

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



Form 990-EZ

Internal Revenue Service

**Short 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling anizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total

Initiations as defined in section 512(0), 13) must like Form 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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

2011 For the 2010 calendar year, or tax year beginning 2010 and ending JUL 1. JUN 30, Check if applicable C Name of organization D Employer identification number Address change 68-0400236 HAZELTON A.C.T. TEAM BOOSTER CLUB Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return 300-E C/O 3031 W. MARCH LANE (209) 957-3691 Terminated City or town, state or country, and ZIP + 4 F Group Exemption STOCKTON. Application pending Number > Accounting Method: H Check ► X if the organization is not X Cash Accrual Other (specify) required to attach Schedule B Website: ► N/A Tax-exempt status (check only one) -  $\times$  501(c)(3)  $\longrightarrow$  501(c) ( 4947(a)(1) or 527 ) **◄**(insert no.) (Form 990, 990-EZ, or 990-PF). if 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, 24,406. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  $\mathbf{x}$ Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income Gross amount from sale of assets other than inventory 5a 5b 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 Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions **b** Gross income from fundraising events (not including \$ from fundraising events repo T) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000 24,406. 6b Less: direct expenses from gaming and fundraising event 6c 14,192 d Net income or (loss) from gaming and fundialising events (add lines 6a and 6b and subtract line 6c)
7a Gross sales of inventory, less returns and allowances 7 10,214. 6đ Less: cost of goods sold OGDEN 7b Gross profit or (loss) from sales of inventory 7c Other revenue (describe in Schedule 0) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10,214. 9 SEE SCHEDULE O 10,465 10 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 317. SEE SCHEDULE O 16 Other expenses (describe in Schedule O) 16 10,782. 17 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) -568. 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 19

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

(must agree with end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year, Combine lines 18 through 20

Form **990-EZ** (2010)

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4,509.

0. 3,941.



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P	art II Balance Sheets. (see the instructions for Part II.)					
	Check if the organization used Schedule O to respond to any question	n in this Part II .				
		(	A) Beginning of year		(B) E	nd of year
22	2 Cash, savings, and investments		4,509	. 22		3,941.
23	3 Land and buildings			23	ļ	
24	Other assets (describe in Schedule 0)			24		
25			4,509		-	3,941.
26			0		-	0.
27			4,509	. 27		3,941.
<b>P</b>		•	r Part III.)	$\overline{}$		rpenses for section
	Check if the organization used Schedule 0 to respond to any question at is the organization's primary exempt purpose? <b>FUNDRAISING F</b>		OUT DROCES	<u>—</u> М	501(c)(3)	and 501(c)(4)
	scribe what was achieved in carrying out the organization's exempt pu					ons and section ) trusts; optional
	e services provided, the number of persons benefited, and other releva	- · · · · · · · · · · · · · · · · · · ·		De	for others	
_	FUNDRAISING AND FINANCIAL SUPPORT		<u> </u>			
	A.C.T. TEAM EDUCATION PROGRAM.	111011111111111111111111111111111111111				
		· -				
	(Grants \$ 10,465.) If this amount includes foreign	grants, check here	<b>•</b>		28a	10,782.
29		,				
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		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		لبل	31a	10 700
	Total program service expenses (add lines 28a through 31a) eart IV List of Officers, Directors, Trustees, and Key	Employees			32	10,782.
	Check if the organization used Schedule O to respond to any question		even it not compensated (	see tne	instructions t	or Part IV)
_	Officer if the organization used Schedule of to respond to any question	(b) Title and average hours	(c) Compensation	(d) c	ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	to e	employee efit plans &	account and
	(a) Harris and address	position	-0)	d	leferred	other allowances
AN	NGELA IMPERIAL, 10554 BERRY COVE	PRESIDENT		COIII	pensation	
	AY, STOCKTON, CA 95219	5.00	0.		0.	0.
Al	NGEL MARTINEZ, 535 W. JEFFERSON ST,	CO-VICE PRES				
SI	TOCKTON, CA 95206	1.00	0.		0.	0.
	ARMEN ANDRADE	CO-VICE PRES	IDENT			
	D BOX 6242, STOCKTON, CA 95206	1.00	0.		0.	0.
	AULA FRAGO, 6415 MONITOR PLACE,	TREASURER				
	FOCKTON, CA 95219	1.00	0.		0.	0.
_	LIZABETH CHAVEZ, 535 W. JEFFERSON	SECRETARY	1			
<u>S1</u>	r, stockton, ca 95206	1.00	0.		0.	0.
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HAZELTON A.C.T. TEAM BOOSTER CLUB

