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Form 990-EZ

Short Form

OMB No. 1545-1150

Open to Public

Internal Revenue Service

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling
organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total
assets less than \$500,000 at the end of the year may use this form

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

For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending 2011 Check if applicable. C Name of organization D Employer identification number Address change WEST DEPERE YOUTH ORGANIZATION INC. 39-2036343 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return Terminated 930 OAK STREET 920-336-2259 City or town, state or country, and ZIP + 4 Amended return F Group Exemption DEPERE, WI 54115 Number > X Cash Accrual Accounting Method: Other (specify) H Check X if the organization is not WWW.WESTDEPEREBASKETBALL.COM Website: required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Check Lift the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 62,132. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 49,140 2 Membership dues and assessments 3 3 Investment income 4 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) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 568 gross income and contributions exceeds \$15,000) 231 Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 337. 6đ 12,338. 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold SEE SCHEDULE O 7,099. Gross-profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O) 5,239. 8 Total revenue. Add lines 1, 2, 8, 4, 50, 6d, 7c, and 8 54,802. Grants and similar amounts paid (list in schedule 0) 10 1,555. 10 Benefits paid to or for-members 11 11 Salaries, other compensation, and employee benefits 12 12 Projessional fees and other payments to independent contractors 13 500. 13 14 Occupancy, rent, utilities, and maintenance SEE SCHEDULE O 1,078. 14 15 Printing, publications, postage, and shipping 15 768. Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 58,245. 16 17 62,146. Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) -7,344. 18 Net Assets 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) 24,822. 19 Other changes in net assets or fund balances (explain in Schedule 0) 0. 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 17,478.

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

Form **990-EZ** (2010)

Pa	Balance Sheets. (see the instructions for Part II.)					
	Check if the organization used Schedule O to respond to any question	ın this Part II				X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		21,199	22		14,932.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE C) <u>L</u>	3,623			2,546.
25	Total assets		24,822	25		17,478.
26			0.	.		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		24,822	. 27		17,478.
:Pä	Statement of Program Service Accomplishme	nts (see the instructions	for Part III.)			фелѕеѕ
	Check if the organization used Schedule O to respond to any question		<u> </u>	X		for section and 501(c)(4)
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE ()			organization	ons and section
Des	cribe what was achieved in carrying out the organization's exempt pu	rposes. In a clear and c	oncise manner, describ	е	4947(a)(1 for others.) trusts; optional
	services provided, the number of persons benefited, and other relevan	nt information for each p	orogram title.		IOI OIIICIS.	·)
28	SEE SCHEDULE O					
		<u></u> _				
						
	(Grants \$ 1,555.) If this amount includes foreign	grants, check here .	<u></u>		28a	61,429.
29						
	(Grants \$) If this amount includes foreign	grants, check here	<u></u>	Щ	29a	
30]	
	(Grants \$) If this amount includes foreign	grants, check here	<u>.</u> >		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign	grants, check here	<u></u> . >		31a	
32	Total program service expenses (add lines 28a through 31a)			▶	32	61,429.
Pa	int IV: List of Officers, Directors, Trustees, and Key I		ne even if not compensated (s	ee the	instructions f	or Part IV)
	Check if the organization used Schedule O to respond to any questio	n in this Part IV				
		(b) Title and average ho	1 ' '		ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	bene	efit plans &	account and other allowances
		position	-0)		leferred ipensation	outer anowances
	DY WERNER	BOARD MEMBE			_	_
	O OAK STREET, DE PERE, WI 54115	0.50	0.		0.	0.
	RK SODERLUND	BOARD MEMBE				
	O OAK STREET, DE PERE, WI 54115	0.50	0.		0.	0.
	VE STRICK	PRESIDENT	_			_
	O OAK STREET, DE PERE, WI 54115	3.00	0.		0.	0.
	EVE SCHMIDT	VICE PRESID			_	_
	O OAK STREET, DE PERE, WI 54115	0.50	0.		0.	0.
	LENE MEISSNER	SECRETARY				1
	O OAK STREET, DE PERE, WI 54115	1.00	0.		0.	0.
	SA DYKEMA	TREASURER				
	O OAK STREET, DE PERE, WI 54115	3.00	0.		0.	0.
	NA EVANS	BOARD MEMBE				<u> </u>
	O OAK STREET, DE PERE, WI 54115	0.50	0.		0.	0.
	LL SECOR	BOARD MEMBE				
	O OAK STREET, DE PERE, WI 54115	0.50	0.		0.	0.
	NNIE BENOIT	BOARD MEMBE	R		-	
	O OAK STREET, DE PERE, WI 54115	0.50	0.		0.	0.
	DNEY OWENS	BOARD MEMBE	R			
93	O OAK STREET, DE PERE, WI 54115	0.50	0.		0.	0.
$\overline{\mathtt{CY}}$	NTHY BUHRANDT	BOARD MEMBE	R			
93	O OAK STREET, DE PERE, WI 54115	0.50	0.		0.	0.
		1				1
		1				
0321	72 ?-11	·			Form	990-EZ (2010)
		_				(10)

