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SCHEDULE A (Form 990 or 900-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 601(c)(ii) organization or a section 4047(c)(1) nonemempt charitable trust.

Attach to Form 800 or Form 860-27.

CMS No. 1545-0047

2013

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عاله ما	dn Y	Alley Legrosse Resson (ing Public Char	ity Status (All orga	nization	must c	omolete	this per	t.) See i			_
he (orge			tion because it is: (Fo								
1				hes, or association of						4		
2				170(b)(1)(A)(ii). (Attac								
3		A hospital or	a cooperative hor	opital service organiza	tion deed	i al badha	ection 1	MINADOL	NATA.			
-	_	hospital's nar	ne, city, and state			-						<u></u>
	_	section 1708	si(1)(4)(by), (Coin		_	•		-		/emment	al unit describe	J in
6 7		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.)										
8		A community	trust described in	n section : 17 0(b)(1)(A)	(M). (Cor	nplete Pa	rt II.)					
•	An organization that normally receives: (1) more than 331/6% 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 331/6% 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 209(a)(2), (Complete Part III.)											
10 11	☐ An organization organized and operated exclusively to test for public safety. See seation 509(a)(4). ☐ 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.											
										•	ionally integrate	4
	П	,					_					
	 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(s)(1) or section 509(s)(2). 											
f	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											
•		Since August following per		he organization accep	pted any	gift or ca	ontributio	n from a	ny of the)		
		A person	who directly or I	indirectly controls, eithody of the supported (her with	persons	describe	d in (11) a	nd Yes	No
		• •		on described in (i) abo	_						11000	_
				a person-described in							11600	
1	1	Provide the fo	ollowing informati	ion about the support	ed organ	zation(s).						
•		ne of supported rganization	Fourported (6) SIN (III) Type of organization (4) in the expendation (4) Clid y best or in the contraction (5) in the contraction (6) in		you notify (#) to the organization in (#) organization in (#) organized in (J.S.?		ion in cal. and in the	(M) Amount of monetary support				
			 		Yes	No	Yes	No	Yes	No		
4				<u> </u>					[
3)												
C)]			
D)												
5)												
'ot	4											
												_

School, d	a. A. (Farm 800.er 990-ÉZ) 2013						Page 2
Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ione 170(b)(1)(A)(Iv) and 17	/О(Б)(1)(А)(М	
i	(Complete only if you checked th	e box on line	s 5, 7, or 8 of	Part I or if th	e organization	falled to qua	lify under
_	Part III. If the organization fails to	qualify unde	er the tests lie	sted below, p	lease complet	e Part III.)	
Section 1	on A. Public Support						
Celon	der year (or floor) year beginning in) 🕨	(4) 2009	(b) 2010	(c) 2011	(4) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and]		
	mambarahip fase received. (Do not		Į	ĺ	1 (l	
	include any "unusual grants.")		<u> </u>		30,221.50	39,212.50	22,436,00
2	Tax revenues levied for the						
	organization!s benefit and either paid		Į.	ł			
	to arexpended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the		1	i	1		
	organization without charge			<u></u>			
4	Total. Add lines 1 through 3			L	30,223.50	39,212,50	68,436,00
£	The portion of total contributions by]			
	each person (other than a				1 1	ľ	
	governmental unit or publicly		ł	Į.	1		
	supported organization) included on				1 1		
	line 1 that exceeds 2% of the emount		1		1		
	shown on line 11, column (1)						
8	Public support. Subtract line 5 from line 4.						<u> </u>
	on B. Total Support						
Calen	der year (or flocal year beginning in) 🕨	(m) 2008	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				30,223,50	29,212.50	90,436,00
8	Gross income from interest, dividends,	Ì	1	l l	1		
	payments received on securities losms,	I	1	1	1	, I	
	rente, royalties and income from similar	1	1		. [
	BOURGES		\				
	Not income from unrelated business				1.	1	
	activities, whether or not the business)	Ì	1	i i	}	
	le regularly carried on	<u></u>		ļ	<u> </u>	0	
10	Other Income. Do not include gain or						
	loss from the sale of capital assets	Į	ļ		ł .		
	(Explain in Part IV.)		<u> </u>	Ļ	0		
11	Total support. Add lines 7 through 10	<u> </u>	<u></u>	<u> </u>	<u> </u>		
12	Gross receipts from related activities, etc.					12	08,436,00
13	First five years. If the Form 990 is for the organization, check this box and stop he				u' Or man mer he		
-	on C. Computation of Public Supper				- 	· · · · ·	<u> K</u>
14	Public support percentage for 2013 (line)			41 nah (A)		44	
15	Public support percentage for 2013 (and the Public support percentage from 2012 Sci		•			18	%
	331a% support test—2013. If the organi						
	box and stop here. The organization que						
h	3314% support test-2012. If the organ						
_	check this box and stop here. The organ						. > [
170	10%-facts-and-circumstances test-2	_	•			ar 185 and i	
	10% or more, and if the organization me	eta the "lacty	-and-ciment	ences ^a test of	ack this how so	a, or 100, ariu i d aine here E	ere i 7 45 Kaleja ja
	Part IV how the organization meets the "	acta-end-oirc	umatancas ^u te	et. The crossb	ration chalifies :	- and imar E	spooteri
							. ► [
	10%-facts-and-aircumstances test—2		-			- 1 4 b 47-	
٠	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization m						
	supported organization						
18	Private foundation. If the organization d						
_	Instructions						
_							