68-0400236

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33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  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, explain in Schedule O why the organization did not report the income on Form 990-T.  36 Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  35a X  35b N/A  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37b X  38b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		Check if the organization used Schedule 0 to respond to any question in this Part V		15.	X
Schedule O  Was any agenificant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents of they reflect a change to the organization is name. Otherwise, explain the change on Schedule O (see enstructions)  If the organization had income from business activities, such as those reported on the rate in a change of the profess of the preflect a change to the organization business activities, such as those reported on the rate in a change of the profess of the organization had income from business activities, such as those reported on the rate in a change of Schedule O (see enstructions)  If the organization had income from business activities, such as those reported on the rate is a ection 501(c)(6) organization organization of the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had the schedule O (see enstructions)  If the organization had income from the schedule O (see enstructions)  If the organization had income from the organization of the enstruction of the schedule O (see enstructions)  If the organization had income from the organization of the organization density of the enstruction of the schedule O (see en	22	Did the organization engage in any activity not previously reported to the IPS2 If "Ves." provide a detailed description of each pativity in		Yes	No.
44 We any suphticant changes made to the organization's name, continued documents if they reflect a change to the organization's name, collarwise, suplain the change on Steded 0 (see instructions)  34	33		22		
documents if they reflects a change to the organization's name. Otherwise, explain the change on Schedule (Jess instructions)  34	34		33	+	<u>^</u>
35 If the organization had income from business activities, such as those reported on hims 2, 6a, and 7a (among others), but not reported on from 990-T. Each in Schedule O Why the organization did not report the income on Form 990-T.  10 If the organization subject to section 633(e) notice, reporting, and proxy tax requirements?  11 If Yas, 1 and third at sur future or form 990-T. On the year?  12 If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, omplete applicable parts of Schedule N  13 If the arround of political expenditures, direct or indeed, as described in the instructions.  13 If the arround of political expenditures, direct or indeed, as described in the instructions.  13 If the arround of political expenditures, direct or indeed, as described in the instructions.  14 If Yes, organization is farm 11 and exist the total amount involved in a prior year and still outstanding if the end of the tax year covered by this return?  15 If Yes, organization is farm 11 and exist the total amount involved in the part of the tax year covered by this return?  15 If Yes, organizations. Enter amount of tax imposed on the organization during the year under:  16 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under:  17 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4959 excess benefit thrasection during the year, or did of engage in an excess benefit thrasection in a prior year, this has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule IL, Part I  15 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on lines 40c rembursed by the organization with a prior year, the section of the organization and the foreign country.  16 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on the organization managers or disqualified persons during the year year, was the organization		·	34		x
a Did the organization save unrelated business gross income of \$1,000 or more or was it a section \$51(c)(4), \$01(c)(5), or \$50(c)(6) organization subject to section \$633(c) notice, reporting, and prioxy tax requirements?  1 b If Yes, has it flied at air return on Form \$99-1 for this year?  2 b If the organization undergo all diquidation, dissolution, errimitation, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule IN 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  3 b If the organization of political expenditures, direct or indirect, as described in the instructions.  3 b If Yes, complete Schedule In Interest to the experiment of the organization file form \$120-POL for this year?  3 b If the organization of political expenditures, direct or indirect, as described in the instructions.  3 b If Yes, complete Schedule Interest in the experiment of the	35	,	-	<b> </b>	1
a Dut the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(6), or \$501(c)(6), or \$501(c)(6) or sociological graphs and proposed to the programation subject to section \$932(c) notice, reporting, and proxy tax requirements?  b If Yes, has it field a tax return on Form 990-1 for this year?  50 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, tomplete special expenditures, direct or indirect, as described in the instructions.  b Ut the organization file Form 1120-PLL for this year?  51 Dut the organization file Form 1120-PLL for this year?  52 But the organization file Form 1120-PLL for this year?  53 But N/A  54 Dut the organization file Form 1120-PLL for this year?  55 Unives, complete Schedole L, Part I and enter the total amount involved  56 Gross receipts, included on line 9, for public use of club facilities  57 If Yes, complete Schedole L, Part I and enter the total amount involved  57 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of the organization during the year under:  58 section 501(c)(3) and 501(c)(4) organizations. Enter amount of the organization during the year under:  58 section 501(c)(3) and 501(c)(4) organizations. Enter amount of that misposed on organization managers or disqualified persons during the year under section 4912 to 2, section 4918 excess benefit transaction during the year under.  58 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax misposed on organization managers or disqualified persons during the year under section 4912 to 3014 excess the entire transaction or the year under section 4912 to 3014 excess the entire transaction or the year under section 4912 to 3014 excess the entire transaction or the year under section 4912 to 3014 excess the year transaction or the year under transaction 4912 to 4014 excess the year transactio					
