

# 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** 

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black

lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

Open to Public Inspection

B Check   In Address hame change   Name ch	A F	or th	e 2011 cale	endar year, or tax year beginning , 2011, and e	nding		, 20
Application principal control of the properties of the propertie	B Ch	eck if	le	C Name of organization BELLEVUE SHOCKERS SOFTBALL	D Employ	er Ide	ntification number
Name change	1 1			Doing Business As	20-10	7844	1
Terminate   PO BOX 22   City or town, state or country, and ZIP + 4   Gross   Po Fame and address of principal officer   Fear and address of principal officer   See at Latchment #1   Tex-exempt status:   Soft(c)(c)   Soft(c)(c)   Soft(c)(c)   Questrion   Policy	Н		=		uite E Telephi	one nu	mber
Terms and Amended return   Application promoting   Set   Leviue   NE   68 00 05	H		_				
Application pending	Н						
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Website: ▶ LEAGUELINEUP. COM   BELLEVUESHOCKERS   H(c) Group example number   NE							
Report   Summary   Summa					,		-
Part   Summary							
Sirily describe the organization's mession or most significant activities:   SIRLS SELECT SOFTBALL ORGANIZATION FOR AGES 8-18. TEAMS GIVE THE   SIRLS A CHANCE TO GROW AND PARTICIPATE WHILE LEARNING TO DEVELOP   THEIR SKILLS     E					ou.	IVI Stat	te of legal domicile: IN C
SIRLS SELECT SOFTBALL ORGANIZATION FOR AGES 8-18. TEAMS GIVE THE SIRLS A CHANCE TO GROW AND PARTICIPATE WHILE LEARNING TO DEVELOP  THEIR SKILLS  2 Check this box ▶	Pa	T		······································			
THEIR SKILLS    Contributions and grants (Part VIII, line 1h)							
THEIR SKILLS   2   Check this box     If the organization discontinued its operations or disposed of more than 25% of its net asserts.	Α						
## A Number of independent voting members of the governing body (Part VI, line 1b).  ## A Number of individuals employed in calendar year 2011 (Part VI, line 1b).  ## A Total unriber of volunteers (estimate if necessary).  ## A Total unriber of volunteers (estimate if necessary).  ## A Total unriber of volunteers (estimate if necessary).  ## A Total unriber of volunteers (estimate if necessary).  ## A Total unriber of volunteers (estimate if necessary).  ## A Total unriber of volunteers (estimate if necessary).  ## B Contributions and grants (Part VIII, line 1b).  ## B Contributions and grants (Part VIII, line 1b).  ## Program service revenue (Part VIII, line 1b).  ## B Contributions and grants (Part VIII, line 1b).  ## Program service revenue (Part VIII, column (A), lines 3, 4, and 7d).  ## B Contributions and grants (Part IVI, column (A), lines 3, 4, and 7d).  ## B Contributions and grants (Part IVI, column (A), lines 4, and 7d).  ## B Contributions and grants (Part IVI, column (A), lines 4, and 7d).  ## B Contributions and grants (Part IVI, column (A), lines 4, and 7d).  ## B Contributions and grants (Part IVI, column (A), lines 3, 4, and 7d).  ## B Contributions and grants (Part IVI, column (A), lines 4, and 7d).  ## B Contributions and grants (Part IVI, column (A), lines 4, and 7d).  ## B Contributions and grants (Part IVI, column (A), lines 4, and 7d).  ## B Contributions and grants (Part IVI, column (A), lines 4, and 7d).  ## B Contributions and grants (Part IVI, column (A), lines 4, and 7d).  ## B Contributions and grants (Part IVI, column (A), lines 4, and 7d).  ## B B B B B B B B B B B B B B B B B B	င္ င္အ	_			RNING TO	) DE	EVELOP
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## A Number of independent voting members of the governing body (Part VI, line 1b).  ## A Number of individuals employed in calendar year 2011 (Part VI, line 1a).  ## Total unmber of volunteers (estimate if necessary).  ## Total unmber (estimate if necessary).  ## Total unmber of volunteers (estimate if necessary).  ## Total unmber of volunteers.  ## Total unmber of volu	YÉ	2	Check the	s box $ ightharpoonup$ if the organization discontinued its operations or disposed of more tha	an 25% of its ne	t asset	S.
Total number of volunteers (estimate in necessary)  Program service business revenue from Part VIII, column (C), line 12.  Program service revenue (Part VIII, line 1h)  Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to or for members (Part IX, column (A), lines 1–3)  15 Total fundraising essenses (Part IX, column (A), lines 1–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  1 Total fundraising expenses (Part IX, column (A), line 11e)  1 Total expenses. Add lines 13–17 (must equal Part IX, column (A), lines 25)  1 Revenue less expenses. Subtract line 18 from line 12.  1 Total line lists expenses. Subtract line 18 from line 12.  1 Total line lists expenses. Subtract line 18 from line 12.  1 Total line lists expenses. On the dialances. Subtract line 20 line	ŤÑ	3	Number o	of voting members of the governing body (Part VI, line 1a)		3	
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Total unrelated business revenue from Part VIII, column (C), line 12.  B Net unrelated business taxable income from Form 990-T, line 34.  R Contributions and grants (Part VIII, line 1h).  B Contributions and grants (Part VIII, line 1h).  Prior Year  Current Year  Current Year  A 2, 199  Program service revenue (Part VIII, line 29).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part X, column (A), lines 5-10).  16 Part Vision (Part X, column (A), lines 1-10).  17 Other expenses (Part IX, column (A), line 4).  18 Total sundarising expenses (Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Los assets or fund balances. Subtract line 21 from line 20.  24 Los assets or fund balances. Subtract line 21 from line 20.  25 Los assets or fund balances. Subtract line 21 from line 20.  26 Los assets or fund balances. Subtract line 21 from line 20.  27 Lor and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Prior Type or print name and title  Primit Type preparer's name  Greet Chen Dietzel  Primit Type preparer's name  Greet Chen Dietzel  Primit Type preparer's name  Greet Chen Dietzel  Firm's name ▶ HRB TAX GROUP INC  Firm's address ▶ 130 9 HARIAN DR  Phone no.  (402) 292-8882	_	6	Total nun	nber of volunteers (estimate if necessary)	[	6	15
Prior Year   Current Year	u.	7a	Total unre	elated business revenue from Part VIII, column (C), line 12	[	7a	
Prior Year   Current Year		į t	Net unrel	ated business taxable income from Form 990-T, line 34		7b	0