Bohoduk	A (Form 990 or 990-EZ) 2013						Page 0
Full	Support Schedule for Organiza	tions Descr	ibed in Secti	on 500(a)(2)			
i	(Complete only if you checked th	e box on line	9 of Part I o	r if the organi	zation falled	to qualify und	er Part II.
	If the organization fails to qualify	under the te	<u>sta listed bek</u>	w, please co	mplete Part	<u> .}</u>	
	on A. Public Support			·			
Calen	der year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(0) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	_					
2	Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tex-exempt purpose						
3	Gross receipts from activities that are not an unreleted trade or business under section 518						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
6	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					I	
74	Amounts included on lines 1, 2, and 3 received from diagualified persons .						
ъ	Amounts included on lines 2 and 3						
_	received from other than disqualified		ļ.		1	Į	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 18 for the year	1	}	<u> </u> 		l-	
•	Add tines 7s and 7b		 -				
8	Public support (Subtract line 7c from line 6.)						
Sect	en B, Total Support		<u> </u>				
	ider year (or flees) year beginning in)	(4) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
•	Amounts from tine 6	- F-1235	1,5,2,0,0	PG 2011		1 20.0	17.0.3
_	Gross Income from interest, dividends,				 	 	
	payments received on securities lowns, rents, royalise and income from similar sources .	l		}	}		·
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
	Add lines 10s and 10b						
11	Net income from unrelated business	ļ	I	,	1	Į.	
	activities not included in line 10b, whether or not the business is regularly carried on			(}		1
12	Other income. Do not include gain or	 	 	 	 	 	
12	lose from the sale of capital assets (Explain in Part IV)		1		ł	·	
13	Total support. (Add lines 9, 10c, 11, and 12)					 	
14	First five years. If the Form 990 is for the organization, check this box and stop fie	_			•		
<u></u>	on C. Computation of Public Suppo						
16	Public support percentage for 2013 (line :			9 001		14#1	
16				ia, calumin (1))			<u> </u>
	Public support percentage from 2012 Schedule A, Pert III, line 15						
17				w line 19 anh	error (ff)	17	*
18							
190					%, and the		
	17 is not more than 33 %, check this box	and etop here	. The organizati	ion qualifies as	a publicly supp	orted organizal	ion . ▶ 📋
b	321x1% support tests-2012. If the organization	zation did not d	check a box on	line 14 or line	19e, and the 1	8 is more than :	331,6%, and
	line 16 is not more than 331a%, check this		_	•			
20	Private foundation, if the organization d	ld not check a	box on line 14	, 19a, or 19b,	check this box	and see Instr.	ctions >

Partile	om sec or sec-Eq 2013 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).
	Part III, line 12. Also complete this part for any additional information. (See Instructions).
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GALLATIN VALLEY LACROSSE LEAGUE PO BOX 472 BOZEMAN HT 59771



DECLARATION

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Treasure

Title