Pa	Other Information (Note the statement requirements in the instructions for Part V	'.)				
	Check if the organization used Schedule O to respond to any question in this Part V	· <u> </u>	<u></u>		<u> </u>	X
					Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed des	cription of (each activity in	1		۱.,
	Schedule 0			33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			1		
25	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O	-		34	81. N	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among	- ,	ut not	***		* (* 1
_	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-			<u> </u>	<u>:/}}</u>	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),	501(0)(5), (or	05-		₩
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?			35a	N/	X
	If "Yes," has it filed a tax return on Form 990-T for this year?			35b	147	<u>~</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets di	uring the ye	ar? It Yes,	0.0		x
27.	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		36		
	Did the organization file Form 1120-POL for this year?	3/4	<u> </u>	• <u>३</u> . 37b	<u> </u>	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	 ro ony ouch	lana mada	370 ***/	177	
υσα	in a prior year and still outstanding at the end of the tax year covered by this return?	ic ally SUCN	IUdiis IIIdUt	38a	<u> </u>	<u>X</u>
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	38ь	N/A	308	£'-38	A William
39	Section 501(c)(7) organizations. Enter:	5	14/12	┤ ૻ:		
	Initiation fees and capital contributions included on line 9	39a	N/A		A. 26.	
	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	\dashv	ú a	, ,
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	_ 000	11/11	\dashv	1	Nacional Activation
	section 4911 0 • ; section 4912 0 • ; section 4955		0.	375		3
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess bene					
_	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its		=	1	2032	
	If "Yes," complete Schedule L, Part I	P	0 000 01 000 22.	40b		x
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			2.8.	27 k 38	ş (
	or disqualified persons during the year under sections 4912, 4955, and 4958	•	0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	_		1 8 2		2 V.)
	organization	•	0.		124) 1 day 2
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				2	
	transaction? If "Yes," complete Form 8886-T			40e		X
41	List the states with which a copy of this return is filed. NONE					
42 a	The organization's books are in care of ► LISA DYKEMA	Teleph	one no. ▶ <u>920 – 3</u> !			
	Located at ► 1535 FOX RIDGE CT, DE PERE, WI		ZIP+4 ▶	<u>5411</u>	.5	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			_	Yes	No
	account)?			42b	<u> </u>	X
	If "Yes," enter the name of the foreign country.				Z3 .	4.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	and Financ	ial Accounts.	***************************************	مُسْتُنْفِقًا ،	<u> </u>
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?			42c		X
40	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		43	N/A	<u> </u>	
					Vac	No
AA c	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be complete	ad inctand a	.•		Yes	No
d				445	<u> </u>	x
.	Form 990-EZ	 nlated insta	 ad	44a	¥.3	 ^ ,
ט		pietea inste	du	441	1-2-3	X
	of Form 990-EZ			44b	-	X
	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an ex	olonetice	•	44c	 	┝╧
u		pianation		44d	 	ļ ——
	in Schedule O		<u>:::</u>		<u> </u> 990-EZ	(2010
				I UITIL S	ッタひ"にん	12010

