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]Address Change Name Ichanne X Initial return Termin-

Form 990-EZ

Department of the Treasury

<u>Short</u> Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Internal Revenue Service For the 2009 calendar year, or tax year beginning JUL 1. 2009 and ending 2010 JUN 30, Check if applicable C Name of organization D Employer identification number use IRS print o BROAD RUN ATHLETIC BOOSTER CLUB(BRABC) 26-4268396 type Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number 21670 ASHBURN ROAD 571-252-2310 Instruc City or town, state or country, and ZIP + 4 tions F Group Exemption Application pending ASHBURN, VA 20147 Number - Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► HTTP://CMSWEB1.LOUDOUN.K12.VA.US H Check X of the organization is not Tax-exempt status (check only one) - \times 501(c) (3) \triangleleft (insert no.) \square 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 55,325. 2 3 Membership dues and assessments 3 8,054. 4 Investment income Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5¢ Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue a Gross revenue (not including \$ of contributions reported on line 1) 96,437 55,204 b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 41,233. 6c Gross sales of inventory, less returns and allowances.

Less: cost of goods sold RECEIVED 7a 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
Other revenue (describe | NUV 1 8 2010 7c Other revenue (describe | NUV 1 8 2010 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 104,615 9 9 Grants and similar amounts paid (attach schedule): 10 10 Benefits paid to or for members | 11 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 775. Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 16 Other expenses (describe 104,640. SEE STATEMENT 16 17 Total expenses. Add lines 10 through 16 105,415. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) <800.> 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Ο. 19 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 <800 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 0. 22 19<u>,</u>335. 23 Land and buildings 23 Other assets (describe 24 25 Total assets 0. 19,335. 25 SEE STATEMENT 2) Total liabilities (describe 0. 20,135. 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) О. 27 <800.>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED DEC 1 0 2010

Form **990-EZ** (2009)

| | | D RUN ATHLETIC BUON | | | <u> 26-42683</u> | 96 Page 2 |
|------------|------------------------------|---|--------------------------------|------------------------|----------------------------------|--|
| _ | | rogram Service Accomplish | | Part III.) | | penses |
| | | kempt purpose? <u>SEE</u> STATEMI | | | and 501/cV/ | r section 501(c)(3)) organizations and |
| | | carrying out the organization's exemp | | | ha I | 7(a)(1) trusts, optional |
| | | er of persons benefited, and other re | | | for others) | |
| 28 | | EXPERIENCE OF BROZ | AD RUN HIGH SCHO | OL | | |
| | ATHLETICS BY B | RIDGING THE GAP. | | | | |
| | | | | | | |
| | (Grants \$ |) If this amount includes fore | eign grants, check here | | 28a | 107,248. |
| 29 | | | | | | |
| | | | | | 1 | |
| | | | | | | |
| | (Grants \$ |) If this amount includes fore | eign grants, check here | | 29a | |
| 30 | | | | · | | · · · · · · · · · · · · · · · · · · · |
| | | | | | _ | |
| | | | | | — I I | |
| | (Grants \$ |) If this amount includes for | oran ampte, shook here | | | |
| 21 | Other program services (atta |) If this amount includes fore | agn granta, thete | | 30a | |
| IJΙ | · . • | | oran aranta sheet be | | | |
| 20 | (Grants \$ |) If this amount includes fore | eign grants, check here | | 31a | 107 240 |
| 25 | art IV List of Officers | enses (add lines 28a through 31a) , Directors, Trustees, and K | ev Employees | | 32 | 107,248. |
| | art IV List of Officers | , Directors, Trustees, and R | ey Employees. List each one ev | ren if not compensated | | |
| | | | (b) Title and average hours | (c) Compensation | (d) Contributions to employee | (e) Expense |
| | (a) Na | ame and address | per week devoted to | (If not paid, enter | benefit plans & | account and |
| | | | position | -0) | deferred | other allowances |
| _ | · | | | | compensation | |
| <u>V]</u> | ICKY QUICK | | PRESIDENT | | | |
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| <u>J(</u> | OHN DALEY | | VICE-PRESIDEN | T | | |
| | | | 0.00 | 0. | 0. | 0. |
| LE | SANNE KLEFFMAN | | CO-VICE-PRESI | DENT | | |
| | | | 0.00 | 0. | 0. | 0. |
| MZ | AGGIE MCCANN | | TREASURER | | | |
| | 100111 | | 0.00 | 0. | 0. | 0. |
| .TZ | ACKIE YOUNG | | SECRETARY | | - 0. | |
| <u>0 r</u> | ACKIE TOONG | | 0.00 | 0. | 0. | _ |
| T 7 | AURA WEAVER | , | | ORDINATOR | | 0. |
| 712 | NORA WEAVER | | | 1 _ | 1 | |
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| 932 | 172 | | | <u> </u> | | <u> </u> |
| | .172 08-10 | | | | Form | 990-F7 (2009) |