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16a Professional fundraising fees (Part IX, column (B), line 11e).  17 Other expenses (Part IX, column (A), line 25) ▶  17 Other expenses (Part IX, column (A), lines 11-11d, 11f-24e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  18 Pavenue less expenses. Subtract line 18 from line 12.  19 Total liabilities (Part X, line 26).  10 Total liabilities (Part X, line 26).  10 Total liabilities (Part X, line 26).  11 Signature Block  11 Signature Block  12 Total expenses. Subtract line 27 from line 20.  13 Signature Block  14 Signature Block  15 O , 064  17 Other penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  16 Part II Signature of officer  17 Part II Signature of officer  18 Part II Signature of officer  19 Part II Signature of officer  19 Part II Signature of officer  10 Part II Signature of officer  11 Part II Signature of officer  12 Part II Signature of officer  13 Part II Signature of officer  14 Part II Signature of officer  15 Part II Signature of officer  16 Part II Signature of officer  17 Part II Signature of officer  18 Part II Signature of officer  19 Part							Current Year
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12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16a Professional fundraising fees (Part IX, column (B), line 11e).  17 Other expenses (Part IX, column (A), line 25) ▶  17 Other expenses (Part IX, column (A), lines 11-11d, 11f-24e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  18 Pavenue less expenses. Subtract line 18 from line 12.  19 Total liabilities (Part X, line 26).  10 Total liabilities (Part X, line 26).  10 Total liabilities (Part X, line 26).  11 Signature Block  11 Signature Block  12 Total expenses. Subtract line 27 from line 20.  13 Signature Block  14 Signature Block  15 O , 064  17 Other penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  16 Part II Signature of officer  17 Part II Signature of officer  18 Part II Signature of officer  19 Part II Signature of officer  19 Part II Signature of officer  10 Part II Signature of officer  11 Part II Signature of officer  12 Part II Signature of officer  13 Part II Signature of officer  14 Part II Signature of officer  15 Part II Signature of officer  16 Part II Signature of officer  17 Part II Signature of officer  18 Part II Signature of officer  19 Part	Σ	9					42,199
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13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   16a   Professional fundraising expenses (Part IX, column (A), line 11e)   b   Total fundraising expenses (Part IX, column (A), line 25)   b   Total fundraising expenses (Part IX, column (A), line 25)   64,356   17   Other expenses (Part IX, column (A), line 11e)   64,356   18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   64,356   19   Revenue less expenses. Subtract line 18 from line 12   17   19   19   19   19   19   19   19	_	12					
14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   16a   Professional fundraising fees (Part IX, column (A), line 11e)   b   Total fundraising expenses (Part IX, column (D), line 25)     64,356   18   Total expenses (Part IX, column (A), lines 11a-11d, 11l-24e)   64,356   18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines, 25)   64,356   19   Revenue less expenses. Subtract line 18 from line 32   10   10   10   10   10   10   10   1		<del> </del>					
15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   16a   Professional fundraising fees (Part IX, column (A), line 11e)   17   Other expenses (Part IX, column (A), line 11e)   18   Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   64,356   18   Professional fundraising expenses (Part IX, column (A), line 25)   64,356   19   Revenue less expenses. Subtract line 18 from line 12   10   10   10   10   10   10   10	_	14					
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19   Revenue less expenses. Subtract line 18 from line 12   10,828	ร						<del></del>
Beginning of Current Year   End of Year		1	Povonuo	loca expanses. Subtract line 19 from line 19			
Treasurer    Part	N	+	nevenue				
Part			Total acc			-	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    Marcella Horton   Treasurer	Ş F î	<b>₹1</b> - 1		els (Fait A, line 10)	50,00	-	39,230
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    Marcella Horton   Treasurer	FN			107,	F0 06	<del>-</del> +	20 226
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Sign   Signature of officer   Date    Here   Marcella Horton   Treasurer    Type or print name and title    Print/Type preparer's name   Preparer's signature    Gretchen Dietzel   Firm's name   HRB TAX GROUP INC    Firm's address   1309 HARLAN DR    BELLEVUE NE 68005   51112    Signature of officer   Date    Treasurer    Date   Check   If   PTIN    Self-employed    Firm's EIN    Phone no. (402) 292-8882							adap and holist it is true
Sign   Signature of officer   Date    Marcella Horton   Treasurer    Type or print name and title    Print/Type preparer's name   Preparer's stonature   Check   ff   PTIN    Gretchen Dietzel   Firm's name   HRB TAX GROUP INC   Firm's EIN ▶    Firm's address ▶ 1309 HARLAN DR   Phone no.    BELLEVUE NE 68005   (402) 292-8882						y Kilowi	adga and baller, it is true,
Sign   Signature of officer   Date    Marcella Horton   Treasurer    Type or print name and title    Print/Type preparer's name   Preparer's stonature   Check   ff   PTIN    Gretchen Dietzel   Firm's name   HRB TAX GROUP INC   Firm's EIN ▶  Firm's address ▶ 1309 HARLAN DR   Phone no.    BELLEVUE NE 68005   (402) 292-8882				171011 1/1		<u> </u>	Shin
Marcella Horton Type or print name and title  Paid Preparer  Preparer's signature Gretchen Dietzel Firm's name ▶ HRB TAX GROUP INC Firm's elin ▶  Firm's address ▶ 1309 HARLAN DR  BELLEVUE NE 68005  Treasurer  Check If PTIN self-employed Firm's EIN ▶  Phone no. (402) 292-8882	Sign		Sig		~		
Type or print name and title  Print/Type preparer's name	_		-		•		Date
Print/Type preparer's name	1161	7					
Preparer Use Only  Firm's name ▶ HRB TAX GROUP INC  Firm's ell ▶  Firm's ell ▶  Phone no.  (402) 292-8882			<del>-                                    </del>		<del></del>	1	TOTIN
Preparer Use Only  Firm's name ▶ HRB TAX GROUP INC  Firm's ell ▶  Firm's ell ▶  Phone no.  (402) 292-8882	Dair			viype preparer's name   Preparer's stonature   Date	Check		l .
Use Only         Firm's address ▶ 1309 HARLAN DR         Phone no.           BELLEVUE NE 68005         (402) 292-8882						<del></del>	<u> </u>
BELLEVUE NE 68005 (402)292-8882							
	use	Un					
May the IRS discuss this return with the preparer shown above? (see instructions)					[(402)2	92-8	
	May	the II	RS discuss	this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	<u></u>	Yes X No

