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Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

Open to Public Inspection

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

Department of the Treasury

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service 07/01, 2013, and ending 06/30 .20 14 A For the 2013 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable. Address change WAVERLY-SHELL ROCK BOYS BASKETBALL CLUB 45-3543453 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 202 ECHO DRIVE (319) 352-4845 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return WAVERLY, IA 50677 Number > Application pending H Check ► X If the organization is not X Cash Accrual Other (specify) ▶ Accounting Method required to attach Schedule B Website: ▶ Tax-exempt status (check only one) - X 501(c)(3) (Form 990, 990-EZ, or 990-PF). 4947(a)(1) or 527 501(c) () **◀** (insert no) K Form of organization: X Corporation Trust Other Association 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 ▶ \$ 91,968. 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 2,092. 1 76,526. 2 Program service revenue including government fees and contracts 2 13,350. 3 Membership dues and assessments 3 Investment income Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a 7 a Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 8 R Other revenue (describe in Schedule O) 91,968. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.......................... 9 30,459. Grants and similar amounts paid (list in Schedule O) ATCH 5..... 10 11 11 12 12 20,690. 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 15 46,586. 16 16 97,735. 17 17 -5,767. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 18,526. 19 Net Other changes in net assets or fund balances (explain in Schedule O) 20 20 12,759. Net assets or fund balances at end of year Combine lines 18 through 20



Form 990-EZ (2013)

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt II Balance Sheets (see the instructions for Part II)							3-
	Check if the organization used Schedule O to re		auestio	n in this Part II			[X
				(A) Beginning of year			nd of year	
22	Cash, savings, and investments ATTACHMENT . 2			18,526	22		12,759	.
23	Land and buildings							0
24	Other assets (describe in Schedule O)							0
25	Total assets			18,526.			12,759).
26	Total liabilities (describe in Schedule O)			(0
27	Net assets or fund balances (line 27 of column (B) must agree v			18,526			12,759	<u> </u>
	rt III Statement of Program Service Accomplishme		structio		21			-
, a	Check if the organization used Schedule O to resp				一		penses	
\\/h	at is the organization's primary exempt purpose? ATTACHME		3311011 11	7 tino 1 art iii		equired fo	or section id 501(c)(4)	
					—		s and section	
as r	cribe the organization's program service accomplishments to measured by expenses. In a clear and concise manner, de sons benefited, and other relevant information for each prog	scribe the servi			of 49		rusts; optional	
	ATTACUMENT A	· · · · · · · · · · · · · · · · · · ·						
	ATTACHMENT 4		-					
•								
	(Grants \$ 30,459.) If this amount include	es foreign grants.	check her	re	28a		97,73	35.
29					1 200	 		_
						1		
	(Grants \$) If this amount include	es foreign grants	check he	re	_{29a}			
30					1 234	 	~	
30								
	(Grants \$) If this amount include		abook bo			1		
					30a	 		
	Other program services (describe in Schedule O)				<u>`</u>			
	(Grants \$) If this amount include				31a	 	97,73	5
	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Emplo					Alba isasası		
Fa	Check if the organization used Schedule O to respo							<u>v)</u>
	Check if the organization used Schedule O to respo			(C) Reportable			· · · · · · · · · · · · · · · · · · ·	
	(a) Name and trile	(b) Average hours per we devoted to po	eek	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contribution benefit i	th benefits, ns to employee plans, and compensation	(e) Estimated amou	
ST	EVEN PHYFE							
PRE	ESIDENT	2.30		0		0		C
THO	DMAS VELKY							
Vì	E PRESIDENT	2.30		0		0		C
BII	L FLEGE							
TRE	EASURER	2.30		0		0	Į	С
DIA	ANE CHANDLER							
SEC	CRETARY	2.30		0		0		С
	1 WILLIS							
	RECTOR	1.40	ĺ	0		0	ļ	С
	3 STENSLAND	 				-	 -	_ <u> </u>
	RECTOR	1.40	j	0		0	J	0
	AD HOTZ	1.10						
	RECTOR	1.40		0		0		С
	CPHANIE NEWSOM	1.40						
		1 10		0		0		_
	RECTOR	1.40		0		0		
	RRI DIX	1 1 10		2	ı	_	ĺ	_
	RECTOR	1.40		0		0		0
	SMAR RAMKER	.		= .				
DIF	RECTOR	1.40		0		0		0
-		1						
		<u> </u>						
		l					L	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements in	n the		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in t	his Pa	art V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the	34		x
35 a	change on Schedule O (see instructions)	34	 	 -
334	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37		- 3
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	1. 1	·	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1 28 4	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	- J. J.		
39	Section 501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 9		Tark.	- T
a	Gross receipts, included on line 9, for public use of club facilities	F	r, 165.	4.5
ь 40 а	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1	31 31]
70 a	section 4911 ▶	- 125 125 125 125 125 125 125 125 125 125		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1	a 61.	\$ B
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			- Đ
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization	ALC: U		
е	transaction? If "Yes," complete Form 8886-T	40e	A 7 624	X
41	List the states with which a copy of this return is filed		L	!
42 a	The organization's books are in care of ▶BILL FLEGE Telephone no. ▶ 319-29	0-65	09	
	Located at ▶2414 1ST AVE NW WAVERLY, IA ZIP+4 ▶ 50677		•••••	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	r	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶	7	- 77	4 , 4 , 4
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1, 1	-	-
_	At any time during the colonder year, did the organization maintain an office outside the U.S.?	42-		X
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	l	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			L
	, , , , , , , , , , , , , , , , , , ,		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		, -	
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			ــقـــــــــــــــــــــــــــــــــــ
45 -	explanation in Schedule O	44d 45a	<u> </u>	X
45 a 45 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	43a	<u> </u>	-
73 D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	· i		
	Form 990-EZ (see instructions)	45b		X

