

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	<u>A</u>	For the	2008 ca	lendar	year, or tax year beginning	September 1	, 2008, and	ending	Augi	ust	31	, 20 09		
	В	heck if an	oplicable	Please	C Name of organization Belling	ham Bay Swim Te	am			D	Employ	er identification i	number	
		ddress		use IRS label or	Doing Business As						91	170407	' 5	
		lame ch		print or	Number and street (or PO box if ma	Il is not delivered to street a	ddress) R	Room/suite		E	Telepho	ne number		
		nitial retu		type See	P.O. Box 5821					(:	360)	543-573	33	
		erminati		Specific	City or town, state or country, a	nd ZIP + 4								
				Instruc- tions.	Bellingham, WA 98227-58					G Gross receipts \$				
		mended	I	F Nan			ne as C ab	ove						
	L A									is a group return for affiliates? Yes No				
	_	Tay aya			04(-) () 4 (+)	(7/-)/1) [] 507						ncluded? LYes		
			mpt status		171 7 1	17(a)(1) or 527						list (see instruction	ons)	
					inghambayswimteam.org		1		H(c) Group e					
					ration Trust Association Of	ther ►	L Year of	formation.	1995	M :	state of	legal domicile V	<u>/A</u>	
	Pa	rt I	Summ	ary										
		1 8	Briefly de	scribe	the organization's mission	or most significant	activities.					affiliated wit		
	•				est Swimming (PNS), a co								/ice	
<u></u>	Governance	t	o elite,	the op	portunity to improve thems	selves and their sy	vimming th	hrough th	e contin	uec	deve	elopment of		
0	L a	a	advance	d swin	nming technique and cond	litioning in the spo	ort.							
0 2 2011	o ve	2 0	heck this	box ▶	if the organization discontinu	ed its operations on dis	posed of me	ore than 25	%r of its as	sets				
6	Ğ				g members of the governin		1 2 3	J (VE		11	3		12	
0	Activities &				pendent voting members of	• • •		line 1h)	نار		4		12	
	ıtıe				employees (Part V, line 2a)		-1			{	5		5	
14	ફ					1 (Z] JAN	2120	11 · C	511	6		140	
_	∢ :				volunteers (estimate if nec		٠. (١		Ιğ	֡֜֞֞֜֞֜֜֞֜֜֜֜֜֜֜֜֡֓֓֓֜֜֡֓֓֓֡֓֡֡֡֜֜֡֡	7a		0	
					lated business revenue from			15 KI	IIT	·	7b			
Ž		D IV	ver unrei	ated b	usiness taxable income fron	1 FORTH 990-1, lifte	34 U.C.		Prior Ye		70	Current Ye		
SCANNED FEB						_			Prior re	:01			08608	
Ş	ō				nd grants (Part VIII, line 1h)									
<u>)</u>	Revenue		-		revenue (Part VIII, line 2g)			.					0	
06	ě				me (Part VIII, column (A), Iır								0	
	-				Part VIII, column (A), lines 5								0	
		12 T	otal reve	nue—a	dd lines 8 through 11 (must e	equal Part VIII, colum	n (A), line 1	12)				2	08608	
		13 0	arants ar	nd sımı	lar amounts paid (Part IX, c	olumn (A), lines 1-3	3)					· · ·	0	
					or for members (Part IX, co							1	01409	
	ses			•	ompensation, employee benef		A), lines 5–1	10)					73311	
	Expenses				draising fees (Part IX, columr		, ,,	, I					0	
	Ä				expenses (Part IX, column (D			- 🐎 -	444	4				
	_	1		_	(Part IX, column (A), lines 1	•							4000	
					Add lines 13–17 (must equ			\ ·				1	78720	
					penses. Subtract line 18 from		(A), IIIIC 20)	,				***	29888	
	ces	,,,,	10101100	ICCO ON	Sonsos: Cabiract line to from	11110 12	· · · · · · · · · · · · · · · · · · ·	· B	leginning o	of Ye	ar	End of Yea		
	sets o			. (5				-	· cgg			2.10 01 100	29888	
	t Asse				rt X, line 16)								0	
	Net /	21 T			Part X, line 26)			.						
					nd balances. Subtract line :	21 from line 20					1		29888	
	16	rt II	<u>~</u>	ature								Alice 15 cm A of co. 1 cm	le de e	
			and belie	naines of	perjury, I declare that I have examine, correct, and complete. Declarate	ied this return, including on of preparer (other tha	accompanying n officer) is ba	g schedules : ased on all ir	and statem nformation	ents of w	, and to hich pre	ine best of my kn eparer has any kni	owiedge owledge	
			. //	(), ,	· //-/				1.4	1.	5/	11		
	Sig	1		الماك	me Cox						111	· · · · · · · · · · · · · · · · · · ·		
	He	re	Sign	ature of		TO CA 1) — -		Dat	e				
		ļ	\	DIF	NA ROLEY	TREASUR	4		_					
			Type	or print	name and title									
			Preparer's	s			Date	Check	ıf			dentifying number		
	D-11	,	signature					self- employ	/ed ▶ 🔲	(see	instruct	ions)		
	Paid							, , ,						
	-	parer's	Firm's na	me (or y	ours \				EIN					
	Use	Only	if self-em	ployed).	.			· · · · · · · · · · · · · · · · · · ·	 		<u> </u>)		
	N46	ı tha II	address,			yourn above? loca :	netruetiese	.)	Phone no				7	
	ivia	y the II	no disci	uss this	return with the preparer sh	iown above? (see I	nstructions	<u>,</u>	<u> </u>	<u>. </u>		. Yes	<u>No</u>	

