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Short Form Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **Brillion Athletic Association**

D Employer identification number: **23-7023301**

Number and street (or P O box, if mail is not delivered to street address) Room/suite
380 N. Cedar Street

E Telephone number: **920-850-2876**

City or town, state or country, and ZIP + 4
Waterman, IL 60556

F Group Exemption Number ▶

G Accounting Method. Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **None**

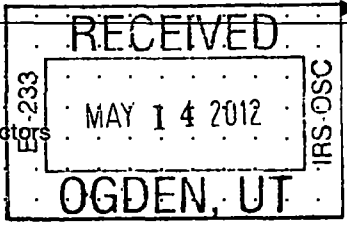
J Tax-exempt status (check only one) -- 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **45,683.06**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	None
	2 Program service revenue including government fees and contracts	2	16,486.47
	3 Membership dues and assessments	3	475.00
	4 Investment income	4	50.37
	5a Gross amount from sale of assets other than inventory	5a	None
	b Less: cost or other basis and sales expenses	5b	None
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	None
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	None
	b Gross income from fundraising events (not including \$0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	28,671.22
c Less: direct expenses from gaming and fundraising events	6c	20,425.78	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8,245.44	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	None
	b Less: cost of goods sold	7b	None
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	None
	8 Other revenue (describe in Schedule O)	8	None
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	25,257.28
	10 Grants and similar amounts paid (list in Schedule O)	10	None
	11 Benefits paid to or for members	11	None
Net Assets	12 Salaries, other compensation, and employee benefits	12	None
	13 Professional fees and other payments to independent contractors	13	None
	14 Occupancy, rent, utilities, and maintenance	14	2,599.82
	15 Printing, publications, postage, and shipping	15	2,245.62
	16 Other expenses (describe in Schedule O)	16	30,827.65
	17 Total expenses. Add lines 10 through 16	17	35,673.09
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,415.81
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	31,420.05	
20 Other changes in net assets or fund balances (explain in Schedule O)	20	None	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	21,004.24	



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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	29,420.05	19,004.24
23 Land and buildings	None	None
24 Other assets (describe in Schedule O)	2,000.00	2,000.00
25 Total assets	31,420.05	21,004.24
26 Total liabilities (describe in Schedule O)	None	None
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,420.05	21,004.24

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Provide Youth Sports Programs in the Community.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Middle School Football Program- 6th Grade, with 40 students participating. Club sponsors all expenses of League participation. (Grants \$ <u>None</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	7,215.59
29 Grade School Wrestling Program Grades 1-8 with 70 youth wrestlers participating. Club sponsors Tournament Entry Fees, Uniforms, and Equipment. (Grants \$ <u>None</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	7,198.00
30 Tournament Entry Fees for Youth Sports Programs in Middle School and High School. Entry fees for Boys & Girls participating in Basketball, Wrestling, Soccer and Swimming. (Grants \$ <u>None</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4,120.00
31 Other program services (describe in Schedule O) (Grants \$ <u>None</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	11,512.34
32 Total program service expenses (add lines 28a through 31a)	32	30,045.93

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jeff Capelle 511 Ridgeway Dr., Brillion, WI 54110	President - 1 Hr.	None	None	None
John Muehlbauer 555 Lincoln St., Brillion, WI 54110	Vice-President -1 Hr.	None	None	None
Peter Vechart 331 Valley View Dr., Brillion, WI 54100	Secretary - 1 Hr.	None	None	None
Jeff Weber 380 N. Cedar Street, Waterman, IL 60556	Treasurer- 1/2 Hr.	None	None	None
Chad Shimek 458 Sunrise Circle, Brillion, WI 54110	Past President-1 Hr.	None	None	None
Dennis Miller 230 Apollo Ct., Brillion, WI 54110	Director-2 Hr.	None	None	None
John Muehlbauer 555 Lincoln St., Brillion, WI 54110	Director- 2 Hr.	None	None	None
Russel Calaway N7059 Long Lake Road, Brillion, WI 54110	Director-1 Hr.	None	None	None
Ryan O'Leary 404 Roselawn Dr., Brillion, WI 54110	Director - 1 Hr.	None	None	None
Steve Fischer 413 Ridgeway Dr., Brillion, WI 54110	Director - 1 Hr.	None	None	None
Mike Scharf W399 Rusch Road, Brillion, WI 54110	Director - 1 Hr.	None	None	None