SO (Ic/(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  35 If Yes, 'has if field a tax return on Form 990-T for this year?'  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete applicable parts of Schedule N.  37 a Tenter amount of political expenditures, direct or indirect, as described in the instructions.  38 J Tenter amount of political expenditures, direct or indirect, as described in the instructions.  39 Did the organization the Form 1120-P01 for this year?  30 Did the organization the Form 1120-P01 for this year?  31 Did the organization the Form 1120-P01 for this year?  32 Did the organization the remainment of the tax year covered by this return?  33 Did the organization the remainment of the tax year covered by this return?  34 Did the organization the remainment of the tax year covered by this return?  35 Did N/A  38 Dection 501(c)(7) organizations. Enter:  36 If Yes, complete Schedule L, Part II and enter the total amount involved  37 Did Rose scending, included on the 9 (or public use of club facilities  38 Did N/A  39 Did N/A  30 Did N/A  31 Did N/A  32 Did N/A  33 Did N/A  34 Did N/A  35 Did N/A  36 Did N/A  37 Did N/A  38 Did N/A  38 Did N/A  39 Did N/A  30 Did	a				
b If Yes,* has it filled a tax return on Form 990-T for the year?  8 Dut the organization undergo a liquidation, desoflution, terrimation, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N  9 Table armount of political expenditures, direct or indirect, as described in the instructions.  ▶ 137a			35a		x
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  ▶ 37 a 10 the organization file Form 1120-POI, for this year?  38 bit the organization file Form 1120-POI, for this year?  38 bit the organization file Form 1120-POI, for this year?  38 bit the organization before from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made  an a prior year and still outstanding at the end of the tax year covered by this return?  bit "Yes," complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  bit Gross receipts, included on line 9, for public use of club facilities  \$\frac{38a}{39a} \frac{N/A}{39a} \frac{N/A}{39a} \frac{N/A}{39a}  \$\frac{38a}{N/A} \frac{38a}{39a} \frac{N/A}{39a}  \$\frac{38a}{N/A} \frac{38a}{39a} \frac{N/A}{39a}  \$\frac{38a}{N/A} \frac{38a}{39a} \frac{N/A}{39a}  \$\frac{38a}{N/A} \frac{39a}{39a} \frac{N/A}{39a}  \$\frac{38a}{N/A} \frac{39a}{39a} \frac{N/A}{39a}  \$\frac{38a}{N/A} \frac{38a}{39a} \frac{N/A}{39a}  \$\frac{38a}{N/A} \frac{39a}{39a} \frac{N/A}{39a}  \$\frac{39a}{N/A} \frac{39a}{	Ь			N/	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  Did the organization for form 1120-PCI for this year?  By Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  By By N/A  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  Bi Gross receipts, included on line 9 (for public use of club facilities  Bi Gross receipts, included on line 9 (for public use of club facilities  Bi Gross receipts, included on line 9 (for public use of club facilities  Bi Gross receipts, included on line 9 (for public use of club facilities  Bi Gross receipts, included on line 9 (for public use of club facilities  Bi Gross receipts, included on line 9 (for public use of club facilities  Bi Gross receipts, included on line 9 (for public use of club facilities  Bi Gross receipts, included on line 9 (for public use of club facilities  Bi Gross receipts, included on line 9 (for public use of club facilities  Bi Gross receipts, included on line 9 (for public use of club facilities  Bi Gross receipts, included on line 9 (for granizations). Did the organization end of the organization during the year under:  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  Bi Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax shelter transaction? If Yes, "complete Form 8886-T  List the states with which a copy of this return is field.   Call Transactions. At any time during the tax year, was the organization and party to a prohibited tax shelter transactions of the facilities with the granization and the facilities and the organizati	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			1
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		complete applicable parts of Schedule N	36		x
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the fax year covered by this return?  38b N/A  38ction 501(c)(7) organizations. Enter:  1 Initiation fees and capital contributions included on line 9, for public use of club facilities.  1 Gross recepts, included on line 9, for public use of club facilities.  2 Gross recepts, microed on line 9, for public use of club facilities.  39b N/A  39c N/A  39b N/A  39b N/A  39b N/A  39b N/A  39b N/A  39b N/A  40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of the organization engage in any section 4958 excess benefit transaction during the year, or did tengage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if Yeas, complete Schedule I., Part I  40b X  40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization that year under sections 4912, 4955, and 4958  40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization with the states with which a copy of this return is lied. ► CA  41c I has organization's books are in care of ► PAULA FRAGO  42c The organization's books are in care of ► PAULA FRAGO  42c The organization's books are in care of ► PAULA FRAGO  42c The organization's books are in care of ► PAULA FRAGO  42c The organization's books are in care of ► PAULA FRAGO  42c The organization's books are in care of ► PAULA FRAGO  42c The organization of exceptions and filling requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  42c X  42c X  42c X  42c X  42c X  44c X  44d Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-E2  44d Did	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
an a priory year and still outstanding at the end of the tax year covered by this return?  b If Yes', complete Schedule L, Part II and enter the total amount involved  38 b N/A  39 Section 501(c)(7) organizations. Enter:  a Intitation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39a N/A  39b N/A  39b N/A  39b N/A  39b N/A  39b N/A  39b N/A  39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0 is each of 4912 ▶ 0 is each of 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction of the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?  If Yes, complete Schedule L, Part I  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  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e 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  1 List the states with which a copy of this return is filed. ▶ CA  Telephone no. ▶ (209) 9.57 – 3.691  1 Located at ▶ 30.31 W. MARCH LANE, SUITE 300 – E. STOCKTON, CA ZIP + 4 ▶ 95.219  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; ▶  See the instructions for exceptions and filing requirements for Form 10 Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country; ▶  See tion 4947(a)(1) nonexempt charit	þ	Did the organization file Form 1120-POL for this year?	_37b		X