4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	enternational level meets, serioral strips for four-mounts attractes, and team spirit events.
	elite/national level meets, scholarships for low-income athletes, and team spirit events.
4C	(Code) (Expenses \$ 5200 including grants of \$) (Revenue \$) Promote teambuilding and community spirit through scholarships for swimmers traveling long-distance to attend
1-	(Code: \) /Evponess \$ 5200 including grants of \$
4D	(Code) (Expenses \$ 15880 including grants of \$ 0) (Revenue \$ 9640) Promote the value of physical fitness and teamwork through both attendance at competative meets and
AL-	(Code) (European C 15880
	practices/week 2, junior group optimum number practices/week 3-4 depending on age, pre-senior group optimum number practices/week 8-10.
	Provide coaching through daily practice opportunities for our swimmers novice group optimum number
4a	(Code) (Expenses \$ 115311 including grants of \$) (Revenue \$)
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
4	If "Yes," describe these changes on Schedule O
	services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	If "Yes," describe these new services on Schedule O.
	the prior Form 990 or 990-EZ?
2	Did the organization undertake any significant program services during the year which were not listed on
	in the sport.
	selves and their swimming through the continued development of advanced swimming technique and conditioning
	This parent board-run club offers swimmers from all skill levels, novice to elite, the opportunity to improve them-
	Briefly describe the organization's mission BBST is a year-round, non-profit club affiliated with Pacific Northwest Swimming, a committee of USA Swimming.
'	
1	Statement of Program Service Accomplishments (see instructions)

Fall	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		~
3	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	3		V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		V
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		pla
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	6		,
	Schedule D, Part I			_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	~
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11		~
12	Did the organization receive an audited financial statement for the year for which it is completing this return	12		~
40	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	13		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		~
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	·	·	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		~
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		~
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		-
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		-
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		<i>V</i>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	L	~
25a		25a		,
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25b		,
26	person from a prior year? If "Yes," complete Schedule L, Part I			
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Pa	rt IV Checklist of Required Schedules (continued)			,
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	,	4#	
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			i i
	Part IV	28a		~
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		~
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~

Form **990** (2008)

Far	Statements Regarding Other INS Filings and Tax Compliance				,
		,	,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1			
	U.S. Information Returns. Enter -0- if not applicable	1a 0	,	<i>y</i> »	,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	` `	* *	
С	Did the organization comply with backup withholding rules for reportable payments to vendo	rs and reportable	49	* *	33
	gaming (gambling) winnings to prize winners?		1c	~	,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	* *>	10 mg	[
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 5	<u></u>		
b	If at least one is reported on line 2a, did the organization file all required federal employments	ent tax returns?	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file		* * *		` .
	instructions)		Q	*	.%
За	Did the organization have unrelated business gross income of \$1,000 or more during the	year covered by		Ĭ	
	this return?		3a		-
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule	eO	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature	or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account,	or other financial			
	account)?		4a		V
b	If "Yes," enter the name of the foreign country ▶		A , , , , , ,	di con	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report	of Foreign Bank		*	
	and Financial Accounts.			للف	
	Was the organization a party to a prohibited tax shelter transaction at any time during the		5a		-
	Did any taxable party notify the organization that it was or is a party to a prohibited tax she		5b		~
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Ta	x-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or	<u>م</u> ـ		
	gifts were not tax deductible?,		6b	2 X.	A. 2.
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribut	ion of more than	7a		1
	\$75?		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provide		70		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for which it was	7c		1
	required to file Form 8282?	. 7d		ı, ş	21 10
	If "Yes," indicate the number of Forms 8282 filed during the year	L		,	1 22
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiur	ms on a personal	7e	 	1
	benefit contract?	onefit contract?	7f	 	1
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal b For all contributions of qualified intellectual property, did the organization file Form 8899 a			NØ	
9				!	
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a required?	roilli 1090-C as	7h	NU	
_	·	do and section	**	100	18 1
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised fur 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained	by a sponsoring	3 4		39 7
	organization, have excess business holdings at any time during the year?	by a sponsoning	8		~
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised fund	ls.		źś	8.4
а	Did the organization make any taxable distributions under section 4966?		9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?.		9b		1
10	Section 501(c)(7) organizations. Enter	1		•	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	73.4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	17.84	-`₩	ing in
11	Section 501(c)(12) organizations. Enter:	t I		2.	. 4
	Gross income from members or shareholders	11a		ľ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			. ,	
	amounts due or received from them)	11b	ļ	<u> </u>	<u> ~ </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie		12a	<u> </u>	L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	5	k 24	, 4

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the		_	ļ
	circumstances, processes, or changes in Schedule O See instructions	* *	*	١.
1a			* *	Ľ
b	Enter the number of voting members that are independent	*	4 4	*
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	à e	L
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		~
6	Does the organization have members or stockholders?	6	~	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	~	:
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		,	
	the year by the following	<i>-16</i>		
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	V	
9a	Does the organization have local chapters, branches, or affiliates?	9a		~
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		~
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	V	
<u>Sec</u>	tion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	<u>12a</u>	~	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	~	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	~	
13	Does the organization have a written whistleblower policy?	13		~
14	Does the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	\$ ·	<u>,</u>	
a	The organization's CEO, Executive Director, or top management official?	15a		~
b	Other officers or key employees of the organization?	15b		*
4.0	Describe the process in Schedule O. (see instructions)		%	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		~
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	* *		,
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	401		
500	the organization's exempt status with respect to such arrangements?	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed ▶Washington			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s ·	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
^^	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization Diana Roley September 1, 2010-present. prior records are missing/presumed destroyed	ds of	the	
	- arasarzanoa Diana Noicy Genteninei I. Aviv-nieschi, bildi (collo alc illissillublesulle) destravea	DA 10	n mer	

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons.

Check this box if the organization did not co		any o	offic			ctor,	trus			
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Crain Parkinson	8			V				o	0	0
Crystal King Vice President	4			~				0	0	0
Larry Bax, Treasurer (currently in jail for fraud against the team)	8			,				0	0	0
Debbie Fish Secretary	2			V				0	0	0
Kanogwan Sriprasert asst coach	15				~			4230		
Mark Jordan head coach	40				,			23800		
Serena Galaviz asst coach	5				,			2200		
Chelsea Billings asst coach	5				v			2489		
Todd Edison asst/head coach	40				v			24616		
			_							

	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	that employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
					ļ						
		·									
<u>1b</u>	Total				•		<u>.</u>	<u> </u>	57335		
2 —	Total number of individuals (including thosorganization ► 0	e ın 1a) wh	no rec	eiv	ed r	nor	e thar	า \$1 	00,000 in repo	rtable compens	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	3 4
4	For any individual listed on line 1a, is the sthe organization and related organizations individual										4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp olete	pen Sch	satı edu	on i	from I for s	any such	unrelated org	anızation for	5 1
Sec	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization	ompensate	d ind	ере	nde	nt o	contra	acto	rs that received	d more than \$1	00,000 of
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
		,									
2	Total number of independent contractors compensation from the organization • 0		those	ın	1) w	/ho	recei	ved	more than \$10	00,000 in	*

