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Form 990

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 2009

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

Department of the Treasury Internal Revenue Service Open to Public Inspection 2009, and ending For the 2009 calendar year, or tax year beginning D Employer Identification Number C Name of organization Check if applicable Please use IRS label 84-1505070 COLUMBINE BOYS LACROSSE ASSOCIATION Address channe or print or type. See Number and street (or P O box if mail is not delivered to street addr) Telephone number Name change specific Instruc-tions. 7155 W. WALDEN PLACE (303) 790-4838 Initial return State ZIP code + 4 City, town or country Termination 64,706. 80128 G Gross receipts \$ LITTLETON Amended return H(a) is this a group return for affiliates? F Name and address of principal officer No Yes H(b) Are all affiliates included? No RHONDA SIMPSON 10481 TIGER RUN LITTLETON CO 80124 If 'No.' attach a list (see instructions) 501(c) (3 4947(a)(1) or 527) ◄ (insert no.) Website: ► N/A H(c) Group exemption number Other • L Year of Formation 2007 M State of legal domicile CO X Corporation Trust Form of organization Association Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT OF STUDENT LACROSSE TEAMS-COLUMBINE HIGH SCHOOL PROVIDE ADDITIONAL INSTRUCTION, SUPPLIES AND TEAM PLAYING OPPORTUNITIES Governance TO THE MEMBERS OF THE COLUMBINE HIGH SCHOOL BOYS LACROSSE TEAM Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities 5 0 Total number of employees (Part V. line 2a) 6 10 Total number of volunteers (estimate if necessary) . 7 a 0. 7a Total gross unrelated business revenue from Part VIII, Icolumn (C), ine 12 7 b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 199,064 64,706. Program service revenue (Part VIII, line 2g) 0 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 64,706. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 199,064 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 880. 850 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . .4 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,890. 63,826. 188,427 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 64,706. 189,277 Total expenses Add lines 13-17 (must equal Part IX reolur 9,787 0. Revenue less expenses Subtract line 18 from line 12 Š **End of Year Beginning of Year** -225 JUN 1 4 2010 31,048 13,946. Total assets (Part X, line 16) 20 8,244 0. 21 Total liabilities (Part X, line 26) ù 22,804. 13,946. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 06/03/10 Sign Here Signature of officer TREASURER RHONDA SIMPSON Type or print name and title Preparer's identifying number (see instructions) Date Check if **Paid** employed W. Laida Preparer's Presignature 06/04/10 parer's Sherry L Burkhardt Firm's name (or Use 9555 S Flower Way Only 981-4186 (720)80127 Littleton CO Phone no Yes

May the IRS discuss this return with the preparer shown above? (see instructions) BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/20/09 Form 990 (2009

	m 990 (2009) COLUMBINE BOYS LACROSSE ASSOCIATION	<u>84-1505070</u>	Page 2
Pa	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		•
	SUPPORT OF STUDENT LACROSSE TEAMS AT COLUMBINE HIGH SCHOOL		
. •	PROVIDE ADDITIONAL INSTRUCTION, SUPPLIES AND TEAM PLAYING OPPORT	UNITIES	. – – – – –
	TO THE MEMBERS OF THE COLUMBINE HIGH SCHOOL BOYS LACROSSE TEAM		
	10 IND MEMBERS OF THE CONCUERTED HIGH BOROOD BOTO BROKESSE TERM.		
_		Alex annual	
2	2 Did the organization undertake any significant program services during the year which were not listed on		-
	Form 990 or 990-EZ?	Ye	s X No
	If 'Yes,' describe these new services on Schedule O.		
3	3 Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? Ye	s X No
	If 'Yes,' describe these changes on Schedule O.	_	_
4		hy expenses. Section	501(c)(3)
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	allocations to others,	the total
	expenses, and revenue, if any, for each program service reported.		
_	50.016	'D ' 6	EO 000 \
4	4a (Code:) (Expenses \$50,816. including grants of \$) (Revenue \$	58,800.)
:	FUNDRAISING AND OPERATION EXPENSES		<i>_</i>
		_	.
			-
		-	-
			.
			. _
		·	
. 4	4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
			. -
		. 	
			. -
_		Ф с	`
4	4c (Code) (Expenses \$ including grants of \$)	revenue >)
•			 _
			. – – – – -
4	4d Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4	4e Total program service expenses ► 50,816.		

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
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,' complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
10	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, 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 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			х
11		11		х
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete 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	ž.	۲ **	;
	• Did the organization report an amount for other assets 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			nie.
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	**************************************	412	
•	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	, <u>, (</u>	₈₀ ,4 \$)
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No	1	,	
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 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		Х
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		х
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		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	L	X

Form 990 (2009) COLUMBINE BOYS LACROSSE ASSOCIATION 84-1505070 Page 4 Checklist of Required Schedules (continued) Part IV Yes No 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 21 Х 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 2? 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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Schedule J Х **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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 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 990-EZ? If 'Yes,' complete 25b Х Schedule L, Part I . . Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 X Schedule L, Part III No. Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X Schedule L, Part IV c 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, Part IV 28c X 29 X 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 conservation 30 X contributions? If 'Yes,' complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I X 31 31 32 32 Х 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 33 X

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 line 1 .

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O 38

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X

X

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Ġ	Part V Statements Regarding Other IRS Filings and Tax Compliance			
L			Yes	No
	1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b	4		ļ
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	\$		
	2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	*		ļ
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	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		х
	b If 'Yes,' enter the name of the foreign country:	`	\ \ \ \ \ \	*7. *
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	N	,	é,
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	<u> </u>	Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		x
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
	7 Organizations that may receive deductible contributions under section 170(c).	24		**
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	*		*
	provided to the payor?	7a		X.
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	L	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			5
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		↓ _
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
	9 Sponsoring organizations maintaining donor advised funds.		, ,	39
	a Did the organization make any taxable distributions under section 4966?	9a		Х
	b Did the organization make any distribution to a donor, donor advisor, or related person? .	9b		X
	10 Section 501(c)(7) organizations. Enter:		w.y	
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	ľ	"
	11 Section 501(c)(12) organizations. Enter:	1,		.
	a Gross income from other members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1 ,		
	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			*

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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 C. See Histractions.				
Sec	tion A. Governing Body and Management				
_		ا ما م	 -	Yes	<u>No</u>
	Enter the number of voting members of the governing body	1a 4			
	Enter the number of voting members that are independent	1 b 4		l	
. 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or a business relation of trustee or key employee?	ationship with any other .	2		X
3	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	der the direct supervision ?	3		x
4	Did the organization make any significant changes to its organizational documents		4		X
	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organization'	s assets?	5		<u> </u>
6	Does the organization have members or stockholders?	•	6		<u> </u>
7 a	Does the organization have members, stockholders, or other persons who may elect one or me governing body?	ore members of the	7a		x
ŧ	Are any decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following:	aken during the year by	\$ 5a		* * *
ā	The governing body?	•	8a		<u> </u>
t	Each committee with authority to act on behalf of the governing body?		8ь		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannorganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	9_		x
Sec	tion B. Policies (This Section B requests information about policies not	required by the Internal			
Reve	enue Code.)				
			-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	•	10a		<u> </u>
t	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	X	
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990.			*	
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13 .		12a		<u> </u>
t	• Are officers, directors or trustees, and key employees required to disclose annually interests the conflicts?	nat could give rise	12b		
(Does the organization regularly and consistently monitor and enforce compliance with the poli- Schedule O how this is done	cy? If 'Yes,' describe in	12c		
13	Does the organization have a written whistleblower policy?		13		<u> </u>
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 a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?	# 42 9 42		
a	The organization's CEO, Executive Director, or top management official .	• • •	15a		<u> </u>
ŀ	Other officers of key employees of the organization	••	15b		<u>X</u>
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			.A.	ş' ']
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	arrangement with a taxable	<u>»</u> 16a		X
t	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization t اما joint venture arrangements under applicable federal tax law, and taken steps to safeguard t	o evaluate its participation he organization's exempt			
Sac	status with respect to such arrangements?	<u>_</u>	16b		
	Let the states with which a copy of this Form 900 is required to be filed by				
	List the states with which a copy of this Form 990 is required to be filed	1000 T (501(1)(2)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection. Indicate how you make these available. Check all that apply	a 990-1 (501(c)(3)s only) ava	illable	ior pu	DIIC
10	Own website Another's website X Upon request	and and lab of interest in the	امسما	4.nc=	ua1
	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public.				ıaı
	State the name, physical address, and telephone number of the person who possesses the bo- RHONDA_SIMPSON10481_TIGER_RUNLITTLETONC		ization 03)_7		1838

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Form 990 (2009)

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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.

