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#### Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public

					2012									
B	Check if applicab	C Name of organization		Employer id	lentification number									
Ļ		ess change												
Ļ	Name	change BROAD RUN ATHLETIC BOOSTER CI		268396										
Ļ		return Number and street (or P.O. box, if mail is not delivered to street ad	Telephone											
Ļ	Term	nated 21670 ASHBURN ROAD		<u> 571-2</u>	252-2310									
느	Amer	or town, state or country, and ZIP + 4	F	Group Exen	nption									
上	Applic	ation pending ASHBURN, VA 20147		Number 🕨										
		iting Method: X Cash		H Check	if the organization is <b>not</b>									
		e: ► HTTP://CMSWEB1.LOUDOUN.K12.VA.U		required to	attach Schedule B									
<u>J</u>	Tax-ex		sert no.) 4947(a)(1) or 527		990-EZ, or 990-PF).									
	Check Lifthe 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													
		· · · · · · · · · · · · · · · · · · ·	ostcard) may be required (see instruction	ns). But if the	organization chooses to file									
		n, be sure to file a complete return.												
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$	•	l <b>,</b>										
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990		<b>\$</b>	<u>133,232.</u>									
P	ärt l	_	•	ctions for Part	·									
	1	Check if the organization used Schedule O to respond to any question in the	us Part I		X									
	1	Contributions, gifts, grants, and similar amounts received		1										
	2	Program service revenue including government fees and contracts		2	761.									
	3	Membership dues and assessments		3	6,157.									
	4	Investment income	SEE SCHEDULE O	4	<u>594.</u>									
	5a	Gross amount from sale of assets other than inventory	5a											
	b	Less: cost or other basis and sales expenses												
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	5c											
	6	Gaming and fundraising events												
Ą	a	Gross income from gaming (attach Schedule G if greater than	1 1	37.4										
ē		\$15,000)	6a											
Revenue	b	Gross income from fundraising events (not including \$	of contributions											
		from fundraising events reported on line 1) (attach Schedule G if the sum of												
		gross income and contributions exceeds \$15,000)	6b 125,72											
	C	Less: direct expenses from gaming and fundraising events	6c 51,08	36.										
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6	1 1 '	6d	74,634.									
	7a	Gross sales of inventory, less returns and allowances	<b>7a</b>											
SS	у	Less: cost of goods sold	7b											
<u>&gt;</u>	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<del></del>	7c										
SCANNI	8	Other revenue (describe in Schedule O)	RECEIVED	7   8	00.116									
a		<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	82,146.									
U	10	Grants and similar amounts paid (list in Schedule 0)	DEC 1 4 2012 S	10										
7	11	Benefits paid to or for members	DEC 1 4 2012	11	<del></del> _									
\$	12	Salaries, other compensation, and employee benefits	γ (S	12	1 000									
త్త్	13	Professional fees and other payments to independent contractors	_	13	1,928.									
썦	14	Occupancy, rent, utilities, and maintenance	OGDEN, UT	14	<del></del>									
2	15	Printing, publications, postage, and shipping		15	E4 0EE									
5102 Espenses 2013	16	Other expenses (describe in Schedule 0)	SEE SCHEDULE O	16	51,957.									
	11/	Total expenses. Add lines 10 through 16		<b>▶</b> 17	53,885.									
क	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	28,261.									
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A))		12.2	22 626									
Net Assets	1.	(must agree with end-of-year figure reported on prior year's return)		19	32,690.									
Š	20	Other changes in net assets or fund balances (explain in Schedule O)	SEE SCHEDULE O	20	<u>&lt;32,690.</u> >									
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	28,261.									
ᄔ	A Foi	Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2011)									

