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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

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

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013

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

C Name of organization: Brilliant Athletic Association
 Number and street (or P O box, if mail is not delivered to street address): 380 N. Cedar Street
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: Waterman, IL 60556

D Employer identification number: 23-7023301

E Telephone number: 920-850-2876

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 Form of organization Corporation Trust Association Other _____

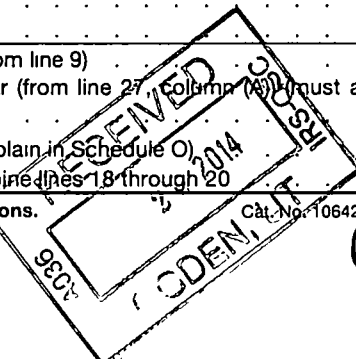
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 71,373.08

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received		10,500.00																											
	2	Program service revenue including government fees and contracts		19,905.64																											
	3	Membership dues and assessments		410.00																											
	4	Investment income		32.76																											
	5a	Gross amount from sale of assets other than inventory				None																									
	5b	Less: cost or other basis and sales expenses				None																									
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				None																									
	6	Gaming and fundraising events																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				None																									
6b	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)				40,524.68																										
6c	Less: direct expenses from gaming and fundraising events				20,333.32																										
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				20,191.36																										
7a	Gross sales of inventory, less returns and allowances				None																										
7b	Less: cost of goods sold				None																										
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				None																										
8	Other revenue (describe in Schedule O)				None																										
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				51,039.76																										
Expenses	10	Grants and similar amounts paid (list in Schedule O)			None																										
	11	Benefits paid to or for members			None																										
	12	Salaries, other compensation, and employee benefits			None																										
	13	Professional fees and other payments to independent contractors			None																										
	14	Occupancy, rent, utilities, and maintenance			15,349.41																										
	15	Printing, publications, postage, and shipping			1,226.29																										
	16	Other expenses (describe in Schedule O)			32,728.08																										
17	Total expenses. Add lines 10 through 16			48,903.78																											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			2,135.98																										
	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)			26,128.34																										
	20	Other changes in net assets or fund balances (explain in Schedule O)			None																										
	21	Net assets or fund balances at end of year. Combined lines 18 through 20			28,264.32																										

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421 Form 990-EZ (2013)

SCANNED JUN 16 2014



69 21

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	24,128.34	22 26,264.32
23 Land and buildings	None	23 None
24 Other assets (describe in Schedule O)	2,000.00	24 2,000.00
25 Total assets	26,128.34	25 28,264.32
26 Total liabilities (describe in Schedule O)	None	26 None
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,128.34	27 28,264.32

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

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

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.

28	<i>Grade School Wrestling Program Grades K-8 with 80 youth wrestlers participating. Club sponsors tournament entry fees, uniforms & equipment</i>	28a	7,462.23
29	<i>Middle School Football program - with Grade with 36 students participating. Club sponsors all expenses of League participation</i>	29a	4,606.02
30	<i>Tournament Entry Fees for youth sports programs in middle school & high school. Entry fees for boys and girls participating in Basketball, Wrestling, Volleyball & Soccer</i>	30a	4,250.00
31	Other program services (describe in Schedule O) (Grants \$ <i>0</i>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	16,318.25

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 title	(b) 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
<i>Lance Wanzel President</i>	<i>1.5 Hours</i>	<i>0</i>	<i>None</i>	<i>None</i>
<i>Mark Knayer Vice-President</i>	<i>1.0 Hours</i>	<i>0</i>	<i>None</i>	<i>None</i>
<i>Scott Eickert Secretary</i>	<i>1.5 Hours</i>	<i>0</i>	<i>None</i>	<i>None</i>
<i>Zett Weller Treasurer</i>	<i>1 Hour</i>	<i>0</i>	<i>None</i>	<i>None</i>
<i>John Michtlauer Past President</i>	<i>1 Hour</i>	<i>0</i>	<i>None</i>	<i>None</i>
<i>Russell Calaway Director</i>	<i>1.5 Hour</i>	<i>0</i>	<i>None</i>	<i>None</i>
<i>Mike Scharf Director</i>	<i>1.5 Hour</i>	<i>0</i>	<i>None</i>	<i>None</i>
<i>Rena Miller Director</i>	<i>2.0 Hours</i>	<i>0</i>	<i>None</i>	<i>None</i>
<i>Ran Dietrich Director</i>	<i>1.0 Hour</i>	<i>0</i>	<i>None</i>	<i>None</i>
<i>Glenn Fischer Director</i>	<i>1.5 Hour</i>	<i>0</i>	<i>None</i>	<i>None</i>

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

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes handwritten entries like 'None', 'Wisconsin', and 'Jeff Weber, Treasurer'.

		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 type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>	<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 title of each employee	(b) 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 business address of each independent contractor	(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 <u>Jeff Weber, Treasurer</u>	Date <u>5/14/2014</u>
	Type or print name and title <u>Jeff Weber, Treasurer</u>	

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		Phone no	
	Firm's address				

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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—Non-functionally integrated
- 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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) <i>None</i>	<i>N/A</i>	<i>N/A</i>							<i>0</i>
(B)									
(C)									
(D)									
(E)									
Total									<i>0</i>

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14	N/A	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	N/A	%
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,000.00	19,715.00	475.00	585.00	10,910.00	35,685.00
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	29,803.47	33,722.75	24,782.28	32,260.43	40,129.76	160,698.69
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	33,803.47	53,437.75	25,257.28	32,845.43	51,039.76	196,383.69
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.)						196,383.69

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	33,803.47	53,437.75	25,257.28	32,845.43	51,039.76	196,383.69
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	188.41	102.69	50.37	38.23	32.76	412.46
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	188.41	102.69	50.37	38.23	32.76	412.46
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.)	33,991.88	53,540.44	25,307.65	32,883.66	51,072.52	196,796.15

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.79 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.3 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.21 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.70 %

19a 33 1/3% support tests—2013. 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—2012. 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.** 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.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

Brillion Athletic Association

Employer identification number

23-7023301

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 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? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	<i>N/A</i>	<i>N/A</i>			<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Wisconsin

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		
		<i>Baseball Tournament</i> (event type)	<i>Baseball</i> (event type)	(total number)	(add col (a) through col (c))		
Revenue	1	Gross receipts	12,132.75	9,963.89	17,044.46	39,141.10	
	2	Less: Contributions	0	0	0	0	
	3	Gross income (line 1 minus line 2)	12,132.75	9,963.89	17,044.46	39,141.10	
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	6,304.24	7,190.27	8,222.40	21,716.91	
	8	Entertainment	0	0	0	0	
	9	Other direct expenses	0	0	0	0	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶					21,716.91
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶					17,424.19

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	None	None	None	None
	3	Noncash prizes	None	None	None	None
	4	Rent/facility costs	None	None	None	None
	5	Other direct expenses	None	None	None	None
	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) ▶					0
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					0

9 Enter the state(s) in which the organization operates gaming activities: None

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: N/A

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	0	%
b	An outside facility	13b	0	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ N/A

Address ▶ N/A

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ N/A and the amount of gaming revenue retained by the third party ▶ \$ N/A

c If "Yes," enter name and address of the third party.

Name ▶ N/A

Address ▶ N/A

16 Gaming manager information.

Name ▶ N/A

Gaming manager compensation ▶ \$ N/A

Description of services provided ▶ N/A

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ N/A

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

None