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Form **990**

SCANNED JUN 1 3 2014

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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 private foundations)

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

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

<u>A</u>	For the 2	2013 cale	endar year, or tax year beginning <u>January 1</u> , 2013, and endi	<u>ng Decei</u>	<u>mber 31</u>	<u>, 20 13 </u>	
В	Check if a	pplicable	C Name of organization The Littleton Panthers		D Employ	yer identification nu	mber
	Address cl	hange	Doing Business As Littleton Youth Sports			84-1383419	
П	Name char	•	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telepho	one number	
三	Initial retur	•	6834 S. University Blvd #244		·	303-741-3863	
\exists	Terminated		City or town, state or province, country, and ZIP or foreign postal code			303-741-3003	
\vdash					G Cross r	occupto ¢	007400
Η	Amended		Centennial, CO 80122		G Gross r	<u>-</u>	307439
Ш	Application	n pending	F Name and address of principal officer Becky Jones			subordinates? Yes	_
			8183 S. Harrison Cir., Centennial, CO 80122			es included? L. Yes	
<u></u>	Tax-exemp	ot status	✓ 501(c)(3)		io," attach	a list (see instruction	ns)
<u>J</u>	Website:	<u> ww</u>	w.littletonyouthsports.org	H(c) Group	exemption	number 🕨	
K	Form of org	ganization	Corporation Trust ✓ Association Other L Year of form	ation 1963	M State	of legal domicile	CO
Р	art I	Summ	nary				
	1 B	Briefly de	escribe the organization's mission or most significant activities: Littlet	on Youth Spo	rts is an	organization	
æ	1	-	ovides young athletes a positive experience in a variety of sports. We offe				
Activities & Governance			ding, Football, Lacrosse, Softball and Volleyball to boys and girls ages 5-1				
E			is box ▶☐ if the organization discontinued its operations or disposed				
Š	1				1 _		
G.	1		of independent voting members of the governing body (Part VI, line 1a)		<u> </u>		
S	1			-			14
Ę	1		, , , , , , , , , , , , , , , , , , , ,		5		0
寰	1		mber of volunteers (estimate if necessary)		6		<u> 384</u>
⋖	1		elated business revenue from Part VIII, column (C), line 12		7a		0
	b N	let unre	lated business taxable income from Form 990-T, line 34	<u> </u>	7b_		0
			tions and grants (Part VIII, line 1h) RECEIVED.	Prior Ye	ear	Current Ye	ar
Revenue					2820		3469
	9 P	rogram	308596		303700		
ě			1		0		
Œ	11 C	ther rev	ent income (Part VIII, column (A)		486		270
			enue—add lines 8 through 11 (must equal Part VIII, column (A) Ine 12)		311903		307439
	+		nd similar amounts paid (Part IX, column (A), lines (-3)]	-	<u> </u>		307433
	1		paid to or for members (Part IX, column (A), line 4)				
					0		
Expenses	I .		other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	ļ <u>-</u>	0
ë			onal fundraising fees (Part IX, column (A), line 11e)		0		
옸	1		draising expenses (Part IX, column (D), line 25)				
	1	-	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		288734		299811
			penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		288734		299811
		evenue	less expenses. Subtract line 18 from line 12		23169		7628
ssets or Balances				Beginning of Cu	rrent Year	End of Yea	r
sets	20 T	otal ass	ets (Part X, line 16)		84649		92277
AB	21 T	otal liab	ulities (Part X, line 26)		0		0
Net As Fund B	22 N		ts or fund balances. Subtract line 21 from line 20		84649		92277
	art II		ture Block				
			ry, I declare that I have examined this return, including accompanying schedules and state	ements, and to t	he best of r	ny knowledge and l	nelief it is
tru	e, correct, a	nd compl	ete Devlaration of preparer (other than officer) is based on all information of which prepare	er has any knowl	edge	A	
		1=	or he was		5-1	5-14	
Sig	ın 📙	Sign	ature of officer	Da	te		
He			1)0/12 1/00/2				
	.	Type	or print name and title			- · · ·	
_)ate	T -	PTIN	
Pa					Check	<u> </u>	
	eparer	<u> </u>			self-emp	bioyea	
Us	e Only	Firm's n		Firm	ı's EIN ▶		
			ddress ▶	Pho	ne no		
_			s this return with the preparer shown above? (see instructions)	. <u></u>	<u> </u>	· · 🗌 Yes	☐ No
For	Paperwo	rk Redu	ction Act Notice, see the separate instructions. Cat I	No 11282Y		Form 99	(2013)