	n 990-EZ (2011) BROAD RUN ATHLETIC BOO:	STER CLUB(BRABO	C) :	<u> 26-</u>	<u>42683</u>	96 Page 2
P	Check if the organization used Schedule O to		tion in this Dort II			[40]
_	Check if the organization used Schedule O to	respond to any quesi	(A) Beginning of year		/D) E	nd of year
22	Cash, savings, and investments		59,010	. 22		101,895.
23	Land and buildings	<del> -</del>	33,010	23		101,093.
24	Other assets (describe in Schedule O)	-		24		
25	Total assets		59,010			101,895.
26	Total liabilities (describe in Schedule 0) SEE SCHEDUL	E O	26,320			73,634.
27	Net assets or fund balances (line 27 of column (B) must agree with line	e 21)	32,690	. 27		28,261.
P	art IIII Statement of Program Service Accomplish	ıments (see the instruc	ctions for Part III.)		Ex	penses
	Check if the organization used Schedule O to	o respond to any quest	tion in this Part III	X		for section and 501(c)(4)
Wha	it is the organization's primary exempt purpose? SEE SCHEDUL!	EO			organizatio	ons and section
manr	ribe the organization's program service accomplishments for each of its three largest pr ner, describe the services provided, the number of persons benefited, and other relevant	t information for each program title	<del>-</del>		4947(a)(1) for others.	) trusts; optional )
28	TO IMPROVE THE EXPERIENCE OF BROX	<u>AD RUN HIGH SCI</u>	HOOL		1	
	ATHLETICS BY BRIDGING THE GAP.					
				<del></del>		
	(Grants \$ ) If this amount includes fore	eign grants, check here	<u> </u>	<u> </u>	28a	<u> </u>
29						
			_	—	1	
	(Grants \$ ) If this amount includes for	eign grants, check here .			29a	
30	Til tills amount includes lon	eigh grants, check here .			29a	
•		<del></del>		— I		
	(Grants \$ ) If this amount includes force	eign grants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes fore	eign grants, check here	. <u> </u>		31a	
32	Total management of a sure sure (add least 00s Abrasiah 04s)				32	0.
	Total program service expenses (add lines 28a through 31a)	··· <u> </u>			32	
Pi	art IVI List of Officers, Directors, Trustees, and K				instructions for	or Part IV)
Pi	Check if the organization used Schedule O to	o respond to any ques	tion in this Part IV	·	instructions fo	or Part IV)
Pi	List of Officers, Directors, Trustees, and Konder of the Check if the organization used Schedule O to	o respond to any quest (b) Title and average hou	tion in this Part IV	(d) Hea	instructions for	or Part IV)(e) Estimated
Pi	art IVI List of Officers, Directors, Trustees, and K	o respond to any ques	Urs (c) Reportable companion (Forms w.2/1/09-MISC)	(d) Hea contri emplo plans, a	alth benefits, buttons to yee benefit and deferred	or Part IV)
Pi	Check if the organization used Schedule O to	(b) Title and average how per week devoted to position	tion in this Part IV  US (C) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit	(e) Estimated amount of other
Pi	List of Officers, Directors, Trustees, and Konder of the Check if the organization used Schedule O to	(b) Title and average how per week devoted to position  PRESIDENT	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, buttons to yee benefit and deferred pensation	(e) Estimated amount of other compensation
FR	Check if the organization used Schedule O to  (a) Name and address  (ED REITZEL	(b) Title and average how per week devoted to position  PRESIDENT  0.00	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Hea contri emplo plans, a	alth benefits, buttons to yee benefit and deferred	(e) Estimated amount of other
FR	Check if the organization used Schedule O to	(b) Title and average how per week devoted to position  PRESIDENT  0.00  VICE-PRESID	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
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FR	Check if the organization used Schedule O to  (a) Name and address  RED REITZEL  M SMALL	(b) Title and average how per week devoted to position  PRESIDENT  0.00  VICE-PRESIDENT  0.00	tion in this Part IV  ITS (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  ENT	(d) Hea contri emplo plans, a	alth benefits, butions to yee benefit and deferred pensation	(e) Estimated amount of other compensation  0 •
FR TI BI	Check if the organization used Schedule O to  (a) Name and address  RED REITZEL  M SMALL	(b) Title and average hot per week devoted to position  PRESIDENT  0.00  VICE-PRESID  0.00  CO-VICE-PRES	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  ENT  0.  SIDENT	(d) Hea contri emplo plans, a	alth benefits, buttons to to to the constructions to the construction of the cons	(e) Estimated amount of other compensation
FR TI	List of Officers, Directors, Trustees, and Konder Check if the organization used Schedule O to  (a) Name and address  RED REITZEL  M SMALL  LL JOHNSON  ANDY MARTIN	(b) Title and average how per week devoted to position  PRESIDENT  0.00  VICE-PRESID:  0.00  CO-VICE-PRES:  0.00	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  ENT  0.  SIDENT	(d) Hea contri emplo plans, a	alth benefits, buttons to to to the constructions to the construction of the cons	(e) Estimated amount of other compensation  0 •