Copyright Forms (Software Only) - 2011 TW

TWF 990

_	1990 (2011) BELLEVUE SHOCKERS SUFIBALL 20-10/8441		Page Z
Par	Statement of Program Service Accomplishments		
	* Check if Schedule O contains a response to any question in this Part III	<u> </u>	<u>·- Ц</u> _
1	,		
	GIRLS SELECT SOFTBALL ORGANIZATION FOR AGES 8-18. TEAMS G		
	GIRLS A CHANCE TO GROW AND PARTICIPATE WHILE LEARNING TO DE	EVELOP I	HEIR
	SKILLS		
2	Did the organization undertake any significant program services during the year which were not listed on	_	_
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.	_	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured and the organization of th	red by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amour		
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$		<u> </u>
	the state of the s		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		)
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4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
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	1		
	Other present and the Control of the		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
	Total program service expenses ▶		D (=: : :
JVA	11 9902 TWF 990 Copyright Forms (Software Only) - 2011 TW	Form <b>99</b> 0	U (2011)

Part IV   Checklist of Required Schedules   Ves   No	With the same	990 (2011) BELLEVUE SHOCKERS SOFTBALL 20-1078441		Pa	age 3
1 Is the organization described in section 501(c)(3) or 4847(a)(1) other than a private foundation(7) If "Yes," complete Schedule 8, Schedule 6, Schedule 6 Contributors (see instructions(7), 2 X X 1 bit the organization engage in direct or indirect political campagn activities on behalf of or in opposition to candidates for public offices(7) If "Yes," complete Schedule 6, Part 1 X 1 x X 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1	Par	W Checklist of Required Schedules			
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  3 Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? "I'ves," complete Schedule C, Part II.  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii).  5 Is the organization a section 501(c)(4), 501(c)(5), 650(c)(6), 670(c)(6), 670(c)(				Yes	No
2 is the organization engage in direct or indirect political campagn activities on behalf of or no poposition to candidates for public office? If "Yes," complete Schedule C, Part II.  4 Section 501(c)(3) organizations. Did the organization engage in liobitying activities, or have a section 501(n)  5 is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 8-art 91 "Proc." complete Schedule C, Part II .  5 is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 8-art 91 "Proc." complete Schedule C, Part II .  6 Dut the organization maintain any donor advised funds or any similar funds or accounts for Which donors have the night to provide advise on the destribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  7 Dut the organization members of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.  8 Dut the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit courseling, dold management, credit repart, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  9 Dut the organization report an amount for investments — other securities in Part X, line 10? If "Yes," complete Schedule D, Part V.  10 Did the organization report an amount for investments — other securities in Part X, line 10? If "Yes," complete Schedule D, Part V.  11 If the organization report an amount for investments — other securities in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part V.  12 Did the organization report an amount for other labelties in Part X, line 15 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part X V.	1		١.	v	
3 Did the organization engage in direct for indexed political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II.  4 Section 501(c/3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  5 Is the organization assection 501(c/4), 501(c/6), 501(c/6), 501(c/6), 501(c/6).  6 Did the organization assection 501(c/4), 501(c/6), 50	_			_A_	v
Section SOI(Kg)) organizations. Did the organization engage in lobbying activities, or have a section SOI(h) election in effect during the tax year? If "Yea," complete Schedule C, Part II.  5 Is the organization a section SOI(c)(4), SOI(c)(6), or SOI(c)(6) organization that receives membership dues, assessments, or smilar armounts as defined in Revenue Procedure Schedule C, Part III.  5 Is the organization a section SOI(c)(4), SOI(c)(6), or SOI(c)(6) organization that receives membership dues, assessments, or smilar armounts as defined in Revenue Procedure Schedule C, Part III.  5 Is the organization maintain any donor advised funds or any smilar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts or which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yee," complete Schedule D, Part III.  5 Did the organization decrease or historic structures? If "Yee," complete Schedule D, Part III.  6 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit ocurseling, debt management, credit repair, or debt negotiation services? If "Yee," complete Schedule D, Part IV.  7 If It the organization report an amount for investments? If "Yee," complete Schedule D, Part V, III, X, or X as applicable.  8 Did the organization report an amount for investments — program related in Part X, line 10? If "Yee," complete Schedule D, Part VIII.  9 Did the organization report an amount for investments — program related in Part X, line 10? If "Yee," complete Schedule D, Part VIII.  10 Did the organization report an amount for investments — program related in Part X, line 10? If "Yee," complete Schedule D, Part XIII.  11 Did the organization report an amount for order liabilities in Part X, line 20? If "Yee," complete Schedule D, Part X.  11 Did the organization report an amount for order liabilities in Part X, li			2	-	Λ
4 Section 501(x)3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III.  5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or smilar amounts as defined in Revenue Procedure 99-197 If "Yes," complete Schedule C, Part III.  6 Did the organization and and one of the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  7 Did the organization receive or hold a conservation eassement, including eassements to preserve open space, the environment, hatoric land areas, or histone structure? If "Yes," complete Schedule D, Part III.  8 Did the organization receive or hold a conservation eassement, including eassements to preserve open space, the environment, hatoric land areas, or histone structure? If "Yes," complete Schedule D, Part III.  7 X  8 Did the organization memtant collections of works of art, histonical treasures, or other smilar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, ine 21; serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit raper, or debt regolation services? If "Yes," complete Schedule D, Part VI.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI.  11 If the organization report an amount for indepting the section of the part X, line 102 If "Yes," complete Schedule D, Part X, line 102 If "Yes," complete Schedule D, Part X, line 102 If "Yes," complete Schedule D, Part X, line 112 If Yes, assets reported in Part X, line 112 If Yes, assets reported in Part X, line 112 If Yes, assets reported in Part X, line 112 If Yes, assets reported in Part X, line 112 If Yes, assets reported in Part X, line 112 If Ye	3		١ ,		v