b If Yes', complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  b Gross recepts, included on line 9, for public use of club facilities  39 N/A  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0.; section 4915 ▶ 0.; section 4915 ▶ 0.  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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?  if Yes', complete Schedule L, Part I  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. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes', complete Form 8866-T  All organizations and the foreign country is lied. ▶ CA  Telephone no. ▶ (209) 957-3691  Located at ▶ 3031 ₩. MARCH LANE, SUITE 300-E, STOCKTON, CA 2IP+4 ▶ 95219  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 account in a foreign country. ▶  See the instructions for exceptions and filing requirements for Form 10F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country; ▶  See the instructions for exceptions and filing requirements for Form 10F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain any office outside of the U.S.?  If Yes, enter the name of the forei	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			
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ 0. Section 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part I  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  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 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  List the states with which a copy of this return is filed. ► CA  11 List the states with which a copy of this return is filed. ► CA  12 List the states with which a copy of this return is filed. ► CA  13 List the states with which a copy of this return is filed. ► CA  14 List the states with which a copy of this return is filed. ► CA  15 List the organization is books are in care of ► PADLIA FRAGO  Located at ➤ 30.31 W. MARCH LANE, SUITE 30.0 - E, STOCKTON, CA 2IP + 4 ▶ 95219  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 accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in feeu of Form 1041 - Check here and enter the amount of fax-exempt interest recei		in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 3 Section 501(c)(3) organizations. Finter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. 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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualfied 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. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-1 List the states with which a copy of this return is filed. ► CA 11 List the states with which a copy of this return is filed. ► CA 12 The organization's books are in care of ► PAULIA FRAGO Located at ► 3031 W. MARCH LANE, SUITE 300 - E, STOCKTON, CA 2IP + 4 ► 95219  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. ► 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.?  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.?  If "Yes," enter the name of the foreign country. ► Section	b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Either amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . ; section 4955 ▶ 0.  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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes, complete Schedule L, Part I  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 or disqualified persons during the year, was the organization a party to a prohibited tax sheller transaction? If 'Yes, complete Form 8886-T  List the states with which a copy of this return is filed. ▶ CA  11 List the states with which a copy of this return is filed. ▶ CA  12 Lies the states with which a copy of this return is filed. ▶ CA  13 Lead at ▶ 3031 W. MARCH LANE, SUITE 300-E, STOCKTON, CA  14 Load at ▶ 3031 W. MARCH LANE, SUITE 300-E, STOCKTON, CA  15 PAULA FRAGO  Telephone no. ▶ (209) 957-3691  Located at ▶ 3031 W. MARCH LANE, SUITE 300-E, STOCKTON, CA  16 Yes, enter the name of the foreign country (such as a bank account, securities account, or other financial accounts.  17 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.  28 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  29 Yes, 'Porm 990-EZ in the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ in the organization persecutive and provide any explanation of Form 990-EZ in the organizat	39	Section 501(c)(7) organizations. Enter:			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4915 ▶ 0. Section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 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 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e 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  1 List the states with which a copy of this return is filed. ► CA  21 The organization's books are in care of ► PAULA FRAGO  1 Telephone no. ► (209) 957-3691  1 Located at ► 3031 W. MARCH LANE, SUITE 300-E, STOCKTON, CA 7IP+4 ► 95219  3 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  2 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  3 Section 4947(a)(1) nonexempt charitable trusts thing Form 990-E2 in lieu of Form 1041-Check here and enter the name of the foreign country;  442  X  443  N/A  444 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  5 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  5 Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	a	Initiation fees and capital contributions included on line 9  39a N/A	_	ŀ	
Section 4911 ▶ 0.; section 4912 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I  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  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed. ► CA  List the states with which a copy of this return is filed. ► CA  List the states with which a copy of this return is filed. ► CA  Located at ⇒ 30.31 W. MARCH LANE, SUITE 30.0 E, STOCKTON, CA ZIP+4 ▶ 952.19  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 accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  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.?  If "Yes," enter the name of the foreign country. ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must			_		Ì
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule I, Part I  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  e 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  1 List the states with which a copy of this return is filled. ► CA  12 The organization's books are in care of ▶ PAULA FRAGO  Located at ▶ 3031 W. MARCH LANE, SUITE 300 ►, STOCKTON, CA  21P + 4 ▶ 95219  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. 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.?  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.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a  X  Ves No  44b  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the	40 a				