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instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V. X.  30  In the organization engage in any significant activity not previously reported to the IRSP II "Yes," provide a detailed description of each activity in Schedula II of the organization and the organization is actived to the organization of the IRSP II "Yes," provide a detailed description of each activity in Schedula II of II organization is actived to the organization is actived by the organization as active to the organization is actived to the organization is actived to the organization is actived to the organization as actived because gives to section 603(6)(4)(5), or 501(6)(6) organization is observed on 501(6)(4), 501(6)(5), or 501(6)(6) organization is observed on 501(6)(4), 501(6)(6), organization is observed on 501(6)(6)(6), organization is observed on 501(6)(6)(6), organ		1990-EZ (2011) BROAD RUN ATHLETIC BOOSTER CLUB (BRABC) 26-4268  Let V Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in 1	he	Page 3
33 Dut the organization engage in any significant activity not previously reported to the IRSP IT'ves, 'scrowde a detailed description of each activity in Schedule 0  34 Were any significant changes made to the organization and coursents? If "ves,' attach a conformed copy of the amended documents if the organization that the provided in the provided copy of the amended documents if the organization have unrelated bissuess gross moone of \$1,000 or more during the year from business activities (such as those reported on lines ≥ 0,8 and 72 among others?)?  35 Did the organization and provided bissuess gross moone of \$1,000 or more during the year from business activities (such as those reported on lines ≥ 0,8 and 72 among the special post of Schedule CP entre of the organization in Schedule CP entre organization in least ≥ 0,8 and 72 among the special post of Schedule CP, entre organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spicial post and is for the year of the organization or for post the activities post of Schedule CP entre organization or post assets during the year? If "Yes," complete spicial post of Schedule CP entre organization or section 6003(e) notice, reporting, and proxy tax requirements and siliculational post to the complete post of Schedule CP entre organization or section 6003(e) notice, reporting, and proxy tax requirements and siliculational post to the complete post of Schedule CP entre organization organization or section 6003(e) notice, reporting, and proxy tax requirements and siliculational post to the complete schedule CP entre organization organization organization organization and proxy ear and substance organization for sense organization and sense organization during the year under section 51(e)(f)) and 51(e)(f) organizations. Enter amount of tax imposed on organization managers or dequalified persons during the year under sections 51(e)(f) organizations. Enter amount of tax engaged to the orga		instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	is Pa		
acounty in Schedule 0  3 Were any significant changes made to the organization of 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 0 (see instructions)  55 Doff the organization have unrelated business goes income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6), and 72, among otherwise?  58 If Yes, 10 ins 38s, has the organization filled a form 990-1 for the year? If Yes, 10 ins 38s, has the organization allowed to the complete policies of the organization and the complete schedule C, Part III  58 Doff the organization assection \$10(4)6, \$01(6)5, \$0.00, \$0.00, \$10(6)0, \$0.00,				Yes	No
34 Were any significant changes made to the organization of governing documents? If Yes, statich a conformed copy of the amended documents of they reflect a change to the organization's name, Otherwise, explain the change on Schedule D (see instructions)  35b Did the organization have unrelated bissiness goves income of \$1,000 or more during the year from business achievates (such as those reported on less 2, 6a, and 7a, among others?)  35b If Yes, 10 in the organization have unrelated bissiness goves income of \$1,000 or more during the year from business achievates (such as those reported on less 2, 6a, and 7a, among others?)  35c If Yes, 10 in the organization is deferred to the first of the organization and the organization is deferred to the interest of the organization and the organization is deferred to the interest of the organization deferred to the organization of the organization deferred to the tax year covered by this return?  35c If Yes, 10 in the organization file from 112 PUT (1) organizations included on line 9  35c If Yes, 10 in the organization for form 112 PUT (1) organizations included on line 9  35c If Yes, 10 in the organization of line 9 in the end of the tax year covered by this return?  35d If Yes, 10 in the organization is deferred to the tax year covered by this return?  35d If Yes, 10 in the organizations is deferred to the organization during the year under:  35d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax units organization during the year under:  35d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax units organization and year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, 5 in the organization of the year of the organization of	33	·			