| Pa | Try Other Information (Note the statement requirements in the instructions for Part V.) | | | | | | | |
|------|---|--------|------------|----------|--|--|--|--|
| | | 33 | Yes | No X | | | | |
| 33 | Qid the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | | | | | | |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | | | | | | |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not | | | | | | | |
| | reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | | 1 | | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, | | | | | | | |
| | and proxy tax requirements? | 35a | | X | | | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | <u>N</u> / | <u>A</u> | | | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | | ! | | | | | |
| | complete applicable parts of Sch. N | 36 | | X | | | | |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions. | | | | | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | X | | | | |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | | | | | | |
| | ın a prior year and still outstanding at the end of the period covered by this return? | 38a | | X | | | | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | | | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | 1 | | | | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 396 N/A | 1 | | | | | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | | | | | |
| | section 4911 ▶ | | | | | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the | | | | | | | |
| | year or is it 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 Schedule L, Part I | 40b | | X | | | | |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers | | | | | | | |
| | or disqualified persons during the year under sections 4912, 4955, and 4958 | | | | | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the | | | | | | | |
| | organization •O. | | | | | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | | | | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | | X | | | | |
| 41 | List the states with which a copy of this return is filed. VA | | | | | | | |
| 42 a | The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 571-25 | | |) | | | | |
| | Located at ► 21670 ASHBURN ROAD, ASHBURN, VA ZIP+4 ► 2 | 014 | <u>7</u> | | | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | | | | | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No | | | | |
| | account)? | 42b | | X | | | | |
| | If "Yes," enter the name of the foreign country: | | | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | | | | |
| C | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | X | | | | |
| | If "Yes," enter the name of the foreign country: | | | | | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | | Ш | | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | N/A | | | | | | |
| | | | | | | | | |
| | | | Yes | No | | | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | _ | | | | |
| | Form 990-EZ | 44 | | LX. | | | | |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be | | 1 | | | | | |
| | completed instead of Form 990-EZ | 45 | <u> </u> | X | | | | |
| | | Form 9 | 90-F7 | (2009) | | | | |