election in effect during the tax year? If "Yes," complete Schedule C, Part II			<u> </u>		^
5 Is the organization a section 501(c)(6), 601(c)(6) organization that receives membership dues, assessments, or smalar amounts as defined in Revenue Procedure 98-97 II "Yes," complete Schedule C, Part III.  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III.  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  8 Did the organization maintain and areas, or historic structures? If "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, tine 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or dobt repoplation servers? If "Yes," complete Schedule D, Part V.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  10 Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  11 Did the organization report an amount for investments — other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X X.  12 Did the organization report an amount for the resistant Fart X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complet	4		۱.		v
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Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  If the organization senser to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  b Did the organization report an amount for investments — other securities in Part X, line 12? It "Yes," complete Schedule D, Part VI.  c Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII.  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII.  d Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X.  110 Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  111 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X.  112 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in occosiolated, independent audited financial statements for the tax year? If "Yes," and if the organization			9		х
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Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  19 If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  N/A	4=	·	16		
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lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  N/A	46		17		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	18		40	-	
If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  N/A  20b	40		18	<del>  ^-</del>	<del> </del>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	13		40		v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20~		}	<del> </del>	
- 000		•		<del> </del>	<u> </u>
			<del></del>	990	(2011

Parl	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	1		l
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $N/A$	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,		1	
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	25b	$oxed{oxed}$	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of			ĺ
	any of these persons? If "Yes," complete Schedule L, Part III	27	L	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			l
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			•
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28b	<u> </u>	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	}	ļ	
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Ь—	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	]		l
	conservation contributions? If "Yes," complete Schedule M	30	↓	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ł	
	Part I	31	ـــــــ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	—	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Ь—	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	١		١
05-	III, IV, and V, line 1	34	Ь—	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<b></b> -	X
D	Did the organization receive any payment from or engage in any transaction with a controlled entity			٠,
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	₩	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	$\vdash$
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	—	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	<b> </b> •	
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Part				
	' Check if Schedule O contains a response to any question in this Part V			Щ.
40	Enter the number reported in Pay C of Form 100C Enter O of not conflictle	F	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		I
C		-	1	ŧ
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		1
Za				1
ь	Statements, filed for the calendar year ending with or within the year covered by this return $2a = 0$ If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	Ŧ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	25	<u> </u>	╁──
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	┢──	<u>^</u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30	<del> </del>	┼
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	40		<u> </u>
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			Ī
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del> </del>	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	<b>├</b> ~		+-
-	solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<del>-</del>	<del> </del>	<del> </del>
_	gifts were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).			╁
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a	1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			$\vdash$
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			1
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			Ī
	business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			I
а	Did the organization make any taxable distributions under section 4966?	9a		[ X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			Ī
а	Initiation fees and capital contributions included on Part VIII, line 12			I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_	1	1
11	Section 501(c)(12) organizations. Enter:			1
a	Gross income from members or shareholders 11a			Ī
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them.)	_	1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u></u>	<b>.</b>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans 13b	1		I
C	Enter the amount of reserves on hand	<u> </u>	<u></u>	<b></b>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b		<u> </u>
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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "		ponse	to
	line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI	<u></u>		Ш
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a			
	If there are material differences in voting rights among members of the governing body,	1 1		
	or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 1		
-			;	v
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		l
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			
	or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following:			
•	·		:	v
a	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1 1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	•	х
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	1		
-	rise to conflicts?	12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C		40-		
40	describe in Schedule O how this is done	12c		77
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	· · · · · · · · · · · · · · · · · · ·	405		Ī
Cooti	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ See attachment #2			
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Page 7

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII .....