032173 02-02-11

Form 990-EZ	(2010) WEST DEPERE	YOUTH ORGAN	IZATION IN	IC.		<u>39-2030</u>	5343 Page 4	
							Yes No	
45 is any r	elated organization a controlled entity of	of the organization within t	he meaning of sec	tion 512(b)(13)?		45 X	
	organization receive any payment from							
If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ								
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?								
							46 X	
Part VI	<u> </u>	ations and section	4947(a)(1) non	exempt	charitable trus	ets only A		
irus, madaallin sits	organizations and section 4947(a)(1							
	Check if the organization used Sched							
	Check if the Organization used Sched	ule O to respond to any ques	uon in uns Part Vi	·· ·· · _·· · ····			Yes No	
4= 5:14								
	organization engage in lobbying activit						47 X	
	rganization a school as described in se						48 X	
	organization make any transfers to an						49a X	
b If Yes,	was the related organization a section	527 organization?					49b	
50 Comple	ete this table for the organization's five	highest compensated employ	ees (other than office	ers, directors	, trustees and key em	ployees) who	each received more	
than \$1	100,000 of compensation from the orga	inization. If there is none, ente	er "None."					
		•	(b) Title and ave	rage hours	(c) Compensation	(d) Contributio	ons (e) Expense	
	(a) Name and address of each emp	lovee paid more	per week de		(-,,	to employee benefit plans	account and	
	than \$100,000	NONE	positio	n		deferred	other allowances	
		1101111				compensation	<u> </u>	
			\dashv					
								
			\dashv					
		· · ·						
f Total n	umber of other employees paid over \$	100.000						
	ete this table for the organization's five		ndent contractors wh	n each recen	ed more than \$100 i	NOO of compe	neation from the	
-	zation. If there is none, enter "None."	NONE	ndent combactors wit	0 00011 10001	red more than wroo,	ooo or compe	isation nom ale	
Urgani	(a) Name and address of each inde		o than \$100,000		(b) Type of ser	#00 T	(c) Compensation	
	(a) Name and address of each mu	spendent contractor paid mor	e man \$ 100,000		(b) Type of Serv	VICE	(c) Compensation	
						ŀ		
						İ		
		•						
d Total n	umber of other independent contractor	o cook recovered over \$100.0	00			<u></u>		
	•	•						
	organization complete Schedule A? N		anizations and 4947	a)(1) nonexe	mpt	_	Gen □	
charita	ble trusts must attach a completed Sch		areamisanvina senaanie	c and cratemer	ne and to the best of m	r kinumanna ann	X Yes No	
	correct, and complete. Deglaration of prepar	er (other than officer) is based on a	Il information of which pr	eparer has any	knowledge	/ /		
Sign	Mr mitta					8/24/	/2	
Here	Signature st-officer					Daye '		
	STEVE SMITH, PI	RESIDENT						
ľ	Type or print name and title	-						
	Print/Type preparer's name	Preparer's signati	ure	Date	Check	if PTIN		
Paid		T. T. F. S. O S. G. MAN		1	self- emplo	- :		
	TAMES D MISSIEL	TAME OF	MICHELO	01/24		,,,,		
Prepare			WICUPPS	01/24				
Use Onl		-			Firm's EIN		V436 B000	
	Firm's address ▶ P.O. Bo				Phone no.	(920)436-7800	
	GREEN 1	BAY, WI 54305	-3819				·····	
	discuss this return with the preparer s	hown above? See instruction:	s <u></u>				X Yes No	
032174 03-04-11							Form 990-EZ (2010)	
00 04 11								

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.

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

WEST DEPERE YOUTH ORGANIZATION INC.

Employer identification number 39-2036343

Part I	Reason 1	or Public Chari	ity Status (All organiza	ations mus	st complet	e this part	.) See inst	ructions.		
The organ	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)									
1 🗀	A church, cor	vention of churches	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)			
2 🔲			0(b)(1)(A)(ii). (Attach Scl			·				
3 🔲			al service organization of		n section	170/b)(1)(AYiii).			
4								(h)(1)(A)(iii	i). Enter t	the hospital's name.
	_j A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5 🗀	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
•	-	b)(1)(A)(iv). (Comple	-	iiroidity Or	riica or op	ociated by	a govenn	nontal ann	GCSOIID	CG III
6 🗀	-	•••••	ent or governmental unit	described	l in cactio	n 170/h)/1	VAVW			
7 🖂								r from the	gamaral	nublic decembed in
,	-		eives a substantial part o	ni ira aupp	oit iioiii a	governme	illai uilit u	i nom ule	general	public described in
8 🗀		b)(1)(A)(vi). (Complet		Complete	Dort II \					
» X			ection 170(b)(1)(A)(vi). (
9 (2)			eives: (1) more than 33 1							_
			nctions - subject to certa	-	-	-				
			exable income (less sect	ion 511 ta	x) irom bu	sinesses a	icquirea b	y tne orga	nization	aπer June 30, 1975.
40 🖂		509(a)(2). (Complete	•			.	500(-)(/			
10	-	- ,	perated exclusively to tes	•	-			•		•
11 📖	-		perated exclusively for the		•					• •
			itions described in section				e). See se o	ction 509(a	a)(3). Ch	eck the box that
		- · · ·	organization and comple	_	•					1
	a ☐ Type I		••	Type 🗀 :		•	•		d∟	Type III - Other
e 🗀			t the organization is not			-	-		-	
_			han one or more publicly						9(a)(1) or	section 509(a)(2).
f			ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
	•	ganization, check th								L
g			organization accepted an							
			irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıi) and (ııi) below	
	-		upported organization?							11g(i)
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (II) above	e?					11g(iii)
h	Provide the fo	ollowing information	about the supported org	ganization((s).					
(i) Name	of supported	(ii) EIN	(iii) Type of organization			(v) Did you		(vi) Is organizațio	the	(vii) Amount of
org	anızation		(described on lines 1.0	in col. (i) lis				(i) organiz	ed in the	support
			above or IRC section	governing	uocument?	(i) of your	support?	U.S	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
	-									
_			<u> </u>		L					
				<u> </u>	<u>L</u>	<u> </u>	<u> </u>			
			<u> </u>		<u></u>	L				