documents if they reflect a change to the organization's name, Otherwise, explain the change on Schedule O (see instructions).  34		•	33		<u> </u>
35. Did the organization have unrelated business gross imcome of \$1,000 or more during the year from business activities (such as those reported on less 2, 6, and 7a, among otherwis?).  35. If Yes, 10 line 35a, has the organization field a Form 990-1 for the year? If 'No,' provide an explanation in Schedule 0  47. Was the organization as ection 50 f(c)(4), 50 f(c)(5), or 50 f(c)(6) organization subject to section 6035(e) notes, reporting, and proxy tax requirements subject to entire the year? If 'No,' provide an explanation in Schedule 0  38. Did the organization in Germa 11 feels of the year? If 'No,' provide an explanation in Schedule 0  38. X  38. X  38. X  38. X  38. X  39. Did the organization in Efernal 11-0-01 for the year?  39. Did the organization life Form 11-0-01 for the year?  39. Did the organization in Efernal 11-0-01 for the year?  39. Did the organization in Efernal 11-0-01 for the year?  39. Did the organization in Efernal 11-0-01 for the year?  39. Did the organization in Efernal 11-0-01 for the year?  39. Did the organization in Efernal 11-0-01 for the year?  39. Section 501(c)(7) organizations the year owner by this return?  39. If year, complete Schedule I, Part II and enter the total amount involved  39. Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. The transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ7 II 'N'es, complete Schedule I, Part II and enter the total amount involved  39. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or discussified persons during the year under sections 4912, 4955, and 4956  4. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or discussed to the section 501(c)(3) organizations. Enter amount of tax imposed on organization managers or discussed to the section 501(c)(4) organizations. Enter amount of tax imposed on organization	34				
on ines 2, 8a, and 7a, among others)?  If Yes, to line \$5, has the organization deal a form 990-1 for the year? If Yes, promote an explanation in Schedule 0  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) motios, reporting, and proxy tax requirements during the year? If Yes, complete applicable parts of Schedule N, 7am 11 in 7am 12 in			34		<u>X</u>
b If Yes, 10 line 35a, has the organization section 301(c)4, 501(c)(5), or 501(c)(5) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III  35b	35 a				
Was the organization a section 501(c)(4), 501 (c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year 11" (**e*, complete Schedule, C. Part III and the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes, and the organization the Form 1120-P0L for this year? 38 b. The organization berow from, or make any fossition, or make any fossition of the tax year covered by this return?  b) In the organization berow from, or make any fossition of the tax year covered by this return?  b) In "Yes, Complete Schedule, I. Part II and enter the total amount involved asset on 4911 (1) 11 11 11 11 11 11 11 11 11 11 11 11 1					
The queue membra during the year? If "Yes," complete Schedule C, Part III  36 Did the organization undergo a disudation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37 I Eriter amount of political expenditures, direct or indeect, as described in the instructions.  38 Did the organization the Form 1120-PCL for this year?  39 Did the organization for Form 1120-PCL for this year?  39 Did the organization for Form 1120-PCL for this year?  39 Did the organization for Form 1120-PCL for this year?  39 Section 501(7)? organizations and stay via convered by this return?  39 Section 501(7)? organizations. Enter control the tax year covered by this return?  39 Section 501(7)? organizations. Enter amount of tax imposed on the organization during the year under:  39 Initiation fees and capital contributions included on line 9  39 Section 501(8) organizations. Enter amount of tax imposed on the organization during the year under:  39 Section 501(8) organizations. Enter amount of tax imposed on the organization during the year under:  39 Section 501(8) organizations. Enter amount of tax imposed on the organization during the year under:  39 Section 501(8) organizations. Enter amount of tax imposed on the organization during the year under:  39 Section 501(8) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  30 Section 501(8) and 501(8) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year unders sections 4912, 4955, and 4958  30 Section 501(8) and 501(8) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year unders.  31 Yes Section 4917 Yes, complete Schedule L, Part I  42 Section 4917 Yes, complete Schedule L, Part I  43 Section 501(8) and 501(8) organizations. Enter amount of tax imposed on organization managers or disqualified persons			35b	N/	<u> </u>
