IN THE PROGRAM. THE PROGRAM SERVED ABOUT 150 CHILDREN THIS YEAR. IN-LINE HOCKEY GENERALLY FOLLOWS THE SAME SET OF RULES AS ICE HOCKEY, EXCEPT THAT CHECKING IS NOT ALLOWED. THE PRIMARY FOCUS OF THE PROGRAM IS RECREATIONAL GAMES PLAYED SOLELY WITHIN THE LEAGUE.

PASSING A BACKGROUND CHECK COORDINATED THROUGH THE STATE POLICE IS REQUIRED OF ALL COACHES, BOARD MEMBERS AND OTHER ADULTS WHO HAVE CONTACT WITH THE IN-LINE HOCKEY PARTICIPANTS.

STATEMENT 9
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
	0.	

KARATE

THE KARATE PROGRAM SERVED APPROXIMATELY 100 CHILDREN THIS YEAR. THE ORGANIZATION TEAMED UP WITH A LOCAL MARTIAL

STATEMENT 9 (CONTINUED)
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
ARTIST WHO PROVIDES THE INSTRUCTION. THE ACTIVITY IS ONGOING THROUGHOUT THE YEAR. THE KARATE PROGRAM IS DESIGNED TO INSTILL THE TRADITIONAL ASPECTS OF MARTIAL ARTS IN THE PARTICIPANTS.		
PASSING A BACKGROUND CHECK COORDINATED THROUGH THE STATE POLICE IS REQUIRED OF ALL COACHES, BOARD MEMBERS AND OTHER ADULTS WHO HAVE CONTACT WITH THE WRESTLING AND KARATE PARTICIPANTS.		
INCLUDES FOREIGN GRANTS: NO		
FOOTBALL / FLAG FOOTBALL		
THE PRINCIPAL FOCUS OF THE FOOTBALL AND FLAG FOOTBALL PROGRAMS IS ON TEACHING THE FUNDAMENTALS OF FOOTBALL THROUGH A RECREATIONAL PROGRAM. MANY OF THE PLAYERS CONTINUE ON TO OTHER FOOTBALL PROGRAMS OFFERED IN THE TREASURE VALLEY. FOOTBALL SEASONS ARE IN THE FALL AND THE SPRING, APPROXIMATELY THE SAME TIMES AS THE SOCCER PROGRAMS.		
PASSING A BACKGROUND CHECK COORDINATED THROUGH THE STATE POLICE IS REQUIRED OF ALL COACHES, BOARD MEMBERS AND OTHER ADULTS WHO HAVE CONTACT WITH THE BASEBALL PARTICIPANTS.		
INCLUDES FOREIGN GRANTS: NO		
REAL ESTATE ACQUISITION FUND		
FUNDRAISING EXISTS WITHIN THE ORGANIZATION TO SUPPORT THE PROGRAMS IF THEY NEED ADDITIONAL FUNDING THAT DOES NOT COME FROM THE PROGRAMS THEMSELVES. FUNDRAISING ALSO HELPS TO SUPPORT THE ADMINISTRATIVE FUNCTION OF THE ORGANIZATION AND THE INTEREST PAYMENTS THAT ARE DUE ON THE LAND THAT WAS PURCHASED.		
INCLUDES FOREIGN GRANTS: NO		
BASKETBALL		
INCLUDES FOREIGN GRANTS: NO		
TOTAL	$ 0.	$ 0.

STATEMENT 10
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO