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Department of the Treasury

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)

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

OMB No 1545-0047 2009 Open to Public

Inter	mal Revenue	Service	I ne organization may have to use a copy of this return to	satisty state	reporting requir	ements	Inspection
<u>A</u>	For the 200	9 cal <u>endar ye</u>	ar, or tax year beginning , and ending			······································	······································
В	Check if applica		C Name of organization			D Empl	oyer identification number
	Address change	use IRS	C3 HAWKS YOUTH LACROSSE ASS	OCIATIO	NC		
$\overline{\Box}$	Mana abasas	label or print or	Doing Business As			81	-0669809
Ц	Name change	type	Number and street (or P O box if mail is not delivered to street address)		Room/suite	E Telep	hone number
	Initial return	See	PO BOX 253				2-419-9143
	Termination	Specific				G Gross rec	
		Instruc-	City or town, state or country, and ZIP + 4 CHASKA MN 55318			G Gloss led	Espis \$ 00,703
	Amended return					1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Application pen	ding F Name	e and address of principal officer				s a group return for
						affilia H(b) Are a	Il affiliates 💳 🚟
						induc	ded? Yes No
						If "No	," attach a list (see instructions)
1	Tax-exempt	status X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527]	
J	Website: ▶	WWW.	CHASKALACROSSE. DRG			H(c) Group	p exemption number
ĸ	Type of organia			L	Year of formation		M State of legal domicile
	art I	Summai	 				
	T -		ne organization's mission or most significant activities				
	1	•					
0	l s	EE SCHEI	DULE O				
2							
'n							
Š	2 Che	ck this box	If the organization discontinued its operations or disposed of mo	ore than 25%	6 of ite not accet	e	
ဖွ	ľ			ne than 257	o or its riet asset.	3	l 3
ø	ŀ	_	members of the governing body (Part VI, line 1a)				
Activities & Governance		•	endent voting members of the governing body (Part VI, line 1b)			4	0
₹	5 Tota	I number of e	employees (Part V, line 2a)			5	0
Act.	6 Tota	I number of v	olunteers (estimate if necessary)			6	20
	7a Tota	l gross unrel	ated business revenue from Part VIII, column (C), line 12			7a	
	1	-	siness taxable income from Form 990-T, line 34			7b	0
_	- 2 1101	GIII OIGIGG DG			Рпог Үез	ar	Current Year
	8 Cont	tributions and	i grants (Part VIII, line 1h)			740	960
Revenue	1		revenue (Part VIII, line 2g)		6	5,842	79,805
, e	1				<u>_</u>	J, 012	75,005
Š	1		ne (Part VIII, column (A), lines 3, 4, and 7d)				
- -	1	•	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12 Tota	l revenue – a	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6	6,582	80,765
L	13 Gran	nts and simila	ar amounts paid (Part IX, column 14) Injes 1-3				
`	14 Ben	efits paid to d	or for members (Partil & column A) tine 4)				
ر سال			ompensation, employee benefits (Part IX, comm (A), lines 5-10)				
SEXPENSES Expenses	16a Drof	essional fund	traising feed (Part IX column (A) Madifite)				
28	I Take	essional fund	traising fees (Part IX, column (6), life 11e) expenses (Part IX, column (D), line 25) ►	98			· · · · ·
źΫ	D lota	ii tunaraising	expenses (Part IX, Column (D), line 25)	90		0 400	65.056
מ			(Part IX, column (A)-lines-11a-(1d, 101-241)			0,488	65,056
	18 Tota	l expenses	Add lines 13-17 (muslehudlipariux, column (A), line 25)			0,488	
	19 Rev	enue less ex	penses Subtract line 18 from line 12			3,906	
Net Assets or	3				Beginning of Cui		End of Year
Set	20 Tota	ıl assets (Par	t X, line 16)		1	<u>4,250</u>	29,938
ŽŽ	21 Tota	il liabilities (P	art X, line 26)			21	
ž	22 Net	assets or fun	d balances Subtract line 21 from line 20		1	4,229	29,938
	Part II	Signatu	re Block				
			ties of penury, I declare that I have examined this return, including accompanying	o schedules a	nd statements, and	to the best	of my knowledge
			is true, correct, and complete. Declaration of preparer (other than officer) is base				
e:		_	14. 21/29/			107	14110
Sig	- 1					<u> </u>	
He	re		re of officer	DDDGI		Date	•
			DMAS KELLY	PRESI	DENT		
		Type or	print name and title		-		
_		Preparer's		Date	Check	ıf	Preparer's identifying number
Pa		signature	TRACEY CRISP, CPA	7/13/1	Self- employ	ved ▶	(see instructions) P00996219
Pr	eparer's	<u> </u>	DUANE GRAVLEY, LTD.	1	Lemplo	1	► 41-1803315
Us	e Only	Firm's name	(or yours L	 		EIN	
_	•	if self-emplo				Phone	
		address, an	2014(8) 1222, 121 2333 1			nol	<u>> 952-890-9564</u>
Ma	y the IRS d	scuss this re	turn with the preparer shown above? (see instructions)				Yes No

Form **990** (2009)

	m 990 (2009) C3 HAWKS YOUTH LACROSSE ASSOCIATION 81-06698	309 Page 2
	Sart III 1' 'Statement of Program Service Accomplishments	
	Briefly describe the organization's mission	
2	SEE SCHEDULE O	
2	2 Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	lacksquare Yes $lacksquare$ No
	If "Yes," describe these new services on Schedule O	
3	B Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo	ount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	la (Code) (Expenses \$ 53,373 including grants of \$) (Revenue \$
	IN 2009, C3HYLA SUPPORTED 3 WINTER LACROSSE TEAMS, 4	
	SUMMER TEAMS, SERVING A TOTAL OF ABOUT 310 YOUTH PLA	
_	,,,,	
4b	4b (Code) (Expenses \$ including grants of \$) (Revenue \$
4c	c (Code) (Expenses \$ including grants of \$) (Revenue \$
4d	ld Other program services (Describe in Schedule O)	
	(Expenses \$ 4,079 including grants of \$) (Revenue	e \$)
4e	le Total program service expenses ► 57,452	

DAA

<u></u>	art IV Checklist of Required Schedules				,
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			3.5	
	complete Schedule A		1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				v
	candidates for public office? If "Yes," complete Schedule C, Part I		3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				v
_	Schedule C, Part II		4		<u>X</u>
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	-	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				v
_	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				- T
	complete Schedule D, Part III		8		X
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,"				_v
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		40		х
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		11	Х	
	VII, VIII, IX, or X as applicable		 ''-		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		Ì		
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
(reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII		12		Х
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		Х
b					
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		Х
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_]
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1	ł
	If "Yes," complete Schedule G, Part III		19_	L	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20	L	X
			Forr	n 990	(2009

Form 990 (2009) C3 ,HAWKS YOUTH LACROSSE ASSOCIATION 81-0669809 Part IV ' 'Checklist of Required Schedules (continued) Yes Nο 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 employees? If "Yes," complete Schedule J 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 lines Χ 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 Х If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 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 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 34 III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36

Form **990** (2009)

36

37

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37

organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O

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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Enter the number reported in Box 3 of Form 1086, Annual Summary and Transmittal of U.S. Information Returns. Enter -0-if not applicable Enter the number of Forms W2-6 anduded in line 1s. Enter -0-if not applicable Define the number of Forms W2-6 anduded in line 1s. Enter -0-if not applicable agaming (gambing) without possible and the program of the	<u> Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance				
U. S. Information Returns Enter-O- front applicable De Enter the number of Forms W25, included in line 1a. Enter-0- in fot applicable De the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gamming) withouting price withholding rules for reportable payments to vendors and reportable gamming (gamming) withouting to prize withholding rules for reportable payments to vendors and reportable gamming (gamming) withouting to prize withholding rules for reportable payments to vendors and reportable gamming (gamming) withouting to prize withholding was a completed on the 2a, did the organization file all required federal employment tax returns? Note, if he sum of lines is a mid 2a is greater than 250, you may be required to e-file this return (see instructions). If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines is a mid 2a is greater than 250, you may be required to e-file this return (see instructions). If the complete is a mid 2a is greater than 250, you may be required to e-file this return (see instructions). If the complete is a mid 2a is greater than 250, you may be required to e-file this return (see instructions). If the complete is a mid 2a is greater than 250, you may be required to e-file this return (see instructions). If the complete is a mid 2a is greater than 250, you may be required to e-file this return (see instructions). If the complete is a mid 2a is greater than 250, you may be required to e-file this return (see instructions). If the complete is a mid 2a is greater than 250, you may be required to e-file this return (see instructions). If the complete is a mid 2a is greater than 250, you may be required to e-file this return (see instructions). If the complete is a mid 2a is greater than 250, you may be required to e-file this return (see instructions). If the complete is a mid 2a is greater than 250, you may be required to e-file this ret					Yes	No
be Enter the number of Forms W.2G included in line 1s Enter-0-in float applicable Did the organization comply with backsy withholding rules for reportable payments to vendors and reportable payming (samithing) winnings to pizze wenners? 28 Enter the number of employees reported on Form W-3, Transmitted (Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return by If at least one is reported on the 2a, did the organization file all required detail employment tax returns? Note. If the sum of hims 1 and 2a a greater than 250, you may be required to e-file this return (see institutions) 39 It if the sum of hims 2 has 04 as a greater than 250, you may be required to e-file this return (see institutions) 30 If If Yes, 1 has if filed a Form 990-T for this year? If Yo," provide an explanation in Schedule O 30 If Yes, 1 has if filed a Form 990-T for this year? If Yo," provide an explanation in Schedule O 31 If Yes, 1 has if filed a Form 990-T for this year? If Yo," provide an explanation in Schedule O 32 If Yes, 1 has if filed a Form 990-T for this year? If Yo," provide an explanation in Schedule O 33 If Yes, 1 has if filed a Form 990-T for this year? If Yo," provide an explanation in Schedule O 34 All any time during the celerator year, did the organization have an interest in, or a significant or other financial account? 35 If Yes, 1 has the celerator year, did the organization have an interest in, or a significant or other financial account? 36 If Yes, 2 has the organization and Accounts 37 If Yes, 1 has the file a Form 990-T for this year? If Yes, 1 has the organization and Accounts 38 If Yes, 2 has the organization and party to a prohibed tax shelter transaction at any time during the tax year? 39 Debt any transaction and party to a prohibed tax shelter transaction at any time during the tax year? 39 Debt any transaction and party to a prohibed tax shelter transaction at any time during the tax year? 39 Debt the organization and party and the or	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
to but the organization comply with backup withholding rules for reportable payments to vendors and reportable germing (gambring) withrings to prize winners? 2 Ende the number of employees reported on Form W-3, Transmittal of Wigag and Tax Statements, filed for the catendary year ending with or within the year covered by this return 1 If a less one is exported on the 2.4 and the organization file all required decideral employment tax returns? Note. It the sum of lines I a and 2 as igreater han 250, you may be required to «file this return" (see instructions) 3 Did the organization have unrelated business gross income of \$1.000 or more during the year covered by this return? 3 If Wes, I have filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3 If Wes, I have filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3 If Wes, I have filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3 If Wes, I have filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3 If Wes, I have filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3 If Wes, I have filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3 If Wes, I have filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3 If Wes, I have filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3 If Wes, I have filed a Form 990-T for this year? If "No." provide an explanation of the form 100 form		• •				
gaming (gambing) winnings to prize winners? 2	b					
2a Einer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, life of the calandard year ending with or within the year excered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? If the organization have unrelated business gross income of \$1,000 or more during the return of the form 90-T for this year? If TNO, 'provide an explanation in Schedule O 3b If These, 'has at filed a Form 90-T for this year? If TNO, 'provide an explanation in Schedule O 3c 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 accounts? 5c At A my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts. 5c Was the enstructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5c Was the enstructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 6c If "Fes, 'to line Se of So, did the organization file Form 888F.' Losdoure by Tax-Exempt Entity Regarding Prohibetol Tax Scheller Transaction? 5c If "Fes, 'to line Se of So, did the organization file Form 888F.' Losdoure by Tax-Exempt Entity Regarding Prohibetol Tax Scheller Transaction? 5c If "Fes,' did the organization and partition file form 888F.' Losdoure by Tax-Exempt Entity Regarding entities to the advance of the payor? 6c Destination that was precise deductible contributions under section 170(c). 6d Destination and the section of the section 170(c). 6d Destination and the section 150 (c	C		able	١. ا		3.5
Stamments, filed for the calendar year ending with or within the year covered by this return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a			1	1c		<u>X</u>
Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a	2a					
Nota. If the sum of lines 1a and 2a is greater han 250, you may be required to e-file this return (see instructions) Job the organization have unrelated business gross income of \$1,000 or more during the year covered by the return? If If Yes, 1 has it filed a Form 990-T for this year? If No, 1 provide an explanation in Schedule O Jab If Yes, 1 has it filed a Form 990-T for this year? If No, 1 provide an explanation in Schedule O Jab If Yes, 1 has it filed a Form 990-T for this year? If No, 1 provide an explanation in Schedule O Jab If Yes, 1 has it filed a Form 990-T for this year? If No, 1 provide an explanation in Schedule O Jab If Yes, 1 has it filed a Form 990-T for this year? If No, 1 provide an explanation in Schedule O Jab If Yes, 1 had any time during the catendar year, did the organization file as a bank account, or other financial account in Schedule O Jab If Yes, 1 had a file of the company of the company of the provided tax sheller fransaction? Jac If Yes, 1 his 6 acr 50, did the organization file Form 8685-T, Disclosure by Tax-Exempl Entity Regarding Frohibited Tax Sheller Transaction? Jac If Yes, 1 his 6 acr 50, did the organization file Form 8685-T, Disclosure by Tax-Exempl Entity Regarding Frohibited Tax Sheller Transaction? Jac Did the organization and gross receipts that are normally greater than \$100,000, and did the organization has manual gross receipts that are normally greater than \$100,000, and did the organization house with every soliculation an express statement that such contributions or office were not tax deductible? Jac Did the organization conew a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Jac Did the organization conew a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Jac Did the organization conew a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Jac Did the org				ا ا		
sinstructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? At a "Yes," refer the name of the foreign country be See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts We see the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts We see the organization a party to a prohibited tax shelter transaction at any time during the tax year? See the instructions for exception and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts We she driganization a party to a prohibited tax shelter transaction? See the instructions of the organization that it was or is a party to a prohibited tax shelter transaction? See the organization as a party to a prohibited tax shelter transaction? See the instructions of the "Association and party to a prohibited flax shelter transaction? See the organization shelt and the organization fle Form 8868-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax shelter Transaction? See the instructions of the "Association and party to prohibited tax shelter transaction? See the instructions of the "Association and party to prohibited the contributions shall were not tax deductible? Tyes," did the organization mobile with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that many receive deductible contributions under section 170(c). Did the organization and party of the payor? Tyes, "If the organization is the payor? Tyes," of the organizat	b			20		
3a X b If Yes, That it fled a Form 990-T for this year? If YNO,* provide an explanation in Schedule O 3						
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b	·	441			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	42-	•		42-		
<u></u>			1	128		
		in res, enter the amount of tax-exempt interest received or accrued during the year	140	Form	990	(2000)

Part VI 'Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			Г
	Enter the number of voting members of the governing body	[Yes	No
1a	2.11.07 the management of the great mag area.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	-		<u> </u>
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	- <u>-</u>		
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			1
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)			
		!	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			L
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
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,"			ĺ
	describe in Schedule O how this is done	12c		77
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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?			v
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		<u> </u>
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	İ		
	the organization's exempt status with respect to such arrangements?	16b		l
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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			
	X 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 interest			
	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 records of the			
	organization ► KARMEN HOXIE PO BOX 253			
CI	HASKA MN 55318	612-41	9.9	743

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	(C) (D) (E) pe Position (check all that apply) Reportable Reportable								(F) Estimated
	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
THOMAS KELLY										
PRESIDENT	5.00	<u> </u>						0	0	(
CHUCK FRIEDBAUER		1								
VICE PRESIDENT	1.00	<u> </u>		<u> </u>		<u> </u>	<u> </u>	0	0	
SUE STATSICK										
SECRETARY	1.00	_		l_		<u> </u>		0	0	C
KARMEN HOXIE		Ì								
TREASURER	5.00	_	<u> </u>	ļ		ļ	<u> </u>	0	0	
DANA KULICS			1							
COORDINATOR	1.00	<u> </u>						0	0	(
DEBBIE MAU										
COORDINATOR	3.00	ļ		ļ		ļ	_	0	0	C
JAMES ROSENDAHL		1					ĺ		_	
MANAGER	1.00	╄		_		<u> </u>	_	0	0	(
STEVE SOINE								_	_	
MANAGER	1.00	╀	_			ļ	<u> </u>	0	0	(
HENRY WHITNEY										_
COORDINATOR	15.00	₩		_	<u> </u>		_	0	0	(
CHRYSAUNA BUAN										_
COORDINATOR	2.00	\vdash	<u> </u>	_	<u> </u>		_	0	0	
CHRIS CHU	, ,,						l			
BOARD MEMBER	1.00	╀	-	-			<u> </u>	0	0	
	ISAAC			1					0	
PLAYER DEV.	1.00	-		<u> </u>				0	0	
										1

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
•	' '(A) Name and Title	(B) (C) Average Position (check all that apply hours per							(D) Reportable compensation	(E) Reportable compensation		(F) stimate		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com f org an	other npensation the ganization anization	tion e on ed	
					ļ	.								
						_								
												<u> </u>		
		_												
<u>1b</u>	Total							<u> </u>						
2	Total number of individuals (inc reportable compensation from			to th	ose	liste	d abo	ve)	who received more than \$10	00,000 in				
3	Did the organization list any for							oloye	ee, or highest compensated				es No	
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related or	1a, is the sum of	rep	ortab	le co	ompe	ensat				-	3	X	
5	individual Did any person listed on line 1a	_								ICII		4	X	
	services rendered to the organ	ızatıon? If "Yes,"										5	X	
<u>Sec</u>	Complete this table for your five	e highest comper	nsate	ed inc	depe	nder	nt cor	ntrac	stors that received more that	n \$100,000 of				
	compensation from the organiz	(A) business address							Descrip	(B) tion of services		Comp	(C) ensation	
								L	· · · · · · · · · · · · · · · · · · ·					
								_						
													_	
2	Total number of independent c more than \$100,000 in comper		-				to th	ose	listed above) who received			0	_	
DAA												Form	990 (2009)	

<u>Pa</u>	rt V	<u>III Staten</u>	nent of Reve	<u>nue</u>						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
'nν	12	Federated can	nnaigne	1a			· ·	10101110		012, 010, 01017
Contributions, gifts, grants and other similar amounts	h	Membership d	. •	1b						
ρĒ		•		1c						
rai	C	•		1d				i		
gie	a	Related organi		\vdash						
sin	0	Government grants	•	1e						
Ę	t	All other contribution and similar amounts								
of:				1f		960				
o E	g		ns included in lines 1a-	if :	\$					
$\overline{}$	h	Total. Add line	es 1a–1f			, ▶	960			
Program Service Revenue						Busn Code				_
vel	2a	PROGRAM	SERVICE REVE	ENUE			79,805	79,805		
Re	b									
vice	С									
Ser	d					L				
аш	0									
ogr	f	All other progra	am service rever	nue						
4	g	Total. Add line	es 2a-2f			•	79,805			
	3	Investment inc	ome (including d	ividend	ls, interes	t, and				
		other similar a	mounts)			▶ <u>L</u>				
	4	Income from in	nvestment of tax-	exemp	t bond pro	ceeds 🕨				
	5	Royalties		-	-	▶ [
		•	(ı) Real		(II) F	Personal				
	6a	Gross Rents		i						
	ь	Less rental exps								
	c	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			—				
	7a Gross amount from (i) Securities (ii)				(11)	Other			· ·	-
		sales of assets other than inventory	· · · · · · · · · · · · · · · · · · ·		<u> </u>					
	b	Less cost or other								
		basis & sales exps								
	_	Gain or (loss)								
	C d	Net gain or (loss)	L		<u> </u>					
			om fundraising ever	,,, [· · · · · · · · · · · · · · · · · · ·	
ne	8a		on fundraising ever	11.5						
/en		(not including \$	ranadad an lina 1a\			1				
Re		See Part IV, line	reported on line 1c)	- 1						
Other Reven	L	Less direct ex		a b						
ᅙ			=	[ouanta.					
			(loss) from fundr	- 7	events					
	эа		om gaming activities	- 1						
		See Part IV, line		а						
		Less direct ex	•	ρĺ						
			(loss) from gamı	ng activ	vities	-		-/		
	10a		f inventory, less							
		returns and all		а						
		Less cost of g		b						
	C		(loss) from sales		entory	<u>▶ </u>				
		Misc	cellaneous Revenue	•		Busn. Code				
	11a					\vdash				
	b									
	С					 				
	d	All other reven				\Box	<u> </u>			
	8	Total. Add line				▶	··	·		
	12_	Total Revenu	e. See instruction	ns			80,765	79,805	0	0

Part IX Statement of Functional Expenses

Form 990 (2009)

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).

Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
1	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			į	
	organizations, and individuals outside the				
1	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
1	trustees, and key employees				
	Compensation not included above, to disqualified			:	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	·			
	Other salaries and wages				
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
	Other employee benefits		:		
	Payroll taxes				
	Fees for services (non-employees)				
	Management				
	Legal		-77,		
	Accounting				
	Lobbying Professional fundratures contract. See Bort IV. June 17				
	Professional fundraising services See Part IV, line 17			······································	
	Investment management fees Other				
_					
	Advertising and promotion Office expenses				
	Information technology				
	Royalties				
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				<u>-</u>
	Interest			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	Payments to affiliates				
	Depreciation, depletion, and amortization	4,079	4,079		
	Insurance				
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	DUES & REGISTRATION	17,511	17,511		
b	COACHS' COMPENSATION	13,040			
С	UNIFORMS	7,744			
d	REFEREE FEES	4,985			
0	RENTAL	3,280		90	300
	All other expenses	14,417	6,903	7,116	398
	Total functional expenses. Add lines 1 through 24f	65,056	57,452	7,206	398
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	<u>art X</u>	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	Ĺ	2,641	1	19,899
	2	Savings and temporary cash investments	L		2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors,	trustees, key			
		employees, and highest compensated employees Com	plete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined	l under section			_
		4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete			
		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net	Ī		7	
SS	8	Inventories for sale or use	Ī		8	
₹		Prepaid expenses and deferred charges	Ī		9	
		Land, buildings, and equipment cost or	ן ו			
		other basis Complete Part VI of Schedule D	10a 12,500			
	h	Less accumulated depreciation	10b 7,501	3,768	10c	4,999
		Investments—publicly traded securities	7,301	3,700	11	<u> </u>
		Investments—publicly traded securities Investments—other securities See Part IV, line 11	<u> </u>		12	
		Investments—program-related See Part IV, line 11	<u> </u>		13	
		• •	<u> </u>	-		\(\tau_{-1}\)
		Intangible assets		7 041	14	F 040
		Other assets See Part IV, line 11		7,841	15	5,040
\dashv		Total assets. Add lines 1 through 15 (must equal line 3	4)	14,250	16	29,938
		Accounts payable and accrued expenses	-		17	· · · · · · · · · · · · · · · · · · ·
		Grants payable			18	
	19	Deferred revenue	-		19	
_	1	Tax-exempt bond liabilities	· -		20	
Liabilities	ł	Escrow or custodial account liability Complete Part IV of	_		21	
=	22	Payables to current and former officers, directors, truste	ees, key			
ap		employees, highest compensated employees, and disq	ualified			
=		persons Complete Part II of Schedule L			22	
- }	23	Secured mortgages and notes payable to unrelated thin	d parties		23	
}	24	Unsecured notes and loans payable to unrelated third p	earties		24	
	25	Other liabilities Complete Part X of Schedule D		21	25	
_	26_	Total liabilities. Add lines 17 through 25		21	26	
S S		Organizations that follow SFAS 117, check here ▶	and			
Balances		complete lines 27 through 29, and lines 33 and 34.				
ā	27	Unrestricted net assets	<u> </u>		27	<u> </u>
ă	28	Temporarily restricted net assets	Ĺ		28	
밀	29	Permanently restricted net assets			29	
Net Assets or Fund		Organizations that do not follow SFAS 117, check h	ere ▶ X			
5		and complete lines 30 through 34.				
S	i	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building, or equipmen	nt fund		31	
ğ	32	Retained earnings, endowment, accumulated income, of	or other funds	14,229	32	29,938
;	33	Total net assets or fund balances		14,229	_	29,938
ž		Total liabilities and net assets/fund balances	Ţ	14,250		29,938

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 \overline{X} Cash $\overline{\ }$ Accrual $\overline{\ }$ Other			_
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X
b	Were the organization's financial statements audited by an independent accountant?	2b		_X_
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	لـــــا	
		Forn	n 990	(2009)

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.

 OMB No 1545-0047

Open to Public Inspection

Name of the organization
C3 HAWKS YOUTH LACROSSE ASSOCIATION

Employer identification number 81-0669809

Pa	<u>irt l</u>	<u>Rease</u>	on for Public Charity S	Status (All organizations	must co	mplete	this pa	art.) S	<u>ee ins</u>	tructic	ons.		
he	orga	nization is not a	a private foundation because	it is (For lines 1 through 11, che	eck only o	ne box)							
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>/</i>	۹)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Ħ		,	e organization described in secti	ion 170(b)	(1)(A)(iii)							
4	H			in conjunction with a hospital de				(A)(iii).	Enter th	e hosp	ital's name.		
•	ш	city, and state	•				- (- /(/			•	,		
5	$ \Box $	•		a college or university owned or	r operated	by a gove	ernmenta	al unit de	escribed	ın			
Ŭ	ш		b)(1)(A)(iv). (Complete Part I		оронаков	-, - g							
6		•		· / vernmental unit described in sec	tion 170/	h)/1\/Δ)/υ	Λ.						
7	H			ubstantial part of its support from				n the ne	neral nu	blic			
•	Ш	-			i a goveni	memar ar	01 11011	i iiic gc	ileiai pe				
0	\Box	described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
8 9	∇	X An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross											
9	1	_		ot functions—subject to certain e									
				I unrelated business taxable inco						แอ			
		• • •	•	, 1975 See section 509(a)(2). (•		i i tax) iii	om busi	1103303				
40			-	xclusively to test for public safety		· · · · · · · · · · · · · · · · · · ·	a\/4\						
10 44	\vdash	•	•	clusively for the benefit of, to pe		-		carni oi	ıt the				
11		•	•	d organizations described in sec				-		tion			
				e type of supporting organization						Lion			
		a Type		c Type III–Function			d [\neg	'' e III–Otl	nor			
_			··	nization is not controlled directly						101			
0	لــا	-	-	nd other than one or more public						etion			
		•	ection 509(a)(2)	ind other than one of more passi-	oly ouppor	tou organ		000000	, a oo				
			, ,, ,	mination from the IRS that it is a	Type I Ty	nell or T	vne III s	unnortin	ıa				
f			check this box		1,001,11	pc 11, 01 1	, pc s	аррогия	9				
_		•		on accepted any gift or contribut	ion from a	ny of the							
g		following pers		on accepted any girt or contribut	1011 110111 14	ny or the							
		• .		ntrols, either alone or together w	ith nerson	s describe	ad in (ii)					Yes	No
			pelow, the governing body of		itii persori	a describe	.u III (II)				11g(i)	100	1.0
		• ,	member of a person describe	•							11g(ii)	 	
			ontrolled entity of a person de								11g(iii)		
L			ollowing information about the								[119(111	'1	<u> </u>
h	Name	e of supported	(ii) EIN	(III) Type of organization	(iv) to the (organization	(v) Did v	ou notify	(4/1)	s the	(vii) Am	ount of	
(')		janization	(11) 5111	(described on lines 1–9	1	sted in your		ization in	organizat	ion in col	sup		
				above or IRC section	governing	document?	col (i)	of your	(i) organı	zed in the S			
				(see instructions))	Yes	No	Yes	No		No	1		
					† · · · ·						· · · · · · · · · · · · · · · · · · ·		
			1		<u> </u>	ļ							
					1				 				
					 	 							
Γota	ı												

		HAWKS YOU					Pag
Pa	irt II 'Support Schedule for O				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
•	(Complete only if you ch	ecked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support endar year (or fiscal year beginning in) ▶	(a) 2005	(5) 2006	(=) 2007	(4) 2009		(f) T-4-1
Ca	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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						
Sec	tion B. Total Support						
Ca	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
В	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						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10			!			
2	Gross receipts from related activities, etc	•	المحمد		nn n nnah F04(-)	(2)	
3	First five years. If the Form 990 is for the	-	secona, mira, iour	ın, or ılıtın tax year a	as a section 50 f(c)	(3)	
ec	organization, check this box and stop here tion C. Computation of Public Su						
<u></u>	Public support percentage for 2009 (line 6,			(ft)		14	
5	Public support percentage from 2008 Sche	• • •	•	VIII		15	
ia	33 1/3 % support test—2009. If the organ	•		3, and line 14 is 33	1/3 % or more, ch	<u> </u>	
	and stop here. The organization qualifies						•
b	33 1/3 % support test-2008. If the organ	zation did not chec	k a box on line 13	or 16a, and line 15	ıs 33 1/3 % or mor	e, check this	
	box and stop here. The organization quali	fies as a publicly su	pported organizati	on			•
7a	10%-facts-and-circumstances test—200				or 16b, and line 14	l is 10% or	
	more, and if the organization meets the "fa	cts-and-circumstan	ces" test, check th	s box and stop he	re. Explain in Part I	V how the	
	organization meets the "facts-and-circums"	ances" test. The or	ganization qualifies	s as a publicly supp	orted organization		•
b	10%-facts-and-circumstances test-200	8. If the organization	n did not check a l	oox on line 13, 16a.	16b, or 17a, and li	ne 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18

(b) 2006

(c) 2007

(d) 2008

(e) 2009

(f) Total

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.)

(a) 2005

Section A. Public Support

Gifts, grants, contributions, and membership fees received (Do not include

Calendar year (or fiscal year beginning in) ▶

	any funusuai grants f)		500	979	740	960	3,17
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		39,296	52,686	65,842	79,805	237,62
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		39,796	53,665	66,582	80,765	240,80
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)						240,80
	tion B. Total Support	T (=) 2005	(h) 2000	(a) 2007	(4) 2000	(a) 2000	(f) Total
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		39,796	53,665	66,582	80,765	240,80
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					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,			ļ			
	and 12)		39,796	53,665	66,582	80,765	240,80
14	First five years. If the Form 990 is for the	•	second, third, fourth,	or fifth tax year as	s a section 501(c)(3))	. 「
500	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su			`		15	100 00%
15 16	Public support percentage for 2009 (line 8, Public support percentage from 2008 Sche)		16	100 00 % %
	tion D. Computation of Investmen	•					
17	Investment income percentage for 2009 (lin			umn (f))		17	%
18	Investment income percentage from 2008		•	u (1))		18	<u> </u>
19a	33 1/3 % support tests—2009. If the orga			and line 15 is mo	ore than 33 1/3 %. a		
	17 is not more than 33 1/3 %, check this bo						▶ [2
b	33 1/3 % support tests—2008. If the orga						
	line 18 is not more than 33 1/3 %, check th						▶ [
20	Private foundation. If the organization did		=		- · · · · ·		▶
DAA						dule A (Form 990 d	or 990-EZ) 200