	()	. 490 =
Part		
	Check if Schedule O contains a response or note to any line in this Part III	. 🗆
1	Briefly describe the organization's mission:	
	Littleton Youth Sports is an organization which provides young athletes a positive experience in a variety of sports. We offer Baseball, Basketball, Cheerleading, Football, Lacrosse, Softball and Volleyball to boys and girls ages 5-14 in our	
	local community. In 2012 the Littleton Panthers & the Littleton Patriots combined creating Littleton Youth Sports	
	because we both offered the same product to the same community.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☑ No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[7] a.s
	— ****	✓ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measi	ired by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others.
	the total expenses, and revenue, if any, for each program service reported.	. ,
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	
40	(Code) (Expenses # including grants of #) (Nevende #	,
		•••••
		
		·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses > 0	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		_
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. 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	4		✓_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		V
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			···
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		✓.
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>·</u> ✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		*
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	· · · ·		
	Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		<u>✓</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			<u>√</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>√</u>
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
00	If "Yes," complete Schedule G, Part III	19		✓_
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓.
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		\vdash	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			2000	

Part				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 !	i	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	ļ		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		✓
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	 		
5a	, , ,	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7-		
_		7a		✓
b b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		•
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		V
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		· ·
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	····		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	i l		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		j	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	T		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	, - 		
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	, 1		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	[✓_
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 99				Page 0
Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See in:	struct	ions.
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	•. •		. ✓
Section	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 0			-
10	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar]	
	committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6 7-	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	,	ļ	,
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		✓
_	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	/	
	Each committee with authority to act on behalf of the governing body?	8b	✓_	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
100	Did the arganization have local chapters, branches, or affiliates?	100	Yes	No 🗸
	Did the organization have local chapters, branches, or affiliates?	10a		V
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	_		
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		√
14 15	Did the organization have a written document retention and destruction policy?	14		✓
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure	TOD		
	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	,		-,
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest in the conflict of interes	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: Becky Jones, 8183 S. Harrison Cir., Centennial, CO 80122 303-741-3863		_	

Earm	$\alpha \alpha \alpha$	(2013)	

Form **990** (2013)

Part VII	Compensation of Officers, Directors	s, Trustees, Key Employees, Highest Compensated	Employees, and
	Independent Contractors		

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

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

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

Check this box if neither the organization no	or any relate	d org	anız	atic	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
				(C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per					tor/trust		compensation	compensation from	amount of
	week (list any hours for	우둞	Ins	Qf	Ke S	흵픓	Fo	the	related organizations	other compensation
	related	l ired	ğ	Officer	en	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		ona		Key employee	8 6	١.	(W-2/1099-MISC)		organization and related
	line)	l rest	2		¥ e	npe		İ		organizations
		8	Institutional trustee			Highest compensated employee				
	 		-			8		<u> </u>		
(1) William Csikos - President	1									
(Volunteer)				✓				0	0	0
(2) Mike Brandsma - Treasurer	11									
(Volunteer)				✓				0	0	0
(3) Dena Cocetti - Secretary	11	ļ								
(Volunteer)				✓		<u> </u>	<u> </u>	0	0	0
(4) Jay Lukes · Vice President	11	İ								
(Volunteer)				✓				0	0	
(5) Danny Nourse - Baseball Coordinator	2									
(Volunteer)				✓			L.	0	0	0
(6) Jeffrey Vincent - Football Coordinator	2									
(Volunteer)				✓				0	0	0
(7) Dawn Ferguson - Cheerleading Coordinator	111			١.						
(Volunteer)				⊻	<u> </u>			0	. 0	0
(8) Richard Morgan - Lacrosse Coordinator	2	ļ		١,						
(Volunteer)				✓	ļ			0	. 0	0
(9) Susan Eakin - Basketball Coordinator	11									
(Volunteer)				✓	<u> </u>			0	0	. 0
(10) Abbie Metherd - Softball Coordinator	1 1									
(Volunteer)				✓	<u> </u>			0	0	0
(11) Chupe Fong - Member at Large	11									
(Volunteer)	ļ			✓	_			0	0	0
(12) Mark Autry - Baseball Assistant	1 1									
(Volunteer)				✓	L_			0	0	0
(13) Nick Orr - Football Assistant	11									
(Volunteer)	<u> </u>			✓				. 0	0	0
(14) Dan Purdum - Member at Large	1 1									
(Volunteer)			Ш	✓				0	0	0