38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37 E letter amount of political expenditures, direct or indirect, as described in the instructions.  38 Did the organization before the Form 1120-PGL for this year?  39 Did the organization before the Form 1120-PGL for this year?  39 Did the organization before the Part I and enter the total amount involved  39 If "Yes," complete Schedule I, Part I and enter the total amount involved  39 Did the organizations. Enter amount of tax imposed on the organization during the year under:  30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  30 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disquilled persons during the year under sections 4911 ≥ 0. section 4912 ≥ 0. section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disquilled persons during the year under sections 4912, 4955, and 4958  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a printy to a prohibited tax shetter transaction? If "Yes," complete Form 8986-T  4 List the states with which a copy of this return is filed. ► VA  4 Telephone no. ► 571 – 252 – 2310  4 Party time during the calendar year, did the organization have an interest in or a signature or other authority over a handled second in a foreign country. ►  5 Section 491(n) nonexempt of this returns lifted. ► VA  4 Telephone no. ► 571 – 252 – 2310  4 Party time during the calendar year, did the organization have an interest in or a signature or other manual account in a foreign country. ►  5 Section 4947(a)(1) nonexempt orbitable trusts lifting Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received	C				
complete applicable parts of Schedule N  2			35c		<u>X</u>
376 Effer amount of political expenditures, direct or indirect, as described in the instructions.  Did the organization file Form 1120-POL for this year?  187 B Did the organization form 1120-POL for this year?  188 D Did the organization borrow from, or make any loans to, any officer, director, frustee, 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?  1 If **Year** Complete Schedule** Light 11 Institution fees and capital contributions included on line 9  1 D Gross receipts, included on line 9  2 D Gross receipts, included on line 9  2 D Gross receipts, included on line 9  3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ■ D C . ; section 4912 ■ D C . ; section 4955 ■ D C .  3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in ine 40c rembursed by the organization of the organization and the organization have an interest in or a signature or other authority over a financial account in a foreign country; ►  1 The organization	36				
Did the organization file Form 1120-POL for this year?  88 Did the organization form, 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?  88 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?  88 Did N/A  88 Did N/A  89 Did Noss receipts, included on line 9. For public use of club facilities  89 Did Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under:  80 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part 1  80 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  80 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax or line 40c rembursed by the organization.  81 Did the organization within a copy of this return is flied. ▶ VA  82 The organization All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  82 The organization is books are in care of I ▶ THE ORGANIZATION  83 The All The organization are of the foreign country. ▶  84 The organization is private that are the foreign country (such as a bank account, securities account, or other authority over a financial account in a foreign country); ▶  84 The organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ in the organization maintain any donor advised funds during the year? If	A7 -				X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L. Part II and enter the total amount involved  school (In(IV)) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ■ ① ; section 4912 ■ ① . ; section 4915 ■ ① .  b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on engage any section 4955 ■ ① .  b 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 4959  d 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 4959  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization books are in case of ▶ THE ORGANIZATION Telephone no. ▶ 571–252–2310  Located at ▶ 21670 ASIBURN ROAD, ASIBURN VA  2IP+4 ▶ 2014 7  b At any time during the calendary var, dit the organization have an interest in or a signature or other authority over a financial account;  If "Yes," enter the name of the foreign country; ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  426					