Schedule A (Form 990 or 990-EZ) 2009 C3 HAWKS YOUTH LACROSSE ASSOCIATION 81-0669809

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

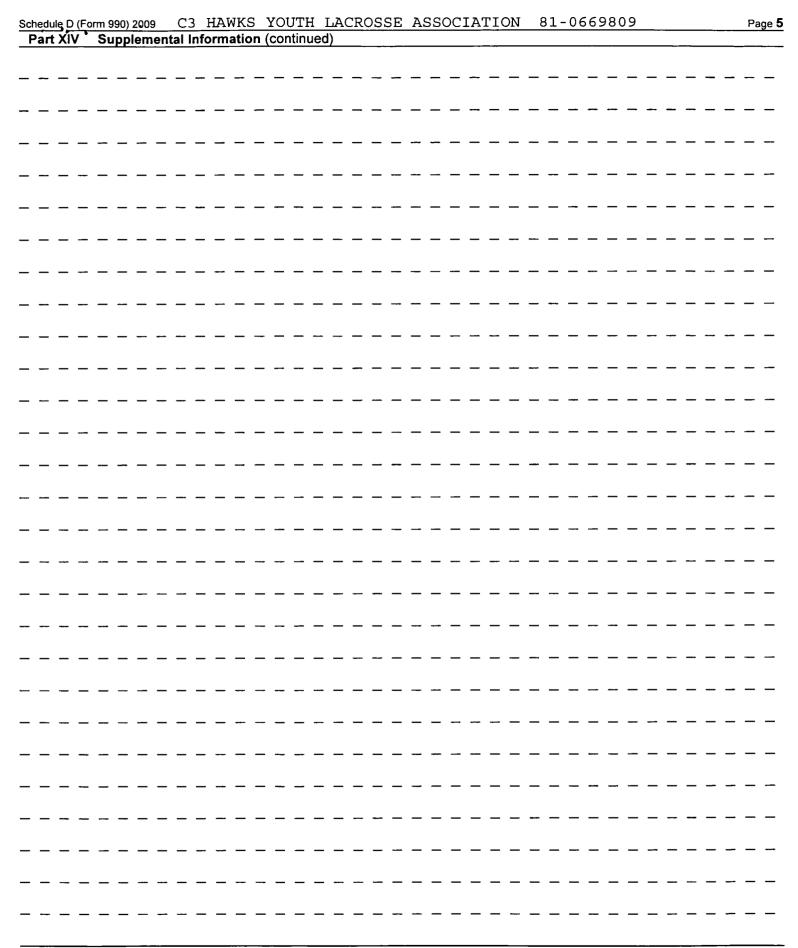
Open to Public Inspection Employer identification number

C3	HAWKS YOUTH LACROSSE ASSOCIATION		81-0669809	
Pa		ds or Other Similar Funds or Acc		
	the organization answered "Yes" to Form 990, F	Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		-	
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised		
•	funds are the organization's property, subject to the organization's exclus		Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in wi	-		
•	used only for charitable purposes and not for the benefit of the donor or d			
	purpose conferring impermissible private benefit?		Yes No	
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" to Form		
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land area	
	Protection of natural habitat	Preservation of certified historic str		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservati	ion	
	easement on the last day of the tax year			
			Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure include	2c		
d	d Number of conservation easements included in (c) acquired after 8/17/06			
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during	
	the taxable year ▶			
4	Number of states where property subject to conservation easement is loc	ated		
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year			
	-			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing coil	nservation easements during the year		
_	* \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section	□ vaa □ Na	
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No	
9	In Part XIV, describe how the organization reports conservation easemer	-		
	balance sheet, and include, if applicable, the text of the footnote to the or the organization's accounting for conservation easements	ganization's illiancial statements that descr	ibes	
Pa	rt III Organizations Maintaining Collections of Art, H	distorical Treasures, or Other Sir	milar Assets	
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, not to report in		vorks of	
	art, historical treasures, or other similar assets held for public exhibition,			
	provide, in Part XIV, the text of the footnote to its financial statements that	t describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet work	s of art,	
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public s	service,	
	provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide	e the	
	following amounts required to be reported under SFAS 116 relating to the	ese items		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$	
b	Assets included in Form 990, Part X		> \$	