Pari	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)							<u> </u>						
	(A) Name and title	(B) Average hours per	box, i	unles	Pos neck ss pe	rson	e than o is both or/trus	h an	(D) Reportable compensation	(E) Reportab compensation		Esti	(F) mated ount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N		comp fro orga and	ther ensatior m the nization related nizations	
(15)							_							
(16)														
(17)														
(18)												-	-	
(19)				_								<u>_</u>		
(20)								-				_		
(21)											-			
(22)														
				_									. <u> </u>	
														_
(25)				,										
1b c d	Sub-total			•				▲ ▲	0		0			0
2	Total number of individuals (including but reportable compensation from the organic	not limited				ed a	above	e) w		ore than \$10		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct						emp	oloyee, or high	est compe	nsated		Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	ortab	ole c	com	per	satio							
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co								ation or ind		5		√
Section	on B. Independent Contractors													<u>√</u>
1	Complete this table for your five highest compensation from the organization. Rep year.	compensate ort comper	ed ind isatio	epe n fo	ende or th	ent o	contra alend	acto ar y	ors that receive rear ending with	ed more that h or within t	n \$100 he org	,000 of anızatıc	n's ta	K
	(A) Name and business addi	ress							(B) Description of se	ervices	((C) Compens	ation	
None										_				
	Tatal aumhou of independent and	nn (r1)						<u> </u>					-	<u> </u>
2	Total number of independent contractor received more than \$100,000 of compens							the	ose listed abo	ove) who				

Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a	response or note to				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a 0			•	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b 0				
S, C	С	Fundraising events	1c 0				
활	d	<u> </u>	1d 0				
JS,	е	, <u> </u>	1e 0				
er S	f	All other contributions, gifts, grants,					
혈			1f 3469				
멸	9	Noncash contributions included in lines 1a-11					
	<u>h</u>	Total. Add lines 1a-1f	▶	3469			
an i		Designation Food	Business Code				
ě	2a	Registration Fees		303700	303700	0	0
9	b						
Ğ.	d					-	
Š	e		1 1				
Program Service Revenue	f	All other program service revenue					
P	g	Total. Add lines 2a-2f		303700			
	3	Investment income (including di					
		and other similar amounts)		o	0	0	0
	4	Income from investment of tax-exemp	ot bond proceeds ►	0	0	0	0
	5	Royalties		0	0	0	0
		(ı) Real	(II) Personal				
	6a	Gross rents .	0 0				
	b	Less: rental expenses	0 0			:	
	C	Rental income or (loss) Net rental income or (loss)	0 0				
	d 7a	Gross amount from sales of (i) Securities	(II) Other	0	0	0	0
	, "	assets other than inventory	0 0				
	ь	Less: cost or other basis	<u> </u>				
		and sales expenses	ol ol				
	c	Gain or (loss)	0 0		İ		
	d	Net gain or (loss)		0	0	0	0
en	8a	Gross income from fundraising					
Other Reven		events (not including \$ 0					
Be		of contributions reported on line 1c).					
Ē		See Part IV, line 18	a 0				
ᅙ		Less: direct expenses	b 0				
		Net income or (loss) from fundraisi	<u> </u>	0		. 0	0
	ya	Gross income from gaming activities See Part IV, line 19					
				j			}
		Less: direct expenses Net income or (loss) from gaming a		0	0		
		Gross sales of inventory, les		0		0	
		returns and allowances					
	ь	Less: cost of goods sold		ļ	İ		
	С	Net income or (loss) from sales of		0	o	0	0
		Miscellaneous Revenue	Business Code				
	11a	Rebates		270	270	0	0
	b						
	С						
İ	d	All other revenue	L				
		Total. Add lines 11a-11d Total revenue. See instructions.		270			
		Total revenue. See instructions.		307439	303970	0	0