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If "Yes," complete Schedule L, Part I  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  e 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  List the states with which a copy of this return is filed. ► CA  1 List the states with which a copy of this return is filed. ► CA  1 Telephone no. ► (209)957-3691  Located at ► 3031 W. MARCH LANE, SUITE 300-E, STOCKTON, CA ZIP+4 ► 95219  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; 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.?  If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes' to line 44c, has the organiza	b				
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  e 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  List the states with which a copy of this return is filed. ► CA  1 List the states with which a copy of this return is filed. ► CA  2 The organization's book are in care of ► PAULA FRAGO  Located at ► 3031 W. MARCH LANE, SUITE 300-E, STOCKTON, CA  2 TiP+4 ► 95219  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 account)?  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.?  If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b) dif the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b) Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c) Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c) Did the organization receive any payments for indoor tanning services during the year?					
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d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8866-T  List the states with which a copy of this return is filed. ► CA  The organization's books are in care of ► PAULA FRAGO Located at ► 3031 W. MARCH LANE, SUITE 300-E, STOCKTON, CA ZIP+4 ► 95219  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 accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  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.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes,* enter the name of the foreign country. ►  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a	C		İ		
e 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  1 List the states with which a copy of this return is filed. ► CA  142 The organization's books are in care of ► PAULA FRAGO Telephone no. ► (209) 957-3691  Located at ► 3031 W. MARCH LANE, SUITE 300-E, STOCKTON, CA ZIP+4 ► 95219  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 account)?  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.?  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 and enter the amount of tax-exempt interest received or accrued during the tax year  442 X  443 N/A  444 X  444 X  45 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
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transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   CA  The organization's books are in care of PAULA FRAGO Located at N 3031 W. MARCH LANE, SUITE 300-E, STOCKTON, CA  Located at N 3031 W. MARCH LANE, SUITE 300-E, STOCKTON, CA  All P+4 95219  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)?  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.?  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.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  To the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  C 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 explanation in Schedule O	_		1		
List the states with which a copy of this return is filed.    The organization's books are in care of    PAULA FRAGO	е			ļ	
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Located at   3031 W. MARCH LANE, SUITE 300-E, STOCKTON, CA  2IP+4   95219  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?)  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.?  If 'Yes,' enter the name of the foreign country:    3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O				260	
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 account)?  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.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  144a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  C 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 explanation In Schedule O  At a bank account, or other financial Accounts  Yes No  Yes No  Yes No	42 a				<u> </u>
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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.?  If "Yes," enter the name of the foreign country:  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 and enter the amount of tax-exempt interest received or accrued during the tax year  44a  N/A  44a  Y  44b  X  44b  X  44c  X  44c  X  44d  Y  44d  Y  44d  Y  44d  Y  44d  Y  44d  A			<u> 127</u> T	9	
account)?  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.?  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 and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation m Schedule O  44d	U	·		Vac	No
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.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  143			425	163	
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.?  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 and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		•	420	<del>                                     </del>	
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation In Schedule O					
If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  143 N/A  144 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  16 Did the organization receive any payments for indoor tanning services during the year?  17 If "Yes," Form 990 must be completed instead of Form 990-EZ  18 Ada	c		420		v
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	-		_720	<u> </u>	
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d	43				
Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			-1/		
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Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			-
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X  c Did the organization receive any payments for indoor tanning services during the year? 44c X  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 44d			44a		х
of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			<del></del>
c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d  44d		·	44b		х
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d	C	Did the organization receive any payments for indoor tanning services during the year?			
ın Schedule O 44d					
		· · · · · · · · · · · · · · · · · · ·	44d		
				90-EZ (	(2010)