X Check this box if the organization did not		ate an	у сі			ficer,	dire	1		
(A) ·	(B)		(c)				(D)	(E)	(F)	
Name and Title	Average hours		_			hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	ar director	nshiuhoozi kustee	ОПин	Key amployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
•		الارا دراج	non	4	sup!	st co] 2			organization and related
		5 2	al fo		уее	ждик				organizations
		ñ	ıstee			i Sir				
			_			æ				<u> </u>
MELISSA ATWOOD								_		
5706 S. GARLAND WAY LITTLETON CO 80123	20.00			Х			<u> </u>	0.	0.	0.
LESLIE_HULL										
9791 WEST POLK DR LITTLETON, CO 80123	20.00			Х	<u> </u>		_	0.	0.	0.
RHONDA_SIMPSON								_	_	_
10481 TIGER RUN LITTLETON CO 80124	20.00			Χ_	<u> </u>		_	0.	0.	0.
GLYNETTE HARRISON										•
5571 WILLOW WOOD DR MORRISON CO 80465	20.00			X	\vdash		_	0.	0.	0.
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Part VII Section A. Officers, Directors, Trus		(ey	En	_		es,	an			loyees		<u> 7t.)</u>	
(A)	(B) (c) Average Position (check all that apply)						אממי	(D)	(E)	_	(F)		
Name and Title	hours per week			Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr org an	stimated int of oti pensatii om the anizatio d relate anization	her on n d	
		-											
	-											_	
	-												
	-												
	-												
	1												
	1				<u> </u>								
	<u> </u>	_											
									<u></u>				
1 b Total								0.	0.	<u> </u>			
Total number of individuals (including but not limited from the organization	to thos	e lis	ted	abo	ve)	who	rece	eived more than \$	100,000 in reportab	ie comp	ensati	on	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of return organization and related organizations greater the	<i>idividual</i> portable	com	nper	ısatı	on a	and	othe	r compensation fr	om	3	Yes	X	
 Individual Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch 	ompensa	atıor	n fro		 ny ι		lated	d organization for	services	4	*	X	
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	edule J	for s	such	per	son			*	<u></u>	5		X	
Complete this table for your five highest compensate compensation from the organization.	ed indep	end	ent (cont	ract	ors	that	received more that	an \$100,000 of		_		
(A) Name and business addres	ss				_			(B Description) of Services	Compe	C) ensatio	n_	
	-								·		<u> </u>		
								 	· 				
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not	limit	ed to	o the	ose	liste	ed at	oove) who receive	d more than				
\$100,000 HI COMPENSATION TION THE OLGANIZATION									TEE 40100 01/00/10	F	000	(20	

Pai	t VIII Statement of Revenue							
•	e e e		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue		exclud- unde	(D) evenue led from tax er sections 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns1 ab Membership dues1 bc Fundraising events1 c64,706	-	*	·	*	**		& .
JTIONS, GIF	d Related organizations . e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 f	− −	**	* *	* %	*	< \\ \(\)	* .
	g Noncash contribns included in lns 1a-1f: \$	-	64,706.	2012		**************************************	2 7	
PROGRAM SERVICE REVENUE	Business Code b c d e f All other program service revenue							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PR	 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ² . 	>		<·				
	6a Gross Rents b Less rental expenses c Rental income or (loss)	133			\$ ***	* ***	44.	i de
	d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other							**
	b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	<u>*</u>			, (>-	<i>.</i>		**/*
OTHER REVENUE	8a Gross income from fundraising events (not including \$ 64,706. of contributions reported on line 1c) See Part IV, line 18 a						*	
OTHE	b Less: direct expenses c Net income or (loss) from fundraising events			- 10 x				
	9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b	_			*** **	* <u>}}</u>		<u> </u>
	c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances		*	~	₹ ×		*	•
i	b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code							
	b	\pm						
:	d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions	P	0. 0. 64,706.	0.		0.		0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. ations must complete column (A) but are not required to complete columns.