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	nt include amounts reported on lines 6b, 7b, n, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0.	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):			<u>U</u>	<u>_</u>
''a	Management	o	٨	o	
b	Legal	0	0	0	0
C	Accounting	0	0	0	0
d	Lobbying	0	0	0	
e	Professional fundraising services. See Part IV, line 17	0	<u>U</u>	U	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	11980	11980	0	
13	Office expenses	1483	1483	0	0
14	Information technology	4201	4201	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	o	0	
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	1090	1090		
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	11155	11155	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		-		
	(A) amount, list line 24e expenses on Schedule O.)				
a	See Other Expense Sheet (Schedule O)	269902	269902	0	0
b				0	0
C				0	0
d	All alban anno anno			0	0
e	All other expenses Total functional expenses. Add lines 1 through 24e			0	0
25	Joint costs. Complete this line only if the	299811	299811	0	0
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 84649 92277 2 2 Savings and temporary cash investments 0 0 3 ol 3 0 4 0 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 0 0 7 Notes and loans receivable, net 0 0 Inventories for sale or use 0 8 0 9 Prepaid expenses and deferred charges . . . 9 0 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 0 10c 0 0 11 Investments—publicly traded securities 11 ol 0 12 Investments—other securities. See Part IV, line 11. 0 12 0 13 Investments—program-related. See Part IV, line 11. 0 13 0 14 0 14 0 Other assets. See Part IV, line 11 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . 84649 16 92277 17 Accounts payable and accrued expenses 17 0 Grants payable 18 0 18 0 19 0 19 0 20 20 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 0 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 26 Total liabilities. Add lines 17 through 25 26 ol O Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Net Assets 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds . 32 0 0 33 33 84649 92277

Total liabilities and net assets/fund balances .

92277

34

84649

`Form 9	90 (2013)			P	age 12			
Par	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 口</u>			
1								
2								
3	<u></u>							
4								
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	0						
7	Investment expenses				0			
8	Prior period adjustments				0			
9	Other changes in net assets or fund balances (explain in Schedule O)				0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	.			92277			
Part	XII Financial Statements and Reporting							
-	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	·		<u>. </u>			
				Yes	No			
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ın						
	Schedule O.							
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or						
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			ļ				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited o	n a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi	_						
	of the audit, review, or compilation of its financial statements and selection of an independent accountar		2c		<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain	ı ın			1 7			
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	ın	_					
	the Single Audit Act and OMB Circular A-133?		3a		✓_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	š .	3b					

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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

IVALLIC	or the organization							Linpioyer	uchanoau.	on number		
The L	ittleton Panthers									383419		
			rity Status (All orga						instructi	ions.		
The o	organization is not	a private founda	ation because it is: (Fo	or lines 1	through 1	11, check	conly one	e box)				
1	A church, con	vention of churc	hes, or association of	churche	s describ	ed in se d	ction 170	(b)(1)(A)(i).			
2	A school desc	cribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	lule E.)							
3	☐ A hospital or a	a cooperative ho	spital service organiza	ation des	cribed in	section	170(b)(1)	(A)(iii).				
4		earch organizatione, city, and stat	on operated in conjun e:	ction witl	h a hospi	tal descri	ibed in se	ection 17	0(b)(1)(A)(iii). Ente	r the	
5	— •	on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or un	iversity o	wned or	operated	by a go	vernmer	ntal unit d	lescrit	ped in
6 7	=											
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)						
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unrelater June 30, 1975. Se	an 33¹/₃% tions—su lated bu	6 of its sobject to 6 siness ta	upport fr certain e xable in	exceptions come (le	s, and (2 ss section) no moi	re than 3	31/3%	of its
10	☐ An organizatio	on organized and	l operated exclusively	to test fo	or public :	safetv. S	ee sectio	n 509(a)	(4).			
11	An organization	on organized ar	nd operated exclusive olicly supported organ describes the type of	ely for th	ne benefi describe	t of, to d in sect	perform tion 509(a	the func a)(1) or s	tions of, ection 50	09(a)(2). S		
	a 🗌 Type I	b ☐ Type	II c ☐ Type II	I - Functio	nally inte	arated	d 🗇	Type III-I	Non-fund	tionally in	tegrat	ted
е	☐ By checking t	his box, I certify undation manage	that the organizationers and other than one	is not co	ntrolled o	directly o	r indirecti	ly by one	or more	disqualifi	ed pe	rsons
f			a written determination	on from	the IRS	that it ie	a Type	I Type	II or Tvi	na III eur	nortir	30
•	_	check this box		311 110111	ille illo	illai II IS	a Type	i, Type	ii, Oi iy	he iii sut	portii	"Y
_	•					 د.دماسهمم		 د طه کم درسد				ш
g	_		he organization accep	pied any	girt or co	ontributio	on irom a	any or the	3			
	following pers					6 16.						 .
			ndirectly controls, eith								Yes	No
			ody of the supported	-								L
		•	on described in (i) abo							. 11g(ii)		ļ
	• •	•	a person described in							. 11g(iii)	<u> </u>	<u> </u>
<u>h</u>	Provide the fo	llowing informati	on about the support	ed organ	ızatıon(s).					,		
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	ın col (i) lı	organization sted in your document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetar support		onetary
				Yes	No	Yes	No	Yes	No	l		
(A)												
(B)				-			-					
(C)												
(D)												
(E)		-										
		<u> </u>						-	 	1		