Part	: VIII	Statement of Rev	enue					
		* * *	>	\$	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contrib All other contributions, gifts, gr and similar amounts not includ Noncash contributions included Total. Add lines 1a–1f	ants, ed above 1f	0 123600 12000 0 83808	208608			
Program Service Revenue		All other program servic Total. Add lines 2a-2f	e revenue		0	, 6 h .	\$ * >	3 4 1
	4 5 6a b	Investment income (included other similar amounts) Income from investment of Royalties	tax-exempt bor	nd proceeds (ii) Personal	0 0	\$		* * * * * * * * * * * * * * * * * * * *
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(II) Other	***		, , , , , , , , , , , , , , , , , , ,	9 4 8 7 6 9
Other Revenue	8a b	Gross income from events (not including \$ of contributions reported See Part IV, line 18 Less: direct expenses	, , , , b		, ,	4 · · · · · · · · · · · · · · · · · · ·	5 6 5 60 4 9 4 0	h ; / > # / > # /
	9a	Net income or (loss) from Gross income from gami See Part IV, line 19. Less direct expenses	ng activities		0	* *	* * * * * * * * * * * * * * * * * * * *	*
	с 10а b	Net income or (loss) from Gross sales of inve- returns and allowances Less, cost of goods solo Net income or (loss) from	m gaming acti ntory, less , , , a d , , , b n sales of inven	vities ► tory ►	0	'è e è V à	\$, d	4 2
	b c d	All other revenue . Total. Add lines 11a-11 Total Revenue. Add lin 9c, 10c, and 11e	d es 1h, 2g, 3, 4	>	208608		* * * *	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete co	unin (A) but are in	or required to com	piete columns (b),	(O), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	records not		* ^
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	available	*	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0		* * .	*
4	Benefits paid to or for members	101409			* * *
5	Compensation of current officers, directors, trustees, and key employees	57335			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	<u> </u>	<u> </u>		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0	ļ	<u> </u>	
10	Payroll taxes	15976			
11	Fees for services (non-employees)				
а	Management	0		<u> </u>	l
	Legal	0			
	Accounting	0			
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	<u>-</u>	0	· · · · · · · · · · · · · · · · · · ·		
	Other	0		i	
12	Advertising and promotion	0	-		
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	L			
17	Travel	4000		i	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization,	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		×		
а		<u> </u>			
b					
С					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	178720			
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		/		

Pa	rt X	Balance Sheet		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	29888
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	0
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	S. J. Mark.	* * 6	
ß	7	Notes and loans receivable, net		7	·
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost basis	A SHOW THE	/ ~	s dragge day
		Less: accumulated depreciation Complete Part VI of Schedule D		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
1	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	29888
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21 22	Escrow account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key			
Liat		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	<u>~ « « » » » » </u>
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24 25	
	25 26	Other liabilities Complete Part X of Schedule D		26	
es	20	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		20 '', '	
alances	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.		, ,	
Net Assets or	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
ě	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances		34	
Pa	ırt XI	Financial Statements and Reporting			
1	Acc	ounting method used to prepare the Form 990. Cash Accrua	l 🗹 Other		Yes No
		re the organization's financial statements compiled or reviewed by an inc		t? .	2a /
		re the organization's financial statements audited by an independent acc		•	. 2b
c		es" to lines 2a or 2b, does the organization have a committee that assumes			
		audit, review, or compilation of its financial statements and selection of an ii			2c
38		a result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?		ı torth	
		Single Audit Act and OMB Circular A-133? Yes," did the organization undergo the required audit or audits?.		•	3a V
	- 11 1	te, all die organization anderge the required addition addition ;	<u> </u>	<u> </u>	

Form 990 Schedule O

BBST, 91-1704075

Part III, 4d, records missing/presumed destroyed by former treasurer, currently in jail pending trial for fraud against the team.

Part IV, 12a, in by-laws, under review of current board

Part IV, 19, upon request.

Part VI, 10, under review of current board

Part VI, 11, Larry Bax, treasurer, currently in jail pending trial for fraud against the team.