	All other organizations must comp	olete column (A) but are	not required to comple	ete columns (B), (C), an	d (D).
Do 6b,	not include amounts reported on lines 7b, 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			*	*
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			1	*
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				€
4 , 5	Benefits paid to or for members	880.	880.		
· 6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10					
11	Fees for services (non-employees)				
	a Management	163.	163.	. 0.	0.
	b Legal				
	c Accounting .	100.	100.	0.	0.
	d Lobbying				
-	e Prof fundraising svcs. See Part IV, In 17		· · · · · · · · · · · · · · · · · · ·	*	
	f Investment management fees				
	q Other	350.	350.	0.	0.
12	*				
13	- ·	270.	270.	0.	0.
14	' [2,00		
15	Royalties				
16	· · · · · · · · · · · · · · · · ·	4,978.	4,978.	0.	0.
17 18		4,970.	4,970.	0.	0.
19	Conferences, conventions, and meetings				
, 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		-		
23					
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)		49.7		was in the second
	a 2009 SPRING TRIP	525.	525.	0.	0.
	b COLUMBINE CAMPUS FUND	238.	238.	0.	0.
	c CLOTHING ORDERS	175.	175.	0.	0.
	d CLUB LACROSSE-OFFSEASON	11,420.	11,420.	0.	0.
	e COACH CERTIFICATION	85.	85.	0.	0.
	f All other expenses	45,522.	31,632.	0.	13,890.
		64,706.	50,816.	0.	13,890.
25		04,700.	50,010.		
. 26	Joint costs. Check here ►				
BA	A				Form 990 (2009)

Form **990** (2009)

Pa	rt Xʻ	Balance Sheet				
,				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		31,048.	1	13,946.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	, trustees, key employees, I of Schedule L		5	
.	6	Receivables from other disqualified persons (as define	d under section 4958(f)(1))	<u> </u>		
		and persons described in section 4958(c)(3)(B). Comp	lete Part II of Schedule L		6	
A S	7	Notes and loans receivable, net			7	
A S E T S	8	Inventories for sale or use			8	
Š	9	Prepaid expenses and deferred charges .			9	
1	10a	Land, buildings, and equipment: cost or other basis.	10a	400	, ,	. A a. i with
		Complete Part VI of Schedule D			*	*
	b	Less: accumulated depreciation	10b	·	10 c	
	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	
	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)	31,048.	16	13,946.
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable .	• •		18	
	19	Deferred revenue		19		
L	20	Tax-exempt bond liabilities .			20	
A B	21	Escrow or custodial account liability. Complete Part IV		8,244.	21	0.
	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal disqualified perso	tees, key employees, sons Complete Part II	***	*	
- 1		of Schedule L			22	
Š	23	Secured mortgages and notes payable to unrelated the	rd parties .		23	<u></u>
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25 .		8,244.	26	0.
N E T		Organizations that follow SFAS 117, check here	and complete lines		,	
- 1		27 through 29 and lines 33 and 34.				
SSE	27	Unrestricted net assets	•		27	
Ĕ		Temporarily restricted net assets .	•	·-	28_	
	29	Permanently restricted net assets			29	
Q R		Organizations that do not follow SFAS 117, check her	re ► X and complete			* ' * •
F UZD		lines 30 through 34.		<u> </u>	·	
	30	Capital stock or trust principal, or current funds			30	
B A	31	Paid-in or capital surplus, or land, building, and equip			31_	12.046
BALAZOEV	32	Retained earnings, endowment, accumulated income,	or other funds .	22,804.	32	13,946.
Ë	33	Total net assets or fund balances.	• •	22,804.	33	13,946. 13,946.
S	2/	Total liabilities and not assets/fund halances		1 31.048.	34	1 13,946.

BAA

Tart At Timanolar Statements and reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual 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	Х	
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
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	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<i>"</i>	450	
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:	4.	-96	, ,
X Separate basis Consolidated basis Both consolidated and separate basis	—— <u> </u>		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3а		x
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		
	Form	990 (2009)

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SCHEDULE A (Form 990 or 990-EZ)