| | 000 F7 (0000) | | | | | |
|---------|--|---|---|--|-------------------|----------------------------|
| | 990-EZ (2009) BROAD RUN ATHLETIC BOOST rt VI Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51. | 947(a)(1) nonexempt | charitable trus | 26-4268 sts only. All aplete the table | section 5 | Page 4 01(c)(3) s 50 |
| 6 | Did the organization engage in direct or indirect political campaign activities of | on behalf of or in opposition to c | andidates for public | • | Ye | s No |
| | office? If "Yes," complete Schedule C, Part I | | | | 46 | X |
| 7 | Did the organization engage in lobbying activities? If "Yes," complete Sch | edule C, Part II | | | 47 | X |
| | Is the organization a school as described in section $170(b)(1)(A)(\ddot{a})$? If "Yes | • | | | 48 | X |
| | \ensuremath{Did} the organization make any transfers to an exempt non-charitable related | organization? | | | 49a | X_ |
| | If "Yes," was the related organization a section 527 organization? | | | | 49b | |
| 50 | Complete this table for the organization's five highest compensated employe than \$100,000 of compensation from the organization. If there is none, enter | | s, trustees and key en | nployees) who e | ach receive | ed more |
| | (a) Name and address of each employee paid more than \$100,000 NONE | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contribution to employee benefit plans & deferred compensation | (e) Ex accou | owances |
| | | | | | | |
| | | _ | | | | |
| | | | | | _ | |
| | | | | | | · |
| f 51 | Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None." NONE | dent contractors who each recer | ved more than \$100, | 000 of compens | ation from | the |
| | (a) Name and address of each independent contractor paid more | than \$100,000 | (b) Type of ser | vice (| c) Compen | sation |
| | | | | | | |
| | | | | | | |
| | | | - | | | |
| ч | Total number of other independent contractors each receiving over \$100,00 | 0 | 1 | | | |
| u | | - | | | | |
| Sigr | | ccompanying schedules and statemer information of which preparer has any | nts, and to the best of my knowledge | knowledge and be | ilief, it is true | |
| 167 | Type or print name and title | | | Date | | |

X Yes No Form 990-EZ (2009)

Preparer's identifying number (See instr.)

Paid Preparer's Use Only

Date

Preparer's signature►

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name (or yours ıf self-employed),

address, and ZIP + 4

Check if self-employed

EIN ►

Phone

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

BROAD RUN ATHLETIC BOOSTER CLUB(BRABC) 26-4268396 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization janizátion in col in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 BROAD RUN ATHLETIC BOOSTER CLUB (BRABC) 26-4268396 Page 2

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

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

| Sec | tion A. Public Support | | | | | | | |
|------|--|-----------------------|----------------------|------------------------|-----------------------|---------------------|-----------------------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | |
| | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | 159,818. | 159,818. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | i | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | 159,818. | 159,818. | |
| 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, | | | | | 1 | | |
| | column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 159,818. | |
| | ction B. Total Support | | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | |
| 7 | Amounts from line 4 | | | | | 159,818. | 159,818. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | secuπties loans, rents, royalties | | | | | | | |
| | and income from similar sources | | | | <u></u> | 3. | 3. | |
| 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 | | | | | | 159,821. | |
| 12 | Gross receipts from related activities | , etc. (see ınstructı | ons) | | | 12 | | |
| 13 | First five years. If the Form 990 is fo | r the organization's | s first, second, the | rd, fourth, or fifth t | tax year as a section | on 501(c)(3) | | |
| Se | organization, check this box and stor | | rcentage | | | | <u> </u> | |
| | Public support percentage for 2009 (| | | column (fl) | | 14 | 100.00 % | |
| | Public support percentage from 2008 | | • | | | 15 | % | |
| | 33 1/3% support test - 2009.If the o | | | on line 13, and line | 14 is 33 1/3% or r | | | |
| | stop here. The organization qualifies | | | | | • | $\triangleright \mathbf{X}$ | |
| t | 33 1/3% support test - 2008.If the o | organization did no | t check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | or more, check th | | |
| | and stop here. The organization qua | | | | | | ▶□ | |
| 17a | 10% -facts-and-circumstances tes | t - 2009.If the org | anization did not | check a box on line | e 13, 16a, or 16b, | and line 14 is 10% | or more, | |
| | and if the organization meets the "fac | | | | | | | |
| | meets the "facts-and-circumstances" | | | | | 3 | . ▶□ | |
| t | 10% -facts-and-circumstances tes | | | | * | 17a, and line 15 is | 10% or | |
| | more, and if the organization meets t | | | | | | | |
| | organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | Private foundation. If the organization | | | | | | ns 🕨 | |
| | Schedule A (Form 990 or 990-EZ) 2009 | | | | | | | |