Forn	n 990-EZ (	2010) HAZELTON A.C.T. TEAM BOOS	TER CLUB		<u>68-0400</u>	236		Page 4
							Yes	No
45	is any re	lated organization a controlled entity of the organization within the	meaning of section 512(b)	(13)?		45		Х
a	Did the o	rganization receive any payment from or engage in any transaction wi	ith a controlled entity within th	e meaning of section	512(b)(13)?			
	If "Yes," I	Form 990 and Schedule R may need to be completed instead of Form	990-EZ			45a		Х
46	Did the o	rganization engage, directly or indirectly, in political campaign activitie	es on behalf of or in opposition	i to candidates for pu	iblic office?			
	If "Yes,"	complete Schedule C, Part I				46		X
Pa	art VI	Section 501(c)(3) organizations and section 49	47(a)(1) nonexempt	charitable tru	sts only. All	section	n 501(c	:)(3)
		organizations and section 4947(a)(1) nonexempt charitable trusts mu	ust answer questions 47-49b a	and 52, and complete	the tables for li	nes 50	and 51	1.
		Check if the organization used Schedule O to respond to any question	n in this Part VI					
	,		• •				Yes	No
47	Did the c	rganization engage in lobbying activities? If "Yes," complete Schei	dule C, Part II			47		Х
48		ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"	· ·			48		Х
49 a		rganization make any transfers to an exempt non-charitable related or	·			49a		Х
		was the related organization a section 527 organization?	<b>4</b>			49b		
50		e this table for the organization's five highest compensated employees	(other than officers, directors	trustees and key en	nnlovees) who e		ceived i	more
•		0,000 of compensation from the organization. If there is none, enter <b>"</b> I		, a dotodo and koy or	iipioyooo) iiilo o	401110	0017001	11010
_	than the	o, od or compensation from the organization. It there is notic, enter	(b) Title and average hours	(c) Compensation	(d) Contributions	. 7	e) Expe	nea
		(a) Name and address of each employee paid more	per week devoted to	(c) compensation	to employee benefit plans &		ccount	
		than \$100,000 NONE	position		deferred		er allow	
_		NONE			compensation			
			†			-		
	-					+		
			†			ŀ		
						-		
		· <del>_</del>	1					
						+		
			-					
51 —		e this table for the organization's five highest compensated independe tion. If there is none, enter "None." NONE  (a) Name and address of each independent contractor paid more the		ved more than \$100,	· · · · · · · · · · · · · · · · · · ·		rom the	
d		nber of other independent contractors each receiving over \$100,000		<b></b>				
52	Did the c	rganization complete Schedule A? <b>Note</b> ; All section 501(c)(3) organiz	ations and 4947(a)(1) nonexe	mpt	_			_
	charitabl	e trusts must attach a completed Schedule A	mnanying schadulas and alater	te and to the boot of	knowledge and	X Ye	true.	No
		Inder penalties of perjury, I declare that I have examined this return, including according and complete Declaration of preparer (other than officer) is based on all info	ormation of which preparer has any	knowledge	knowledge and be	nei, it is	uue,	
Sig	ın 📗	X M M V C			X 5./	<u>6. /</u>	1	
He	re	ANGELA IMPERIAL, PRESIDENT Type or print name and title			Date			-
		Print/Type preparer's name Pregarer's signature	Date	Check	ıf PTIN			
Pai	id		1	self- employ	<b>-</b>			
	eparer	PAULA M. FRAGO	MOROCOD 5/12	111				
	e Only	Firm's name > IACOPI, LENZ & COMPANY	1/2 -1111 4/1/	Firm's EIN	<u> </u>			
	y	Firm's address > 3031 WEST MARCH LANE,	SUITE 300-E		(209)	957	_ 2 6	01
		STOCKTON, CA 95219	POTIT DAM-F	Phone no.	(209)	<i>331</i>	-30	プエ
Maria	the IDC 4	scuss this return with the preparer shown above? See instructions		<u> </u>		X Ye		٦
0321	74	souss and return with the preparer shown above , see instructions	<del></del>					No (2010)
03-0	4-11				ı	OHI 9	JU-EL	(2010)