na prior year and still outstanding at the end of the tax year covered by this return?  If Yes, complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9 (for public use of club facilities  98 N/A  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3) and 501(c)(4) organizations to be decirated in a prior year that has not been reported on any of its prior Forms 990 or 990-E27  If Yes, complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  List the states with which a copy of this return is filled. ▶ VA  List the states with which a copy of this return is filled. ▶ VA  20147  A tarry time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  A larry time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country. ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					<u> </u>
b If Yes, complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  inhibition fees and capital contributions included on line 9  Section 501(c)(7) organizations. Enter:  inhibition fees and capital contributions included on line 9  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4915 ▶ 0. ; section 4916 ▶ 0. ; section 4911 ▶ 0. ; section 4910 ▶ 0. ; section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, ord and fees seems seems transaction of any or year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part II  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization organization and 501(c)(4) organizations. Enter amount of tax set the organization organization organization and 501(c)(4) organizations. Enter amount of tax organizations organization organizatio	30 Z				
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b Section 4911				131	(A)
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,'s complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  A Section 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  A lorganizations. At any time during the tax year, was the organization a party to a prohibited tax shetter transaction? If Yes,'s complete Form 8886-T  List the states with which a copy of this return is filed. > VA  List the states with which a copy of this return is filed. > VA  Located at > 21.670 ASHBURN ROAD, ASHBURN, VA  Located at year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; such as a bank account, securities account, or other financial accounts?  Located at year, did the organization maintain an office outside of the U.S.?  Located at year, did the organization maintain an office outside of the U.S.?  Located at year, did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  Did the organization have a cont	4U &			2 gr .	1
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ti Yes,* complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	U	•		القائلة غكك	السا
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed. ▶ VA  1 List the states with which a copy of this return is filed. ▶ VA  2 The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 571-252-2310  Located at ▶ 21670 A SHBURN ROAD, A SHBURN, VA  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; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "Yes," enter the name of the foreign country; lif "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  b Did the organization operate one or more hospital facilities d			405		v
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Form	990-EZ	(2011)	BROAL	RUN	ATHLE	TIC	BOOSTER	CLUB	BRABC)		26-4	2683	96	ı	Page 4
	-								•					Yes	No
46	Did the	organizatio	on engage, dire	ectly or ind	irectly, in pol	litical car	npaign activities	on behalf of o	r in oppositioi	n to candidates for p	ublic office	e? 💆			
			Schedule C, Pa										46		X
Pâ	rt VI	Section	on 501(c)(3	3) orga	nizations	and s	section 494	7(a)(1) no	nexempt	charitable tru	sts onl	<b>y.</b> All s	ectioi	n 501	(c)(3)
										ns 47-49b and 52,	and con	iplete th	ne tab	oles	
		for lines	50 and 51. (	Check if t	he organiza	tion use	ed Schedule O	to respond	to any quest	tion in this Part VI			· i		
												_		Yes	
									-	ar? If "Yes," complet	e Sch. C, I		47		<u>X</u>
48							)(II)? If "Yes," cor		ule E				48		<u>X</u>
		-	-		-		table related orga	inization?				<b>⊢</b>	49a		<u>X</u>
	-		elated organiza		_								49b		
50							•		icers, directors	s, trustees and key er	nployees)	who ead	ch rec	eived i	more
	tnan \$						s none, enter "No			1 (2)	(4)			F-4	
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1	Total n	umber of o	ther employee	s paid over	r \$100.000		<u>-</u>		<b></b>	L	l .				
51				•		ompensa	nted independent	contractors v	vho each recei	ved more than \$100	.000 of co	mnensat	ion fr	om the	,
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(a)			s of each indep			more th	an \$100,000	[	(b) Type o	of service		(c) C	ompe	nsatio	n
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d	Total n	umber of c	other independe	ent contrac	ctors each red	ceiving o	ver \$100,000			<b></b>					
52	Did the	organizati	on complete S	chedule A7	P Note: All se	ction 50	1(c)(3) organizat	ions and 494	7(a)(1) nonexe	empt			_		
Пада	charita	ble trusts r	nust attach a c	ompleted :	Schedule A	Tildle - '						<b>▶</b> 🗴	Ye	8 L	No
Decla	ration of	preparer (oth	er than officer) (ts	based on all	information of	which prej	parer has any knowl	edge	nts, and to the b	est of my knowledge and	Deller, It is	Tue, com	ect, and	comp	
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May	the IRS	discuss th	is return with t	he prepare	r shown abo	ve? See	instructions						Ye	8 <u> </u>	<u>No</u>