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 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	me of the organization Employer identification number										
COL	UMBINE BOYS LAC	CROSSE ASSOCIA	ATION					84-15	505070	<u> </u>	
Par			s (All organizations					See i	<u>nstruct</u>	ions	
The o	organization is not a priv	ate foundation becaus	se it is: (For lines 1 through	gh 11, ci	heck onl	y one bo	ox)				
1	A church, convention	on of churches or asso	ciation of churches desci	ribed in s	section '	170(b)(1	(Α) (i).				
2	A school described	ın section 170(b)(1)(A	X(ii). (Attach Schedule E)							
3	A hospital or cooper	rative hospital service	organization described in	n sectio i	n 170(b)	(1)(A)(ii).				
4	A medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın secti	on 170(ЬХ1ХАХ	(iii). Ente	er the hospital's	
	name, city, and stat			_							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bx1)XAXiv). (Complete Part II.)										
6 7											
. 8			70(b)(1)(A)(vi). (Complete	e Part II)						
9	from activities relate	ed to its exempt functi	more than 33-1/3 % of ons — subject to certain ss taxable income (less somplete Part III.)	exceptio	ns. and	(2) no r	nore tha	an 33-1/.	3 % of it	s support from gross	
10	An organization org	anized and operated	exclusively to test for put	olic safet	y. See s	ection 5	09(a)(4).			
11	An organization org	anized and operated orted organizations de	exclusively for the beneficescribed in section 509(a ation and complete lines	t of, to p	erform t	he funct 09(a)(2)	ions of,	or carry	out the 09(a)(3).	purposes of one or Check the box that	
	a Type I	b Type II	c Type III				ed.		aП	Type III- Other	
е			anization is not controlle		-	_		more d	ى - Isqualifie	• •	
	than foundation ma 509(a)(2).	nagers and other than	one or more publicly su	pported	organıza	ations de	escribed	ın secti	on 509(a	a)(1) or section	
f	If the organization r	eceived a written dete	ermination from the IRS t	hat is a	Type I, T	Гуре II о	r Type I	ll suppo	rting org	ganization,	
_		NAC has the erganizat	tion accepted any gift or	contribu	Ition from	n anv of	the foll	owing n	erenne?		
g	Jince August 17, 20	Joo, nas the organizat	ion accepted any gift of	COMMIDA	ition noi	ii aiiy oi	the follow	ownig p	C130113.	Yes No	
•	(i) a person who below, the government	directly or indirectly overning body of the su	ontrols, either alone or to	ogether v	with pers	sons des	scribed	ın (ıı) ar	ıd (III)	11 g (i)	
	(ii) a famıly mem	ber of a person desci	ribed in (i) above?							11 g (ii)	
	(iii) a 35% control	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)	
h	Provide the following	ig information about th	ne supported organization	าร							
	(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in col d in your erning ment?	the organ	ou notify ization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vil) Amount of Support	
				Yes	No	Yes	No	Yes	No		
	٠ 'ر	,									
		,									
	-	-									
		·	*	 		3× × ×	*				
Tota	ı	*	**			3		Ì			

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 COLUMBINE BOYS LACROSSE ASSOCIATION 84-1505070 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

,	(Complete only if you checke	ed the box on line	5, /, or 8 of Part	1)			
<u>Sec</u>	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-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	* # 4	🦸 1 1 m. 3	3 🦚	~ ₩	/ v 🍦 *	
<u>Sec</u>	tion B. Total Support						
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			_			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources					_	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					* *	
12	Gross receipts from related activ	ities, etc. (see ins	tructions)	• •		12	
	First five years. If the Form 990 organization, check this box and	stop here .		d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	▶ □
	tion C. Computation of Pu			 			
	Public support percentage for 20		**	e 11, column (f)		14	<u>%</u>
	Public support percentage from 2	,	•	•		15	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported or	on line 13, and t ganization.	the line 14 is 33-1	/3 % or more, chec	k this box
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported org	on line 13, or 16a, ganization	and line 15 is 33-	-1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	nd-cırcumstances	' test, check this b	ox and stop here.	Explain in Part IV	0% how ► □
	10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test. The organiz	' test, check this b ation qualifies as	ox and stop here. a publicly support	Explain in Part IV ed organization.	how the
18 BAA	Private foundation. If the organiz	zation did not ched	ck a box on line, 1	13, 16a, 16b, 17a,		s box and see instruction box and see instruction by box and see instruction b	

Page 3

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)