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant 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 organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
35c			
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		✓
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a None		
b	Did the organization file Form 1120-POL for this year?		✓
37b			
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 tax year covered by this return?		✓
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b	None		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ None , section 4912 ▶ None ; section 4955 ▶ None		
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		✓
40b			
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 ▶ None		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ None		
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		✓
40e			
41	List the states with which a copy of this return is filed. ▶ Wisconsin		
42a	The organization's books are in care of ▶ Jeff Weber, Treasurer Telephone no. ▶ 920-850-2876 Located at ▶ 380 N. Cedar Street, Waterman, IL ZIP + 4 ▶ 60556		
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: ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		✓
42b			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ N/A		✓
42c			
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 ▶ 43 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		✓
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		✓
44c			
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			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45a			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓
45b			

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b		<input checked="" type="checkbox"/>
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None	N/A	N/A	N/A	N/A

f Total number of other employees paid over \$100,000 ▶ None

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None	N/A	N/A

d Total number of other independent contractors each receiving over \$100,000 ▶ None

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ **Yes** **No**

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	▶ Signature of officer	Date <u>5/10/2012</u>
	▶ Jeff Weber, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Brillion Athletic Association

Employer identification number

23-7023301

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **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 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		✓
11g(ii)		✓
11g(iii)		✓
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		✓
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		✓
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) None	N/A	N/A							N/A
(B)									
(C)									
(D)									
(E)									
Total									None

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						None
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						None
3 The value of services or facilities furnished by a governmental unit to the organization without charge						None
4 Total. Add lines 1 through 3						None
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						None
6 Public support. Subtract line 5 from line 4						None

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						None
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						None
9 Net income from unrelated business activities, whether or not the business is regularly carried on						None
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						None
11 Total support. Add lines 7 through 10						None
12 Gross receipts from related activities, etc (see instructions)					12	None
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	N/A %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	N/A %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,520.98	None	4,000.00	19,715.00	475.00	35,710.98
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	42,046.67	27,597.59	29,803.47	33,722.75	24,782.28	157,952.76
3 Gross receipts from activities that are not an unrelated trade or business under section 513	None	None	None	None	None	None
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	None	None	None	None	None	None
5 The value of services or facilities furnished by a governmental unit to the organization without charge	None	None	None	None	None	None
6 Total. Add lines 1 through 5	53,567.65	27,597.59	33,803.47	53,437.75	25,257.28	193,663.74
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	None	None	None	None	None	None
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	None	None	None	None	None	None
c Add lines 7a and 7b	None	None	None	None	None	None
8 Public support. (Subtract line 7c from line 6.)						193,663.74

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	53,567.65	27,597.59	33,803.47	53,437.75	25,257.28	193,663.74
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,792.31	821.09	188.41	102.69	50.37	2,954.87
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	None	None	None	None	None	None
c Add lines 10a and 10b	1,792.31	821.09	188.41	102.69	50.37	2,954.87
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	None	None	None	None	None	None
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	None	None	None	None	None	None
13 Total support. (Add lines 9, 10c, 11, and 12.)	55,359.96	28,418.68	33,991.88	53,540.44	25,307.65	196,618.61
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	98.5 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	1.50 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.70 %

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 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 box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

None

Area with horizontal dashed lines for supplemental information.

Part II 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	
		Baseball Conces. (event type)	Basketball Tour. (event type)	2 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	14,492.69	10,280.05	3,898.48	28,671.22
	2	Less: Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	14,492.69	10,280.05	3,898.48	28,671.22
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	0	0	0	0
	7	Food and beverages	5,030.26	4,575.14	2,430.14	12,035.54
	8	Entertainment	0	0	0	0
	9	Other direct expenses	3,327.45	4,112.79	950.00	8,390.24
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Combine line 3, column (d), and line 10 ▶					8,245.44

Part III 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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
		1	Gross revenue	None	None	None
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					()
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶					None

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- a Is the organization licensed to operate gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
Brillion Athletic Association

Employer identification number
23-7023301

990EZ Line 16 and Line 31. Other Expenses	Donations & Equipment Purchased Donated to Schools - \$8,750.00
	5th & 6th Grade School Basketball Program Cost 480.00
	Youth Sports Program Donations 3,382.34
	Total \$11,512.34

990EZ Line 24 Other Assets	Concession Equipment-Walk-in Cooler, Freezers, Grills, and Tools
	\$2,000.00