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

M Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A)	(B)			P00	C)			(D)	(E)	(F)
Name and Title	Average		(do not	check	more th	an one both an trustee)		Reportable	Reportable	Estimated
	hours per week		officer a		rector/	trustee)		compensation	compensation	amount of
	(describe	NRI	- <b>X</b> STT	O F F	K E E M Y P	H C E I O M	F O	from	from related	other
	hours for	DUR	S U	F	Ϋ́Р	GMP	O R M E	the	organizations	compensation from the
	related	VTC	ŢŢ	I C E R	Ŏ	EEO	Ē	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organiza-	ND - V - D U	T E	គ	O Y E E	TSE		(W-2/1099-WISC)		and related
	tions in Schedule	U O R	OZ4L		-	- GIEWH				organizations
	0)		Ą			ם				
MARCELLA HORTON										
TREASURER	5.00			Х				o	<b>o</b>	o
VINCENT STEPHENS	ļ									
CHAIRMAN OF THE BOARD	5.00			Х				o	o .	o
TRACY GREEN								ļ		
SECRETARY	1.00			Х				o	o	o
TONY RODRIQUEZ										
PRESIDENT	1.00			Х				o	o	o
KARA ASHLEY										
VICE PRESIDENT	1.00			Х	1			o	o	o
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For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			Director					200 200	عدالا	not Commonceted E	mployoon/contin	IOd)			igo (
Name and title    Average	L. CILL	<del></del>		s, irusti	- <del></del>		<del></del>	es, and	nigne					(F)	
Double per   Set, United systems to sent an   Compensation   Co		• •			(do not	Pos	nion	nan one							ı
Sub-total			1	1	box, ur	iless pe	rson is	both an		1					
Total number of induduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization is 1 as y former officer, director, or trustee, key employee, or highest compensation from the organization and related organization and related organization and related organization and related organization and related organization is 1 as y former officer, director, or trustee, key employee, or highest compensation from the organization is 1 as y former officer, director, or trustee, key employee, or highest compensation from the organization is 1 as y former officer, director, or trustee, key employee, or highest compensation from the organization is 1 as y former officer, director, or trustee, key employee, or highest compensation from the organization is 1 as y former officer, director, or trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000 of "Post Complete Schedule Jor such individual			1		l T	0		HCE	F	i	from related				
organizations    Sub-total				DÜR	S Ü		Ϋ́	IGMP	R	l .	_		•		on
1b   Sub-total   Schedule   C   R   R   R   R   R   R   R   R   R			1	YŢÇ	l T	Ç	Ş	EEO	Ε	_	(W-2/1099-MISC	<sup>C)</sup>			. n
Schedule 1			1 -	DEO	ΥĒ	Ř	E	TSE	"	(W-2/1099-MISC)			_		
1tb Sub-total			Schedule	A A	Ņ		-	ΙĖ							
Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  Do 0  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			0)	<u></u>	Ĉ_	<u> </u>		D							
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d Total (add lines 1b and 1c).				 	· · · · ·					P	μ	P			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization     Yes   No				-								_			
from the organization     Yes   No										o received more that	n \$100 000 of rend	<u> </u>	le com	nonsa	tion.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	-		(moldaling	Dut not	minde	io inc	730 1131	eu abov	o, <b>w</b> iii	o received more man	п ф 100,000 от терс	JI LUD		iponse	WOII
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on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any	former of	ficer. dir	ector.	or trus	stee. k	ev emplo	ovee. d	or highest compensa	ated emplovee				
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	-												3	1	х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4														
services rendered to the organization? If "Yes," complete Schedule J for such person		organization and related or	ganizations	greater	than \$	150,0	00? If	"Yes," c	omple	te Schedule J for su	ch individual		4		Х
Section B. Independent Contractors  1	5		_	_					-						
Section B. Independent Contractors  1		services rendered to the org	ganızation?	If "Yes,	" com	olete S	Sched	ule J for	such p	person			5		X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Name and business address Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	Sectio	n B. Independent Contracto	ors						•						
(A) Name and business address Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	1	Complete this table for your	r five highe	st comp	ensate	d inde	epend	ent conti	actors	that received more	than \$100,000 of				
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		compensation from the org	anızation. F	Report c	omper	satior	for th	e calend	lar yea	ar ending with or with	hin the organizatio	n's t	ax yea	r.	
2 Total number of independent contractors (including but not limited to those listed above) who received more than											į			-	
,		Name an	d business	address	3					Description of se	ervices		compe	nsatio	n_
,		· · · · · · · · · · · · · · · · · · ·													
,			-					<del></del>			<del></del>				
,									-			_			
,									ļ		<del></del>				
,		Total number of independe	nt contract	ore (incl	idina	hut no	t limite	od to the	en liet	ad above) who reco	ved more than		<del></del>		
	•				_	Dut 110	r mratt	5G 10 1110	96 11911	ou above, who level	TEG IIIOIO IIIAII				