Sec	tion A. Public Support			_	·			
	ndar year (or fiscal yr 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 'unusual grants ')				199,064.	58,80	0.	257,864.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
· -	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							·
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons				199,064.	58,80	00.	257,864.
Ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
, c	: Add lines 7a and 7b .							
. 8	Public support (Subtract line	,	ž.	Į į	Ž ,	<u>*</u>	PA.	
	7c from line 6.)	* ***	<u> </u>	** * ** ** ** ** ** ** ** ** ** ** ** *	Δ3 W /	Σ	*	257,864.
Sec	tion B. Total Support	·		- -				·.
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
	Amounts from line 6 I Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				199,064.	58,80	00.	257 , 864.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		-					
11 	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			_				
13	Total support. (add Ins 9, 10c, 11, and 12)	ž		,	_ ;	×		257,864.
14	First five years. If the Form 990	is for the organiza	tion's first, secor	nd, third, fourth, or	r tifth tax year as a	section 501	c)(3)	► 🗓
Sec	organization, check this box and tion C. Computation of Pu		ercentage		<u>:</u>			
	Public support percentage for 20			ne 13 column (ft)		1	15	
	Public support percentage from 2			ie 13, column (1))	•		16	%
	tion D. Computation of Inv			<u> </u>				
	Investment income percentage for				n (f))	Т	17	%
17 19	Investment income percentage for investment income percentage for				"" (1))	<u> </u>	18	
18 19:	investment income percentage in 33-1/3 support tests — 2009. If the				I line 15 is more th	<u> </u>		
	more than 33-1/3%, check this b	ox and stop here.	The organization	n qualifies as a put	olicly supported org	ganization		
. t	b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organiz	zation did not ched	k a box on line	14, 19a, or 19b, ch				<u> </u>
					C -		^	コハ ヘトロロハ ピブハ つりハロ

Part IV	Supplementa	al Information.	Complete this pa	art to provide the	ne explanations re ther additional info	equired by Part II,	line 10;
_•	raitii, iiile i	7a 01 17b, and	art iii, iiile 12.	1 Tovide arry of	incr additional init	ormation. Occ mat	Tuctions.
- -							
		- -				. -	
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		-					
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· 							
							
							
					-	- -	
				. -	- -		
: 				. 			
					 		

Supporting Statement of:

Form 990 p 9/Fundraising Events

Description	Amount
COLUMBINE BOYS LACROSSE - EXPENSES	64,706.
Total	64,706.

Supporting Statement of:

Form 990 p 10/Line 4 col (A)

Description	Amount
SCHOLARSHIP	880.
Total	880.

Supporting Statement of:

Form 990 p 10/Line 11a col (A)

Description	Amount
MEMBERSHIP FEES STUDENT ESCROW EXPENSE	70. 93.
Total	163.

Supporting Statement of:

Form 990 p 10/Line 11g col (A)

Description	Amount
MISCELLANEOUS	15.
PORT-A-POTTY	335.
Total	350.

Supporting Statement of:

Form 990 p 10/Line 13 col (A)

Description	Amount
BANK CHARGES	67.
STORAGE FEE	75.
POSTAGE AND DELIVERY	68.

Continued

Form 990 p 10/Line 13 col (A)

	Description	Amount
WEBSITE FEES		60.
Total		270.

Supporting Statement of:

Form 990 p 10/Line 17 col (A)

Description	Amount
TRAVEL DEPOSITS	800.
Total	800.

Supporting Statement of:

Form 990 p 10/Line 17 col (B)

Description	Amount
SPRING TRIP	4,978.
Total	4.978.

` Form 990 p 10: Part IX Statement of Functional Expenses

Line 24f - All Other Expenses Smart Worksheet							
The total of the following items carry to line 24f below:							
(A) (B) (C) (D)							
Description	Total	Program	Management	Fundraising			
		services	and general				
EQUIPMENT FOR RESALE	3,608.	3,608.	0.	0.			
FACE-OFF DINNER	1,234.	1,234.	0.	<u> </u>			
FOOD & MISC	879.	879.	0.	0.			
FUNDRAISING EXPENSES	13,890.	0.	0.	13,890.			
See See All Other Expenses Smart Worksheet	25,911.	25,911.		<u> </u>			

Form 990, Page 10, Line 24f See All Other Expenses Smart Worksheet

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
FIELD USE	617.	617.	<u> </u>	0.
GAME SUPPLIES & EQUIPMENT	7,260.	7,260.	0.	0.
SCRIPT ORDERS	3,130.	3,130.	0.	0.
YEAR END BANQUET	4,948.	4,948.	0.	0.
CLUB LACROSSE EXPENSES	9,956.	9,956.	0.	0.