		OUTH LACROSS			81-06				Page 2
Pa	rt III 🍐 Organizations Maintaining C							ontinued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following	that are a	significant i	use of it	S		
а	Public exhibition	d Loan o	r exchange program	ns					
b	Scholarly research	e Other							
С	Preservation for future generations								
4	Provide a description of the organization's collect	tions and explain how the	y further the organiz	ation's ex	empt purpo	se in			
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be				lar			Yes	No
Da	ert IV Escrow and Custodial Arran				wered "\	/es" to	Form 990	<u>' </u>	1 110
	IV, line 9, or reported an amo	•	•	tion and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3 1 01111 001	, , uit	
4.0	Is the organization an agent, trustee, custodian of			occete ne					
14		or other intermediary for c	ontributions or other	assets no	Я			□ v	["] No
	included on Form 990, Part X?							Yes	No
þ	If "Yes," explain the arrangement in Part XIV and	complete the following ta	ible			Г		A	
								Amount	
С	Beginning balance					L	1c		
d	Additions during the year					- 1	1d		
θ	Distributions during the year					<u></u>	1e		
f	Ending balance					L	1f		
2a	Did the organization include an amount on Form	990, Part X, line 21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complet	e if organization an	swered "Yes" to	Form 9	990, Part	IV, lir	ne 10.		
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Thr	ee years back	(e) Four y	ears back
1a	Beginning of year balance								
	Contributions								٠
	Net investment earnings, gains,								
·	and losses								
а	Grants or scholarships					l			
	·								-
е	Other expenditures for facilities								
_	and programs			-					
T	Administrative expenses								
g	End of year balance	ll	·····	l		l	-		
2	Provide the estimated percentage of the year en								
а	Board designated or quasi-endowment	%							
b									
С	Term endowment ► %								
3a	Are there endowment funds not in the possession	n of the organization that	are held and admını	stered for	the			_	
	organization by							Y	'es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations lis	ted as required on Sched	ule R?					3b	
4	Describe in Part XIV the intended uses of the org	anization's endowment for	unds						
Pa	rt VI Investments—Land, Building			Part X	, line 10.				
	Description of investment	(a) Cost or other basis	(b) Cost or ot			umulate	d T	(d) Book va	lue
		(investment)	basis (other)	depr	eciation			
1a	Land								
	Buildings	 -	†					_	
	Leasehold improvements								
	·						-		
	Equipment	· · · · · · · · ·	 						
	Other	I Form 900 Port V salve	.l					-	.
ota	I. Add lines 1a through 1e (Column (d) must equa	ii Foilii 990, Par A, colun	III (D), IIIIE 10(C))				<u> </u>		

		81-0669809 Page 3
		(c) Method of valuation
	(b) Book value	Cost or end-of-year market value
uterests.		
torout	· · · · · · · · · · · · · · · · · · ·	7
	_	
	_	
	_	
	_	
	<u> </u>	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-or-year market value
ust equal Form 990, Part X, col (B) line 13)	>	
ier Assets. See Form 990, Part X, line 1	5.	
		(b) Book value
UNDEPOSITED PAYPAL FO	UNDS	5,040
ust equal Form 990. Part X. col. (B) line 15.)		▶ 5,040
	e 25.	<u>-</u>
(a) Description of liability	(b) Amount	
3		
		
nust equal Form 990, Part X, col. (B) line 25.)	>	
	estments—Other Securities. See Form (a) Description of security or category (including name of security) Interests Int	estments—Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) Interests Int

Sche	dule,D (Form 990) 2009 C3 HAWKS YOUTH LACROSSE ASSOC	IATION 81-06698	09	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to		ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		_1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	· · · · · · · · · · · · · · · · · · ·
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains on investments	_2a	-}	
þ	Donated services and use of facilities	2b	-	
C	Recoveries of prior year grants	2c	-i	
d	Other (Describe in Part XIV)		4	
θ	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1) [3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIV)	4b	\dashv .	
	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	anta Mith Evanges nor	Between	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents with Expenses per	1	
1	Total expenses and losses per audited financial statements		 	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2a		
a		2b	\dashv \mid	
b	Prior year adjustments Other losses	2c	-	
C C		2d	┥	
d e	Other (Describe in Part XIV) Add lines 2a through 2d	201		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:] [-	····
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	7	
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	s 1a and 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	s 2d and 4b Also complete		
this p	art to provide any additional information			
	 		. -	
			· -	
			- -	



SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

• Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

C3 HAWKS YOUTH LACROSSE ASSOCIATION

Employer identification number 81 - 0669809

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
THE C3 HAWKS YOUTH LACROSSE ASSOCIATION (C3HYLA) IS A
NON-PROFIT, VOLUNTEER AND COMMUNITY-BASED ORGANIZATION
WHICH OFFERS BOYS AND GIRLS IN THE CHASKA AREA (GRADES 3
TO 12) AN OPPORTUNITY TO LEARN THE FUNDAMENTALS OF
LACROSSE IN A SAFE, RESPECTFUL AND FUN ENVIRONMENT. IN
ADDITION, WE WILL WORK WITH ALL PROGRAMS PROMOTING
LACROSSE INCLUDING YOUTH LACROSSE MINNESOTA, MINNESOTA
BOYS STATE LACROSSE ASSOCIATION, AND DISTRICT 112 VARSITY
LACROSSE PROGRAM.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

See separate instructions. Identifying number Name(s) shown on return C3 HAWKS YOUTH LACROSSE ASSOCIATION 81-0669809 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 8 R Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 2,654 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions.) Part III Section A 1,045 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in service (business/investment use period only-see instructions) 19a 3-year property b 5-year property 200DB 380 2,654 7.0 ΗY 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs 25-year property S/L Residential rental 27 5 yrs MM property 27 5 yrs MM S/L мм S/L Nonresidential real 39 yrs

Summary (See instructions.) Part IV

21 Lis	sted property	Enter amount	from line	28
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property

20a Class life

b 12-year

40-year

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 and on the appropriate lines of your return Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice	, see separate instructions.
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Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

12 yrs

40 yrs

Form 4562 (2009)

4,079

21

22

S/L

S/I

S/L

S/L

MM

MM