JVA

Pan	. W.FH	Statement of Revenue	••••••		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
C G O	1a	Federated campaigns	1a					
OFH		Membership dues	1b			ŧ	İ	1
OFER	င	Fundraising events	1c			İ	İ	1
R <sub>G</sub> S		Related organizations	1d			1	1	1
R G S I R M I	ł	Government grants (contributions)	1e			1	İ	1
UTSR	l	- · · · · · · · · · · · · · · · · · · ·			,	•	1	•
SA	'	All other contributions, gifts, grants, & similar amounts not included above.	1f			•	1	
O A A N N M S D T	a	Noncash contributions included in lines 1a-1f.					l	
SDT	_	Total. Add lines 1a-1f	•	·	:	Ī	1	1
P	<del>"</del>	Total Add lines to 11		Business Code		<u> </u>	<b></b>	<u> </u>
R	22	PLAYERS FEES		Dusiness Code	41,351	1	Ŧ	1
o s	b				848			
GE RRR		SPONSERS FEES			040	· · · · · · · · · · · · · · · · · · ·		
ΔVE							-	
MIV	"							
EN		All other program conting revenue						
U E		All other program service revenue		<u> </u>	40.100		<u> </u>	<u> </u>
	ٿ	Total. Add lines 2a-2f			42,199	<u> </u>	I	<u> </u>
	3	Investment income (including dividends, i			_	_		
		other similar amounts)			7	7		·
	4	Income from investment of tax-exempt be						
	5	Royalties	· · · ·			<u> </u>	<u> </u>	
		(i) Real		(ii) Personal		1	l	<b>!</b>
	6a	Gross Rents				_	l	
	ь					•	1	
	°			L		<b> </b>	1	•
	a	Net rental income or (loss)				<u> </u>	=	<u> </u>
	7a	Gross amount from sales of assets other than inventory	es	(ii) Other				‡ ‡ • •
	b	Less: cost or other basis						
0		and sales expenses				1	1	1
Ť		Gain or (loss)		L		<b>‡</b>	1	ŧ
Н		Net gain or (loss)	• • • •					
E	8a	Gross income from fundraising				Ī	1	Ī
R		events (not including \$				1	1	1
R		of contributions reported on line 1c).				1	1	1
E	١.	See Part IV, line 18		27,850				
٧		Less: direct expenses		16,652		1	•	1
E	I	Net income or (loss) from fundraising eve		· · · · · · · · · · · · · · · · · · ·	11,198			
N U	9a	Gross income from gaming activities. See				1	1	I
Ē	l .	Part IV, line 19				1	1	1
		Less: direct expenses				1	1	1
		Net income or (loss) from gaming activities	es	<u> </u>				
	10a	Gross sales of inventory, less						
		returns and allowances		9,059				•
		Less: cost of goods sold		8,935		Į.		<b>‡</b>
	C	Net income or (loss) from sales of invento	ory		124			
		Miscellaneous Revenue		Business Code		•	1	1
	11a							<u></u>
	b							
	C						ļ	L
	d							
	e							,
	12	Total revenue. See instructions			53,528	7		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question	n in this Part IX		<u></u>	
Do not	Include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D)
<u>7b,</u> 8b,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			1	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)				
9	Other employee benefits				*
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
ь	Legal			<u> </u>	
c	Accounting	175		175	
d	Lobbying		· · · · · · · · · · · · · · · · · · ·		
e	Professional fundraising services. See Part IV, line 17				
1	Investment management fees		<u> </u>		
g	Other			1	
12	Advertising and promotion	<del></del>			
13	Office expenses	89		89	
14	Information technology		1	i	<del></del>
15	Royalties		1	1	
16	Occupancy				·
17	Travel	3,827	3,727		
18	Payments of travel or entertainment expenses		<del> </del>		
	for any federal, state, or local public officials			İ	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	110	110		
22	Depreciation, depletion, and amortization	<del></del>	<del> </del>	1	
23	Insurance	1,571	1,571		
24	Other expenses. Itemize expenses not covered above.	· -			
	(List miscellaneous expenses in line 24e. If line 24e				
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O.)				
а	RENT	25,130	25,130	<b></b>	
b	TOURNAMENTS AND LEAGUE FEES	19,921	19,921		
c	SCHOLARSHIP	5,050	5,050	<del>  -                                   </del>	
d	EQUIPMENT AND SUPPLIES	4,885	4,885	†	
e	All other expenses	3,598	3,483	115	
25	Total functional expenses. Add lines 1 through 24e	64,356	63,877	379	• •
26	Joint costs. Complete this line only if the organization	31,550		<del>                                     </del>	
	reported in column (B) joint costs from a combined			[	
	educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)			-	
JVA	11 99010 TWF 990 Copyright Forms (Software Only) - 201	1 TW	<u> </u>	4	Form <b>990</b> (2011

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash -- non-interest-bearing ..... 43,264 1 32,714 2 2 Savings and temporary cash investments ..... Pledges and grants receivable, net ..... 3 3 Accounts receivable, net ..... 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L ..... Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations ASSETS 6 of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions), Notes and loans receivable, net ..... 7 Inventories for sale or use ..... 6,800 8 6,522 9 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. . . . . 10a **b** Less: accumulated depreciation . . . . . . . . . . . . . 10b 10c 11 Investments -- publicly traded securities ..... 11 12 Investments -- other securities. See Part IV, line 11 12 13 14 Intangible assets ..... 14 15 Other assets. See Part IV, line 11 ..... 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 39,236 50,064 17 18 Grants payable ..... 18 L Deferred revenue ...... 19 20 A B 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . 21 ILIT 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L..... 22 23 ES 24 Unsecured notes and loans payable to unrelated third parties ...... 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 . . . 0 -26 0 Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34. N E T Unrestricted net assets ..... 27 ND Temporarily restricted net assets ...... 28 29 Permanently restricted net assets ..... 29 ASSETS В Organizations that do not follow SFAS 117, check here > X ALANCE and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds ...... 30 31 Paid-in or capital surplus, or land, building, or equipment fund ...... 31 O 32 Retained earnings, endowment, accumulated income, or other funds...... 50,064 32 39,236 R 33 Total net assets or fund balances ... ..... 33 50,064 39,236 34 Total liabilities and net assets/fund balances............ 34 50,064 39,236