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on lin	e 5, 7, or 8 of	Part I or if th	ie organizatio	n failed to qu	
Sect	ion A. Public Support				-		
	ndar 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.")						
2	Tax revenues levied for the organization'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						
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)						
6	Public support. Subtract line 5 from line 4.		<u> </u>			<u> </u>	
	ion B. Total Support		r	T :	I		T
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried 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						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her				_		
Sooti	on C. Computation of Public Suppor			• • • • •	· · · · ·	· · · · · ·	•
14	Public support percentage for 2013 (line 6			1 column (fl)	· · · · · · · · · · · · · · · · · · ·	14	%
15	Public support percentage from 2012 Sch		-			15	//
16a	331/3% support test-2013. If the organiz					л3% or more, c	
	box and stop here. The organization qual	ifies as a pub	licly supported	organization			▶ 🗆
b	331/3% support test—2012. If the organicheck this box and stop here. The organic	zation qualifie	s as a publicly	supported org	janization .		. ▶ 🗆
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						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	on meets the eets the	facts-and-ci	rcumstances" tances" test. T	test, check th	ns box and st	, and line op here.
18	Private foundation. If the organization did				ı, or 17b, chec	k this box and	see

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.)

Secti	ion A. Public Support	under the te.	sts listed beig	Jw, piedse ce	impiete i ait i	1-)	
	ndar 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	(a) 2009	(0) 2010	(6) 2011	(u) 2012	(e) 2013	(i) iotai
•	received. (Do not include any "unusual grants")	22022	047005	205242	244002	207420	4000040
2	Gross receipts from admissions, merchandise	236939	217225	225313	311903	307439	1298819
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	o	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	ol	o	o	o	0	0
6	Total. Add lines 1 through 5	236939	217225	225313	311903	307439	1298819
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	o	О	o	0	o	0
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of \$5,000					i	
	or 1% of the amount on line 13 for the year	o	o	o	o	ol	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		<u> </u>			*	
	line 6.)						
Secti	on B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	236939	217225	225313	311903	307439	
10a	Gross income from interest, dividends,	230939	217225	225313	311903	307439	1298819
100	payments received on securities loans, rents,						
	royalties and income from similar sources	o	o	o	ام		•
b	Unrelated business taxable income (less		- 4		<u>_</u>	0	<u> </u>
D	section 511 taxes) from businesses						
	acquired after June 30, 1975				اء		_
_	Add lines 10a and 10b	0	0	0	0	0	
C		· U	0	0	O		0
11	Net income from unrelated business activities not included in line 10b, whether				ŀ		
	or not the business is regularly carried on	_	_		_	_	
40	~ .	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	236939	217225	225313	311903	307439	1298819
14	First five years. If the Form 990 is for the						1 501(c)(3)
	organization, check this box and stop he				· · · · ·	· · · · ·	<u> ▶ ⊔</u>
	on C. Computation of Public Suppor					т	·
15	Public support percentage for 2013 (line 8					15	100 %
16	Public support percentage from 2012 Sch			<u> </u>	<u></u>	16	100 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2013 (•	•	,	17	0 %
18	Investment income percentage from 2012					18	0 %
19a	331/3% support tests-2013. If the organi						
	17 is not more than 331/3%, check this box		-			-	
b	331/3% support tests - 2012. If the organiz						
	line 18 is not more than 331/3%, check this t	oox and stop he	ere. The organiz	zation qualifies	as a publicly su	pported organiz	zation 🕨 🗌
20	Private foundation. If the organization die	d not check a b	ox on line 14.	19a, or 19b, c	heck this box a	ind see instruc	tions ▶ □

Part IV	orm 990 or 990-EZ) 2013 Supplemental Information Provide the explanations required by Part II, line 10: Part II, line 17a or 17b; or	age 4
Partiv	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions).	na
	Part III, line 12. Also complete this part for any additional information. (See instructions).	
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Form 990, Part IX, Line 24a

Other Expenses Statement

	(A)	(B)
	Total	Program Services
Administrative	26,563	26,563
Assessments	116,984	116,984
Background Checks	2,155	2,155
Clinics	4,591	4,591
Coaches	16,551	16,551
Credit Card Fees	8,698	8,698
Equipment	20,081	20,081
Field & Gym Rental	61,572	61,572
Lacrosse Ticket Fees	6,150	6,150
Legal/Professional Fees	50	50
Mileage	914	914
Postage	234	234
Storage	5,359	5,359
Total:	269,902	269,902