### 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.

2010

Open to Public Inspection

Name of the organization

HAZELTON A.C.T. TEAM BOOSTER CLIIB 68-0400236

D	Decem	for Dublic Char	A.C.I. IEE	THE DOC	DIDK	СПОВ				0-0400230	
Part I	Reason	ior Public Char	rity Status (All organiz	zations mu	ist comple	te this par	t.) See ins	tructions			
he orga	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i	).			
2	A school des	cribed in section 17	<b>70(b)(1)(A)(ii)</b> . (Attach Sc	hedule E.)							
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).				
4	1		operated in conjunction					)(b)(1)(A)(ıi	i). Enter	the hospital's nai	ne.
	city, and stat		•		•			· · · · · · · ·	•	•	•
5	, ,		benefit of a college or u	niversity o	wned or o	nerated by	a novem	mental uni	t describ	ed in	
J		(b)(1)(A)(iv). (Comple	=	inversity o	••••••••••••••••••••••••••••••••••••••	porated by	a govenn	memaran	t desemb		
	1		*								
6  -	3	-	ent or governmental uni								
7 🗀	_	•	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public described	ın
_	section 170(	(b)(1)(A)(vi). (Comple	ete Part II )								
8 📙	•	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)						
9 LX	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	nd gross receipts	from
	activities rela	ited to its exempt fui	nctions - subject to certa	aın exceptı	ons, and (	2) no more	than 33	1/3% of its	support	from gross inves	tment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nızatıon	after June 30, 19	75.
	See section	509(a)(2). (Complete	e Part III.)								
10 🗔	An organizati	ion organized and of	perated exclusively to te	st for publ	ic safety. S	See <b>sectic</b>	n 509(a)(4	4).			
11 🗀	An organizati	ion organized and or	perated exclusively for the	ne benefit (	of, to perfo	orm the fu	nctions of	, or to carr	y out the	purposes of one	or
	_	-	ations described in secti								
		•	organization and compl		•	• • • • • • • • • • • • • • • • • • • •	,	•			
	а 🔲 Туре		¬ ·		e III - Fund		tegrated		а□	Type III - Other	
	1		at the organization is not	• • •		•	-	r more disc		••	an
•		· ·	han one or more publicly		-	•	•		-	•	
		_	, ,		-				(a)(1) O	3ection 309(a)(2)	
f	_		ten determination from t	ine ino ina	atitisa ty	pe i, Type	n, or type	e III			
	· · · · -	rganization, check th								•	
g			organization accepted ar			•				<del></del>	<del></del>
	(i) A perso	n who directly or ind	lirectly controls, either al	lone or tog	ether with	persons o	lescribed	ın (II) and (I	ııi) below	, Yes	No
	the gove	erning body of the si	upported organization?							. 11g(i)	<del> </del>
	(ii) A famıly	member of a persor	n described in (i) above?	•						11g(ii)	<u> </u>
	(iii) A 35% (	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)	<u></u>
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)						
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did you	notify the	(vi) Is		(vii) Amount	nf
• •	ganization	(.,,	organization (described on lines 1-9		sted in your			organization (i) organization		support	
			above or IRC section	governing	document?	(i) of you	support?	U.S.			
			(see instructions))	Yes	No	Yes	No	Yes	No		
		,									-
								<del>                                     </del>			
							<del></del>			<del> </del>	
	<del></del>						l	<del> </del>	<del>  </del>		
			-		<del> </del>	<del> </del>		-			
							-		<b>  </b>		

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

Schedule A (Form 990 or 990-EZ) 2010

	(Complete only if you checked fails to qualify under the tests			•	on failed to qualify	under Part III If the	organization
Sec	ction A. Public Support		· · ·				
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(0) 2007	(0) 2000	(u) 2009	(e) 2010	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-					<del> </del>	
_	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	<del></del>				<u> </u>	
Ŭ	furnished by a governmental unit to						
	the organization without charge		1				
4	Total. Add lines 1 through 3						
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						1
	supported organization) included						1
	on line 1 that exceeds 2% of the						1
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						ļ
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						<u> </u>
9	Net income from unrelated business						!
	activities, whether or not the				1		
	business is regularly carried on					-	
10	Other income. Do not include gain				-	1	
	or loss from the sale of capital						
	assets (Explain in Part IV.)				<del> </del>	<del> </del>	
	Total support. Add lines 7 through 10			1			
	Gross receipts from related activities,	•	•	ral faccable as fifth t		12	
13	First five years. If the Form 990 is for organization, check this box and stop	_	s iirst, second, uii	ra, iourni, or illar i	lax year as a section	011 50 1(0)(3)	▶□
Sec	etion C. Computation of Publi		rcentage	•	•		
	Public support percentage for 2010 (I	<del></del>		column (f))		14	%
	Public support percentage from 2009		•			15	%
	33 1/3% support test - 2010.If the or	•	•	n line 13, and line			<del></del>
	stop here. The organization qualifies	•		·			▶□
b	33 1/3% support test - 2009.If the or		•		I line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization quali	-					ightharpoons
17a	10% -facts-and-circumstances test	, .	• • •		e 13, 16a, or 16b, a	and line 14 is 10% (	or more,
	and if the organization meets the "fac	_					· ·
	meets the "facts-and-circumstances"			•	•		▶□
b	10% -facts-and-circumstances test	- 2009.If the org	anızatıon did not d	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
	more, and if the organization meets th	e "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	!
	organization meets the "facts-and-circ	umstances" test	The organization	qualifies as a publ	licly supported orga	anization	. ▶□