Form	n 990 (2011)			Pag	e <b>12</b>			
	Reconciliation of Net Assets							
<b></b>	· Check if Schedule O contains a response to any question in this Part XI				П			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,	528				
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5								
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,							
	column (B))			236				
Pa	Financial Statements and Reporting	<del></del>						
	Check if Schedule O contains a response to any question in this Part XII			. <u></u>				
1	Accounting method used to prepare the Form 990:			Yes	No			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Ì '	х			
b			2b		Х			
С								
	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	İ	l			
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is	sued on						
	a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							

...N/A

Form **990** (2011)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

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required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization BELLEVILE SHOCKEDS SOFTRALL

**Employer Identification number** bo-1070441

D.E	بديد	FACE SUO	CKERS SUFIE	PALL				<u> </u>	0-10/	044T			
P	art I	Reason	for Public Char	ity Status (All organ	izations m	ust comple	ete this pai	t.) See ins	structions.				
The	orga	anization is not a	a private foundation be	ecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1	Ш			association of churche		ed in <b>sect</b>	ion 170(b)	(1)(A)(I).					
2	Ш	A school described in section 170(b)(1)(A)(II). (Attach Schedule E.)											
3	Ш	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).											
4		A medical rese	arch organization ope	rated in conjunction wit	th a hospit	al describe	ed in <b>sect</b> i	lon 170(b)	(1)(A)(III).	Enter the	e hospit	al's na	me,
	_	city, and state:											
5	L	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vI). (Complete Part II.)											
8	П	A community tr	ust described in <b>secti</b>	on 170(b)(1)(A)(vi). (C	omplete Pa	art II.)							
9	X			s: (1) more than 33 1/3			m contribu	tions, mer	nbėrship f	ees, and	gross		
				xempt functionssubj									
				ne and unrelated busin		•		•	from busi	nesses			
		acquired by the	e organization after Ju	ne 30, 1975. See <b>secti</b> e	on 509(a)(	<b>2).</b> (Comp	lete Part III	l.)					
10		An organization	organized and opera	ited exclusively to test t	for public s	safety. See	section 5	509(a)(4).					
11		An organization	n organized and opera	ited exclusively for the	benefit of,	to perform	the functi	ons of, or	to carry or	ut the			
				oported organizations of							tlon		
		<b>509(a)(3).</b> Ched	ck the box that descri	oes the type of support	ing organi	zation and	complete	lines 11e	through 11	lh.			
	_	a Type i	<b>b</b> Type	ell c 🗌 1	Гуре III-Fu	nctionally	integrated		d [] 1	ype III-0	Other		
е	· 📙	By checking thi	is box, I certify that the	organization is not co	ntrolled dir	ectly or in	directly by	one or mo	ore disqua	lified			
				gers and other than on	e or more	publicly su	ipported o	rganizatio	ns describ	ed in se	ction		
		509(a)(1) or sec	ction 509(a)(2).										
f		If the organizati	ion received a written	determination from the	IRS that it	is a Type	I, Type II	or Type III	supportin	g			_
		organization, cl	heck this box										
g	1	Since August 1 following perso	<del>-</del>	nization accepted any o	gift or conti	ribution fro	m any of t	the	-				
		(i) A person w	ho directly or indirect	y controls, either alone	or togethe	er with per	sons desc	nbed ın (ıi	)			Yes	No
		and (iii) bel	ow, the governing bo	dy of the supported ore	ganızation?	?					11g(l)		X
		(II) A family me	ember of a person des	scribed in (i) above?							11g(li)		X
		(III) A 35% con	trolled entity of a pers	on described ın (i) or (i	ı) above? .						11g(lil)		X
h	i	Provide the foll	owing information abo	out the supported organ	nızation(s).								
<b></b>			## <b>=</b> 144						(vI)	ls the			
(1)		e of supported	(II) EIN	(III) Type of organization	l' '				organizatio			Amou	
	Oit	ganization		(described on lines 1-9 above or IRC section	1	•			, -	d in the	1	suppor	
				(see instructions))	3000		5.,55.		U.:	S.? 			
					Yes	No	Yes	No	Yes	No			
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									<u> </u>				
T-	1		C .	· ·		1	t :		+	i	1		

#### 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.)

Sec	tion A. Public Support		, ,	<del> '</del>				
Cal	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e)	2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	98,257	83,773	74,675	58,851	53,52	1	369,077
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513 , , ,							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	98,257	83,773	74,675	58,851	53,52	21	369,077
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			:				
C	Add lines 7a and 7b							<u> </u>
8	Public support (Subtract line 7c from line 6.)				•	<u> </u>		369,077
	tion B. Total Support	<del>,</del>	·····			r .		
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	<del></del>	2011	(f) Total
9	Amounts from line 6	98,257	83,773	74,675	58,851	53,52	21	369,077
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			6		7		13
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b			6		7		13
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.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	98,257	83,773	74,681	58,851	53,52	8	369,090
14	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>			cyear as a sectio	-		▶ [
	tion C. Computation of Public Sup					1		0000
15	Public support percentage for 2011 (line 8, c	, ,				15		L00.00 %
<u>16</u>	Public support percentage from 2010 Sched				· · · · · · · · · · · · · · · · · · ·	16		%
	tion D. Computation of Investmen			40. salues (6)		17		0.00 %
17 40	Investment income percentage for 2011 (line		•					0.00 %
18 19a	Investment income percentage from 2010 Sc 33 1/3 % support tests 2011. If the organ					18	3 % end	
1 <b>3</b> d								
b	b 33 1/3 % support tests 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and							
	line 18 is not more than 33 1/3 %, check this							
<b>20</b> JVA	Private foundation. If the organization did n			or 19b, check th				▶   or 990-EZ) 2011

#### SCHEDULE G

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

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.