Form 990-EZ (2011)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

2011

Open to Public.

Inspection

Name of the organization

**Employer identification number** 

		BROAD R	UN ATHLETIC	BOOST	ER CL	UB (BR	ABC)		26	<del>5-4268</del>	396	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See ınst	ructions.				_
	Ization is not a A church, cor A school dese A hospital or A medical res city, and state	private foundation invention of churche cribed in section 17 a cooperative hospitearch organization etc.	because it is: (For lines 1 s, or association of church (0(b)(1)(A)(ii). (Attach Soltal service organization operated in conjunction of the conjun	through 1 ches descr hedule E.) described i with a hos	1, check on the section of the secti	only one b ction 170 170(b)(1)( abed in se	ox.) (b)(1)(A)(i) A)(iii). ction 170	(b)(1)(A)(iii			's name,	-
6	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  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 more publicly describes the a Type II By checking foundation militate organiz supporting of Since August (i) A perso the gove (ii) A family (iii) A 35% (iii)	on organized and of supported organizate type of supporting this box, I certify the sanagers and other that on received a wringanization, check to the 17, 2006, has the of member of a persocontrolled entity of a support of	at the organization is not than one or more publicly tten determination from t	ne benefit con 509(a)(1 ete lines 1 controlled y supporte the IRS that ny gift or co	of, to perfoll) or section I e through I III - Funct I directly of I organizate It it is a Ty I ontribution I ether with I one	orm the fur on 509(a)(2 in 11th. it tionally inter it indirectly itions desc pe I, Type in from any persons d	egrated by one or cribed in s II, or Type of the folk described in	or to carry tion 509(a more disc ection 509 III	d Qualified posts of a (1) or s	Type III - C	Other ner than (a)(a)(2).  Yes No	
	of supported anization	(ii) EIN		(iv) Is the of in col. (i) Is governing of Yes		organizat	ion in col.	(vi) Is organizatio (i) organiz U.S <b>Yes</b>	on in col. ed in the	• •	nount of port	_
												- - -
			•	* ^	·		1	,				

Schedule A (Form 990 or 990-EZ) 2011 BROAD RUN ATHLETIC BOOSTER CLUB (BRABC) 26-4268396 Page 2

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

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

<b>26</b> (	tion A. Public Support						
ale	ndar 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.")			159,818.	135,831.		295,649.
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				:		
4	Total, Add lines 1 through 3			159,818.	135,831.		295,649.
	The portion of total contributions	÷, · ,	مان کا با در ان	1 8 0 100 15		table of the	
_	by each person (other than a						
	governmental unit or publicly		de di Euro			物液涂料	
	supported organization) included						
	on line 1 that exceeds 2% of the					Maka d	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4				****	8	295,649.
	tion B. Total Support			Kain - Year -		<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4			159,818.	135,831.		295,649.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			3.	11.		14.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						295,663.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	100.00 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2011. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% ог п	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			<b>▶</b> 🛣
k	33 1/3% support test - 2010. If the c	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2011. If the org	ganization did not o	check a box on line	9 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check t	his box and stop h	ere. Explain ın Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶□
ŧ	10% -facts-and-circumstances test	<b>t - 2010.</b> If the org	anızation dıd not o	check a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization .	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	ınd see instruction	s <b>▶</b> □
					Sche	edule A (Form 990	or 990-EZ) 2011

### 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	etion A. Public Support	elow, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	)11 (f) Total
	Gifts, grants, contributions, and			1,57			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		<u> </u>				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		<del> </del>		<del> </del>		<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
Δ				<u> </u>			
	Amounts included on lines 1, 2, and		<del>                                     </del>		<del> </del>		
,,	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received	-					
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support (Subtractline 7c from line 6)	<b>W</b> "10"	A Company	SK TAND	7 1957 7486	10 A	Bee 1
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011 (f) Total
-	Amounts from line 6		ļ			-	
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		-	1.	<del>                                     </del>	-	
	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			<u> </u>			
	Net income from unrelated business		†				<del></del>
•	activities not included in line 10b,						
	whether or not the business is regularly carried on			•			
12	Other income. Do not include gain	-	<del> </del>		<del></del>		
	or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)				1		
	First five years. If the Form 990 is for	r the organization	's first second thi	rd fourth or fifth t	tay year as a section	n 501(c)(3)	organization
	check this box and stop here				an your do a cook	,,, 00, (0)(0)	
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2011 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2010			<u> </u>	<u></u>	16	%
<u>Se</u>	ction D. Computation of Inve					<del>, , , , , , , , , , , , , , , , , , , </del>	
17	,			ne 13, column (f))		17	%
18	Investment income percentage from		•			18	%
19:	a 33 1/3% support tests - 2011. If the	-		•		•	nd line 17 is not
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2010. If the	-			•		
20	line 18 is not more than 33 1/3%, che		-			-	nization P
<u> 20</u>	Private foundation. If the organization	n did not check a	1 DOX ON IMB 14, 15	a, or 190, check t	nis dox and see in	structions	<u> </u>

#### SGHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BROAD RUN ATHLETIC BOOSTER CLUB(BRABC)

Employer identification number 26-4268396

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	20 1200050
DESCRIPTION OF PROPERTY:	
INTEREST INCOME	594.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	1,464.
AWARDS	10,456.
SENIOR GIFTS	4,200.
FIELD AND EQUIPMENT IMPROVEMENT AND MAINTENANCE	6,908.
INSURANCE	335.
SCHOLARSHIPS	1,000.
POST SEASON TRAVEL EXPENSES	10,148.
GRADUATION PROJECT	2,000.
COACHES DUES	1,075.
COACHES CLINICS/EDUCATION	275.
SPRING PROGRAMS	1,081.
SPORTS PHYSICALS	52.
OPERATIONS-OTHER (NET)	323.
BANNERS	6,165.
WINTER PROGRAM	2,355.
BUSINESS REGISTRATION FEES	25.
INDOOR EQUIPMENT	4,095.
TOTAL TO FORM 990-EZ, LINE 16	51,957.

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

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047 Open to Public 2 Inspection \*\*\*

Name of the organization

Employer identification number BROAD RUN ATHLETIC BOOSTER CLUB(BRABC) 26-4268396 CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT: GENERAL FUND BALANCE -28,283. SPORTS SPECIFIC FUNDS -4,407.TOTAL TO FORM 990-EZ, LINE 20 -32,690. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF YEAR END OF YEAR SPORT SPECIFIC FUNDS 23,820. 42,851. RESERVES 2,500. 2,500. GENERAL FUND BALANCE 28,283. 0. TOTAL TO FORM 990-EZ, LINE 26 26,320. 73,634. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE SUPPORT TO VARIOUS ATHLETIC ACTIVITIES FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

#### Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

• If you	u are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box			<u> </u>		
<ul><li>If you</li></ul>	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).				
Do not	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.			
Electro	onic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (6	6 months for a co	rporation		
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ile Form 8	868 to request an	extension		
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated With (	Certain		
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details (	on the elec	ctronic filing of thi	s form,		
visit wv	vw.irs.gov/efile and click on e-file for Chanties & Nonprofits	3.						
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).				
A corpo	pration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete				
Part I o	nly							
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time			
Туре о	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification nu	mber (EIN) or		
print			4	( ===				
File by th	BROAD RUN ATHLETIC BOOSTER				26-42683			
due date filing you	*	ee instruc	tions.	Social se	cunty number (S	SN)		
return Se	21070 ADIIDORIA KOAD							
instructio	only, ionii of poor omoo, clare, and his code. For a re-	oreign add	ress, see instructions.					
	ASHBURN, VA 20147		· ··· · · · · · · · · · · · · · · · ·			<del></del>		
Enter ti	ne Return code for the return that this application is for (file	e a separa	te application for each return)			01		
Applic	ation	Return	Application			Return		
Is For		Code	Is For			Code		
Form 9	90	01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A			08		
Form 9	90-EZ	01	Form 4720			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	90-T (trust other than above)	06	Form 8870			12		
Tele	THE ORGANIZATION books are in the care of $\triangleright$ 21670 ASHBURN phone No. $\triangleright$ 571-252-2310	ROAD	- ASHBURN, VA 2014 FAX No. ►	7				
	e organization does not have an office or place of busines					▶ ∐		
• If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	lf this is fo	r the whole group	, check this		
box 🕨	. If it is for part of the group, check this box 🕨 🔽	and atta	ch a list with the names and EINs o	f all memb	ers the extension	is for.		
1 1	request an automatic 3-month (6 months for a corporation							
_	FEBRUARY 15, 2013 , to file the exemp	ot organiza	tion return for the organization name	ed above.	The extension			
is	s for the organization's return for:							
)	calendar year or							
•	X tax year beginning <u>JUL 1, 2011</u>	, an	d ending <u>JUN</u> 30, 2012		<u> </u>			
2 li	f the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	n			
3a I	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any					
	nonrefundable credits. See instructions. 3a \$ 0.							
b i								
	estimated tax payments made. Include any prior year over	-		3b	\$	0.		
c E	Balance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required,					
t	y using EFTPS (Electronic Federal Tax Payment System)	See instru	ctions.	3с	\$	0.		
	n. If you are going to make an electronic fund withdrawal			orm 8879	EO for payment in			

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.