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and		·				
	membership fees received. (Do not						
	include any "unusual grants.")			_			
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						
	the organization without charge					ł	
4	Total. Add lines 1 through 3						. <u></u>
5	The portion of total contributions		21 - 5 - 3 AS				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	×) · ~		*5.,	-	
	on line 1 that exceeds 2% of the		.532 5		4 4 5	was 2 1 1 1	
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4	<u> </u>			·	, , , , , , , , , , , , , , , , , , , ,	
	ction B. Total Support	Т		т	1		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4					_	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business	1					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			1			
	or loss from the sale of capital	1	}			1	
	assets (Explain in Part IV.)	1.76 9 1 6					
	Total support. Add lines 7 through 10 Gross receipts from related activities	eta (ana inatriati	,	W 7, 1, 1, 1			
	First five years. If the Form 990 is fo			rd fourth or lifth t		12 5 501(a)(3)	
13	organization, check this box and sto	_	s mst, second, tim	u, loural, or mara	ax year as a section	11 30 1(0)(3)	
Sec	ction C. Computation of Pub	ic Support Pe	rcentage	•		-	
	Public support percentage for 2010			column (f))		14	%
	Public support percentage from 2009		•			15	%
	33 1/3% support test - 2010.If the o			n line 13. and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies					•	ightharpoonup
t	33 1/3% support test - 2009.If the		•	•	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qua	-					
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
t	10% -facts-and-circumstances tes	-	•				10% or
	more, and if the organization meets t	-					
	organization meets the "facts-and-cir						•
18	Private foundation. If the organization		_				s . •
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Gales, parts, contributions, and membership less received. (Do not include any number of process perspective of the contributions, and membership less received. (Do not include any numbership less receiv	Sec	ction A. Public Support						
1 Giffs, grants, contributions, and mambership fees received, (Do not include any "unusual grants,") 2 Cross receipts from admissions, reservicines furnished in any activity that is related to the organization's take exempt purpose of grants are not an unrelated trade or business under section 513 are not an unrelated trade or business under section 513 are not an unrelated trade or business under section 513 are not an unrelated trade or business under section 513 are not an unrelated trade or business under section 513 are not an unrelated trade or business under section 513 are not an unrelated trade or business under section 513 are not an unrelated trade or business furnished by a governmental unit to the organization without charge for Total, Add lines 1 through 5 7 A Amounts included on lines 1 12, and 3 received from disqualified persons be a more than the section of	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Section B. Total Support Isonal missions Section B. Public support Isonal missions Section B. Total Support Section B. Total Support Isonal missions Section B. Total Support Section B. Total Section B.	1	Gifts, grants, contributions, and			-			
2. Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the origination's tax-exempt purpose 3 Gross receipts from activates that are not an unrelated trade or business under section 513 4. Tax revenues leved 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'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. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 10 through 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 10 through 5. The value of services of the value of the control of t		membership fees received. (Do not						
2. Gross receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that in related to the cigarination of time element purpose Gross receipts from admissions and the element propose Gross receipts from admissions and the element propose Gross receipts from admissions and the element of the cigarination of the element propose of the cigarination of the element o		include any "unusual grants.")	5,481.	750.	770.	83.	86.	7,170.
3 Gross recepts from activates that are not an unvested trade or business under section 513 4 Tax reversues levide for the organization to 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'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 Arnounts included on lines 1, 2, and 3 received from disqualified persons b immunities and the services of the animal of the services of the animal on lines 1, 2, and 3 received from disqualified persons b immunities and the services of the animal on lines 1 to the year. c. Add lines 2 and 27 to the animal on lines 1 to the year. 9 Animals received from disqualified persons 9 Animals received from the year (if fistell year beginning in) to 1, 2, and 27 to 2, and 27 to 2, and 27 to 3, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	44 414	40 940	34 257	30 103	49 140	