| Part III Support Schedule for Or Section A: Public Support | ganizations | Described in | Section Susta | (Complete only | if you checked the b | ox on line 9 of Part |
|---|------------------|------------------------|---|--------------------|----------------------|----------------------|
| | (a) 200E | (F) 3006 | (-) 0007 | (-1) 0000 | (-) 2000 | (6 Total |
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | ľ | | | | |
| | | - | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | ļ | | |
| are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization'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 | | | | | | |
| 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 | | 1 | 1 | | | |
| 8 Public support (Subtract line 7c from line 6) | <u> </u> | | | | | 1 |
| Section B. Total Support | | | <u> </u> | | | ' |
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 Amounts from line 6 | | | , | | | |
| 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 carned on | | | | | | |
| 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, and 12) | | | | 1 | | 1 |
| 14 First five years. If the Form 990 is for | the organization | n's first, second, the | rd, fourth, or fifth | tax vear as a sect | on 501(c)(3) organ | zation. |
| check this box and stop here | 3 | , , | | , | | |
| Section C. Computation of Public | C Support P | ercentage | | | - | |
| 15 Public support percentage for 2009 (lii | | | column (f)) | - | 15 | |
| 16 Public support percentage from 2008 Section D. Computation of Inves | Schedule A, Pa | rt III, line 15 | | <u>.</u> | 16 | - |
| 17 Investment income percentage for 200 | | | | | 17 | |
| | - | • | 116 13, Widilii (I)) | | | |
| 18 Investment income percentage from 2 19a 33 1/3% support tests - 2009. If the | | | on line 14 and lim | a 15 ie mara than | 33 1/3% and tine | 17 is not |
| | | | | | | 17 IS HOL |
| more than 33 1/3%, check this box and b 33 1/3% support tests - 2008. If the | | | • | • • • | | and |
| line 18 is not more than 33 1/3%, check | | | | | | |
| | | | | | | ' ! |
| 20 Private foundation. If the organization | ייססמי זאמ מוח ו | a hoy on line 1/1 10 | a or 10h choole | thic hav and acc " | netnictione | <u>►</u> 1 |

| FORM 990-EZ | OTHER EXPENSES | | STATEMENT | 1 |
|--|-------------------|--------------|---|-----|
| DESCRIPTION | | | AMOUNT | |
| BANK FEES | | | 1,30 | 04. |
| AWARDS | | | 15,14 | 41. |
| CLINICS AND SPORTS EDUCATION | | | 3,23 | |
| FIELD AND EQUIPMENT IMPROVEMEN | T AND MAINTENANCE | | 24,3 | |
| INSURANCE | | | | 81. |
| MISCELLANEOUS EXPENSES | | | 7,0: | |
| POST SEASON TRAVEL EXPENSES GRADUATION PROJECT | | | 3,00 | |
| SCHOLARSHIPS | | | 2,00 3,00 | |
| MEMBER DUES | | | 3,00 | |
| PROGRAM EXPENSES | | | 6,6 | |
| BANNER EXPENSES | | | 3,7 | |
| NEW FIELD | | | 31,9 | |
| TOTAL TO FORM 990-EZ, LINE 16 | | | 104,6 | 40. |
| FORM 990-EZ | OMURD LIADILIMING | | CONTRACTOR OF THE PROPERTY OF | |
| FORM 990-E2 | OTHER LIABILITIES | · · · · · | STATEMENT | 2 |
| DESCRIPTION | | BEG. OF YEAR | END OF YEA | AR |
| SPORT SPECIFIC FUNDS | | 0. | 17,6 | 35. |
| RESERVES | | 0. | 2,5 | |
| TOTAL TO FORM 990-EZ, LINE 26 | | 0. | 20,1 | |

| FOR | RM 990-EZ | INFORMATION REGARDING TRANSFERS STATEMENT ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS | 3 |
|-----|-------------|--|------------|
| A) | DIRECTLY OF | SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL RITRACT? [] YES [X] N | 10 |
| B) | | SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [] YES [X] N | 1 0 |

990-EZ PG 2

STATEMENT

TO PROVIDE SUPPORT TO VARIOUS ATHLETIC ACTIVITIES