Open to Public

inspection ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization **Employer identification number** BELLEVUE SHOCKERS SOFTBALL 20-1078441 Fundralsing Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а e | Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants c Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . . . . X No 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. (iii) Did fundraiser (i) Name and address of individual (vi) Amount paid to (II) Activity (iv) Gross receipts (v) Amount paid to have custody or entity (fundraiser) (or retained by) from activity (or retained by) fundor control of organization contributions? raiser listed in col. (i) Yes No 1 2 3 6 10 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.

Pa	rt II	Fundralsing Events. Complete if the	e organization answered	"Yes" to Form 990, Part	IV, line 18, or reported r	nore
		than \$15,000 of fundraising event co	ntributions and gross inc	come on Form 990-EZ, li	nes 1 and 6b. List event	s with
		gross receipts greater than \$5,000.	(a) Event #1 SPRING AND F	(b) Event #2 Chili Feed	(c) Other events	(d) Total events (add col. (a) through
R E			(event type)	(event type)	(total number)	col. (c))
E			(eveningee)	(0.0)	(com name)	
Ε	1	Gross receipts	21,208	6,142	500	27,850
CZ	2	Less. Chantable				
Ε	3	Contributions				
		minus line 2)	21,208	6,142	500	27,850
	4	Cash prizes		·		
D	_	Na				
R	5	Noncash prizes				
ECT	6	Rent/facility costs			<del></del>	· .
EX	7	Food and beverages				
Z H J	8	Entertainment				
SOEO	9	Other direct expenses	14,187	2,170	296	16,653
3	10	Direct expense summary. Add lines 4 thre	ouah 9 in column (d)			( 16,653)
	11	Net income summary. Combine line 3, co				11,197
Pa	rt III			m 990, Part IV, line 19, o	r reported more	
R		than \$15,000 on Form 990-EZ, line 6		(b) Pull tabs/instant		(d) Total gaming (add
<b>MCZM<m< b=""></m<></b>			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) thru col. (c))
מא						
	1	Gross revenue				
コーポモロト	2	Cash prizes				
	3	Noncash prizes			-	
EXPEZSES	4	Rent/facility costs				
E S	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes%	Yes% No	
	7	Direct expense summary. Add lines 2 thre	ough 5 in column (d) .		<b>.</b>	()
	8	Net gaming income summary. Combine	line 1, column d, and line	e 7	<u>Þ</u>	
9	Ent	er the state(s) in which the organization o	perates gaming activities	<b>:</b>		
a b		he organization licensed to operate gamin No," explain:	ng activities in each of the			Yes No
	_		<del></del>		<u> </u>	······································
10a b		re any of the organization's gaming licens Yes," explain:	ses revoked, suspended	_	tax year?	Yes No
		<del></del>				

Sched	dule G (Form 990 or 990-EZ) 2011	Page 3
11 12 13 a b	Does the organization operate gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?  Indicate the percentage of gaming activity operated in: The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	No No %
	Name ▶Address ▶	
15a b c		No
	Name >	
16	Address   Gaming manager information:  Name	
	Gaming manager compensation ▶ \$  Description of services provided ▶	
	☐ Director/officer ☐ Employee ☐ Independent contractor .	
17 a b	ın the organization's own exempt activities during the tax year ▶ \$	. <u> </u>
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), a lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instru	

#### 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

2011

Open to Public Inspection

Name of the organization

BELLEVUE SHOCKERS SOFTBALL

Employer Identification number

20-1078441

Books are open to all members per request. There are no paid positions for this organization and all funds are spent so that the girls can participate and grow in their softball experience

## 990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F	
Open to Public	
Inspection For calendar year 2011, or tax period beginning	, and ending .
Name of Organization	Employer Identification Number
BELLEVUE SHOCKERS SOFTBALL	20-1078441
990, Page 1, Line F	
Principal officer name	Vincent J Stephens
Street Address	2803 Hunter Dr
U.S. Address:	
Zip code 68123 City Bellevue	State NE
or Foreign Address	-
City	
Province or State	
Country	
Postal code	

## 990 BOOKS ARE IN CARE OF

Attachment 2: Form 990 Page 6, Part VI,	, Section C, Line 20
Open to Public	
Inspection For calendar year 2011 or tax period beginning	, and ending .
Name of Organization	Employer Identification Number
BELLEVUE SHOCKERS SOFTBALL	20-1078441
Part VI - Line 20	
Individual Name	MARCY HORTON
or Business Name:	
Dusiness Name.	
Street Address	2022 I VNINII/OOD DD
Super Address	2933 LINNWOOD DR
	<del></del>
U.S. Address:	
Zip code 68123 crty Bellevue	State <u>NE</u>
or	<del></del>
Foreign Address	
City	
Province or State	
Postal code	·····
Phone Number	(402)291-6345
Fax Number	

# 990 PAGE 10, OTHER EXPENSES

Attachment 3: Form 990 Page 10, Line 24 - Other Expenses

Open to Public

Inspection For calendar year 2011 or tax period beginning

and ending

Name of Organization

BELLEVUE SHOCKERS SOFTBALL

Employer Identification Number

20-1078441

DEBLEVOE SHOCKERS SOFTBALL	<del></del>	(P) Program		C) Management		
Other Expenses	(A) Total	(B) Program	(C) Management	(D) Fundraising		
		Services	and General			
WEB DESIGN	1,870	1,870				
AWARDS	1,000	1,000				
CREDIT CARD PROCESSING FEES	613	613				
BANK CHARGES		020	115			
PAIN CHARGES	115		115			
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Total:	3,598	3,483	115			
1961.		3,403		L		