are not an unrelated trade or business such session 513 and 75 an	_	* ' ' '	44,414.	40,340.	34,437.	39,103.	49,140.	207,334.
The value of services or facilities furnished by a governmental unit to the organization without charge for the organization of the organiz	3	are not an unrelated trade or bus-						
## The Public Support (Spirothic Spark) Section B. Total Support Spirothic Spark Spirothic Spiroth	4	ızation's benefit and either paid to						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts indicated in lines 2 and 3 received from other than dequalified persons that society the greated 15,000 or the other discounting the persons that society the greated 15,000 or the other discounting the persons that society the greated 15,000 or the other discounting that the person of the perso	5	furnished by a governmental unit to						
3 received from disqualified persons by Amount mode of the required of the received the greated styte of a flavored state of the received the greated styte of the amount on five the department of the received styte of the amount on five the state of the received styte of the amount on five the state of the received of the received styte of the received on securities cleans, rents, royalties and income from similar sources of the received on securities cleans, rents, royalties and income from similar sources of the received on securities cleans, rents, royalties and income from similar sources of the received on securities cleans, rents, royalties and income from similar sources of the required stable income (less section 511 taxes) from businesses acquired after June 30, 1975 c. Add lines 10a and 10b. 11 Net income from unrelated business a sactivities not included in line 10b, whether or not the businesses is regularly carried on resolution of the required state of capital assests (Explain in Part IV). 13 Total support percentage from 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 15 Public support percentage from 2009 Schedule A, Part III, line 15 16 85.85 % 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2000 (line 10c, column (f) divided by line 13, column (f)) 19 33 1/3% support tests - 2000. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization of uncline 14, 19a, or 19b, chec	6	Total. Add lines 1 through 5	49,895.	41,690.	35,027.	39,266.	49,226.	215,104.
b Amounts included on lines 2 and 3 recoved from the three degulated persons that exceed the greater of \$5,000 or 1% of the amount on line 15 for the year and 15 for the 15 for the 25 for the 15 for the 25 for the 15 for the 25 for	7a	Amounts included on lines 1, 2, and						
c Add lines 7a and 7b 8 Public support (spanelina / total highest potentials of the property support (spanelina / total highest potentials of the property support (spanelina / total highest potentials of the property support (spanelina / total highest potentials of the property support (spanelina / total highest potentials of the property support (spanelina / total highest potentials of the property support (spanelina / total highest potentials of the property support (spanelina / total highest potentials of the property support (spanelina / total highest potentials of the property support potentials of the programization of the property support potentials of the programization of t	t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
8 Public support (Subsection 17 Chosa Instal 5) Section B. Total Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 49,895. 41,690. 35,027. 39,266. 49,226. 215,104. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from smillar 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 acquired after June 30, 1975 c Add lines 10a and 10b 12. Other income. Do not included gain or loss from the sale of capital assets (Explan in Part IV.) 13. Total support genome such that the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15. Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16. 83.64 % 17. Investment income percentage for 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 18. Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 19. 3 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 15 is more than 33 1/3%, and line 16 is more than 30 line 18 is not more than 33 1/3%, and line 16 is		amount on line 13 for the year			-	,		
Section B. Total Support Calendar year (or fiscal year beginning in)			/48	S. Zo or material ways				
Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 49 , 895 . 41 , 690 . 35 , 027 . 39 , 266 . 49 , 226 . 215 , 104 .	_8_	Public support (Subtract line 7c from line 6)					5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	215,104.
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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 saturities not included in line 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 (addines) 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 83.64 % 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2090 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Copenito Public Inspection