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

(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 \

0-	quality under the tests listed by	elow, please comp	iele Parl II )				
	ction A. Public Support		T	1		ı	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				1,000.		1,000.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the		į				
	organization's tax-exempt purpose	12,377.	14,697.	13,377.	17,133.	24,406.	81,990.
3	Gross receipts from activities that	•					
Ī	are not an unrelated trade or bus-			1			
	iness under section 513						
4	Tax revenues levied for the organ						
7	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			1.2			
6	Total. Add lines 1 through 5	12,377.	14,697.	13,377.	18,133.	24,406.	<u>82,990.</u>
7 a	Amounts included on lines 1, 2, and			ì			
	3 received from disqualified persons						0.
t	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						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						82,990.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	12,377.	14,697.	13,377.	18,133.	24,406.	82,990.
-	Gross income from interest,		22,05,1		20,200.	22/2000	02,550.
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	ļ.						
K	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				· · · · · · · · · · · · · · · · · · ·		
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)				10.		10.
13	Total support (Add lines 9, 10c, 11, and 12)	<u> 12,377.</u>	14,697.	13,377.	18,143.	24,406.	83,000.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3) organiza	ition,
	check this box and stop here					<u>.                                    </u>	
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2010 (li	ne 8, column (f) div	vided by line 13, co	olumn (f))		15	99.99 %
16	Public support percentage from 2009	Schedule A, Part I	II, line 15			16	99.99 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13, column (fl)		17	.00 %
	Investment income percentage from 2	•	••	-,	• ••• •	18	%
	33 1/3% support tests - 2010. If the			n line 14 and line	 15 is more than 3		
.30	more than 33 1/3%, check this box ar	-		•		•	r is not ▶X
<b>A.</b>		•	- ·	•	•	-	
	33 1/3% support tests - 2009. If the	-		· ·		•	
20	line 18 is not more than 33 1/3%, che		•	· ·		-	
/()	Frivate toungation. If the Organization	токо погспеска г	юх он ше 14. 192	. OC LEID CORCK INC	s oox and see ins	TOCHOUS	

#### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2010

Open To Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization **Employer identification number** HAZELTON A.C.T. TEAM BOOSTER CLUB 68-0400236 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part i required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □ No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser have custody or control of (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) contributions' Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events FUNDRAISER FUNDRAISER (add col. (a) through SALES EVENTS col. (c)) (event type) (total number) (event type) 17,005. 5,447. 1,954. 24,406. 1 Gross receipts 2 Less: Charitable contributions 17,005. 5.447. 1,954. 24,406. 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 13,901. 291. 0 14,192. Other direct expenses 14,192 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities. Yes a is the organization licensed to operate gaming activities in each of these states? No **b** If "No," explain: Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: \_

Schedule G (Form 990 or 990-EZ) 2010 HAZELTON A.C.T. TEAM BOOSTER CLUB

68-0400236 Page 2

		<u>0400230</u>	b Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	. ☐ Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > and the amount of gaming revenue retained by the third party >		
С	: If "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information:		
	Name		<del></del>
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
			<del></del>
			<u>_</u>
			·

## **SCHEDULE O**

(Form 990 or 990-EZ)

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
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HAZELTON A.C.T. TEAM BOOSTER CLUB

Employer identification number 68-0400236

HAZELTON A.C.T. TEAM BOOSTER CLUB	68-0400236
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: STUDENT ACTIVITY EXPS & SUPPLIES	S
GRANTEE NAME: HAZELTON A.C.T. TEAM	
GRANTEE ADDRESS: 535 W. JEFFERSON STREET STOCKTON, CA 952	06
PROPERTY DESCRIPTION: CASH EXPENDITURES FOR SCHOOL PROGRAM	<u>M</u>
DATE OF GIFT: 99/99/99	
AMOUNT GIVEN:	10,465.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
RETURNED CHECKS	269.
BANK CHARGES	48.
TOTAL TO FORM 990-EZ, LINE 16	317.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUL	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTI	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	