Name of the organization

Employer identification number 39-2036343

WEST DEPERE YOUTH ORGANIZATION INC.	39-2036343
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF	INVENTORY:
INCOME:	
1. GROSS RECEIPTS	
2. RETURNS AND ALLOWANCES	_
3. LINE 1 LESS LINE 2	
4. COST OF GOODS SOLD (LINE 13)	7,099.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	5,239.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	
7. MERCHANDISE PURCHASED	_
8. COST OF LABOR	
9. MATERIALS AND SUPPLIES	
10. OTHER COSTS	_
11. ADD LINES 6 THROUGH 10	7,099.
12. INVENTORY AT END OF YEAR	_
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	7,099.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES	, AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	1,078.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SUPPLIES	19,137.
OFFICE EXPENSES	63.
MEALS AND ENTERTAINMENT	961.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche	edule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.



Internal Revenue Service Name of the organization **Employer identification number** WEST DEPERE YOUTH ORGANIZATION INC. 39-2036343 **AWARDS** 2,066. **GIFTS** 156. TOURNAMENT ENTRY FEES 14,340. REFEREES 17,380. COACHES 3,250. ADVERTISING 144. TAXES AND LICENSES 10. MISCELLANEOUS 738. TOTAL TO FORM 990-EZ, LINE 16 58,245. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: END OF YEAR DESCRIPTION BEG. OF YEAR INVENTORY 850. 850. OTHER DEPRECIABLE ASSETS 2.773. 1,696. TOTAL TO FORM 990-EZ, LINE 24 3,623. 2,546. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROMOTE AND SUPPORT YOUTH BASKETBALL IN DE PERE, WISCONSIN. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: PROVIDE BASKETBALL LEAGUES AND TOURNAMENT OPPORTUNITIES FOR BOYS AND GIRLS IN WEST DE PERE, WISCONSIN. DURING THE YEAR THERE WERE 225 KIDS WHO PARTICIPATED IN THE PROGRAM THROUGH SKILLS CLINICS AND CAMPS. THE ORGANIZATION HOSTS 2 TOURNAMENTS PER YEAR FOR GRADES 3 THROUGH 8 WITH UP TO 92 TEAMS PARTICIPATING. OUR VOLUNTEERS INCLUDE ABOUT 25 TO 30 COACHES FOR THE CLINICS, 20 TO 30LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 032211 01-24-11

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

	OMB No. 1545-0047						
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Employer identification number Name of the organization WEST DEPERE YOUTH ORGANIZATION INC. 39-2036343 HIGH SCHOOL PLAYERS WHO HELP OUT AT THE CLINICS, AND 75 TO 100 PARENTS, HIGH SCHOOL PLAYERS AND COACHES HELPING OUT AT TOURNAMENTS WITH SCORING, CONCESSIONS, ADMISSIONS, CLEANING, ETC. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form 8868

(Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.ris.gov/efile and click on e-file for Charites & Nonprofits. Part P	 If you are filing for an Automatic 3-Month Extension, comp 				▶	X	
Electronic filling (e-file), You can electronically file From 8898 if you need a 3-month automatic extension of time to the life (and discharge) and interesting the form 8898 it to request an extension of time to the leavy of the form 8907, or an additional (not automatics) amonth reteration of time to the leavy of the form issted in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, well with view zero govietifie and cick on a file for Charaks & Notingrotifis. Part I not	 If you are filing for an Additional (Not Automatic) 3-Month 	Extension, o	complete only Part II (on page 2 of this	form).			
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 980-B to request an extension of time to file any of the forms steet in Part of Part II with the exception of Form 9870. (Incompand to Family 1997) and the form 1997 in Part of Part II with the exception of Form 980-B. (Part of Part of	Do not complete Part II unless you have already been grante	ed an automa	tic 3-month extension on a previously fi	led For	m 8868.		
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Partial			(see instructions). For more details on t	ne elec	tronic filing of this fo	orm,	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income (ax returns). WEST DEPERE YOUTH ORGANIZATION INC. 39-2036343 WEST DEPERE YOUTH ORGANIZATION INC. Number, street, and from or suite no. If a P.O. box, see instructions. C/O LISA DYKEMA — 1535 POX RIDGE CT WEST DEPERE, WI 54115 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Application Return Application Return Application Form 990-BL Code Form 990-BL Code Form 990-BL Command Code Form 990-BL Code Form 990-BL Code Form 990-BL Code Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 40			bmit original (no copies needed).		<u> </u>		
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