Form 99	0-EZ (2013)		· · · · · · · · · · · · · · · · · · ·			F	Page 4
						Yes	No
46	Did the organization engage, directly or indirectly,	•	_	• • •			
	to candidates for public office? If "Yes," complete S	Schedule C, Part I.	<u></u>	<u></u>	. 46		X
Part '							
	All section 501(c)(3) organizations mus	st answer question	ıs 47-49b and 52, a	and complete the ta	ables fo	r line	S
	50 and 51.						
	Check if the organization used Schedule	O to respond to	any question in this	Part VI	• • • • •		<u>. [_]</u>
47	Did the organization engage in lobbying activities				-	Yes	No
	year? If "Yes," complete Schedule C, Part II				-		X
48	ls the organization a school as described in section						<u>X</u>
49 a	Did the organization make any transfers to an exe	•	_		. 49a		<u>X</u>
b	If "Yes," was the related organization a section 52	_			. 49b		
50	Complete this table for the organization's five hig	· · · · · · · · · · · · · · · · · · ·					d key
	employees) who each received more than \$100,00				nter "No	<u>ne."</u>	
	(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) Estimate other con		
			-				
NO	VE						
							-
. 							
		ļ <u>.</u>		. <u></u>			
		1					
		<u></u>	L				
f Ed	Total number of other employees paid over \$100, Complete this table for the organization's five hi	000 ▶	0 d undependent contr	tastara who cook re			4h
51	\$100,000 of compensation from the organization.	If there is none, en	a independent conti ter "None."	actors who each re	eceivea	nore	ınan
	(a) Name and business address of each independent contract		(b) Type of service	(c) Cc	mpensatio	n	
				· · · · · · · · · · · · · · · · ·	<u> </u>		
NON							
11011							
							
		·					
				- 			
		·					
				·			
d	Total number of other independent contractors ea	ch receiving over \$	100 000	0			
				10.47/~\/4\			
52	Did the organization complete Schedule A? Note. A nonexempt charitable trusts must attach a comple				XYes		No
Inder pe	nalties of perjury, I declare that I have examined this return, incl	uding accompanying sch	edules and statements, an	d to the best of my knowl			t is
ue, corr	ect, and complete Declaration of preparer (other than officer) is b	ased on all information of	which preparer has any kr	nowledge			
	1 Shall			/ 1//5/	14		
Sign	Signature of officer	D	. 1 -1-	Date			
lere	Signature of afficer Steven J. Phy Fe	Mes.	vest				
	Type or print name and title						
2254	Print/Type preparer's name Preparer's	signature	Date	Check If F	PTIN		
Paid	ROBERT H NEUHAUS	_ ~	- 11/4/		P00089	9678	
repai	Leuris name GOSTITNG & COMPANY 1	PC		Firm's EIN > 42-1	277818	3	
Jse O	Firm's address > 109 E BREMER AVE				352-42	217	
	WAVERLY, IA 50677					-	
lay the	IRS discuss this return with the preparer shown a	above? See instruction	ons	<u>.</u>	XYes		No
					Form 990	-EZ	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.

OMB No 1545-0047

► 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. Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization

NA۱	/EKT	Y-SHELL ROCK	BOYS BASKETB	ALL CLOB		_				45	-334	3453	
Pa	rt I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions			
Γhe	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1	П	A church, convention	on of churches, or	association of churches of	describ	ed in s	ection	170(b)(1)(A)(i)				
2		A school described	I in section 170(b)	(1)(A)(ii). (Attach Schedul	еE)								
3		A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(t)(1)(A)	(iii).				
4		A medical researc	h organization op-	erated in conjunction wi	th a h	ospita	l descr	ıbed ın	sectio	n 170(b)(1)(<i>i</i>	4)(iii). Ei	nter the
		hospital's name, cit											
5		An organization op	erated for the bea	nefit of a college or univer	ersity (owned	or ope	erated b	y a go	vernme	ntal u	ınit desc	ribed in
		section 170(b)(1)(A	A)(iv). (Complete F	Part II)									
6		A federal, state, or	local government	or governmental unit des	cribed	ın sect	ion 170	(Б)(1)(л	A)(v).				
7		An organization the	at normally receive	es a substantial part of its	s supp	ort fro	m a go	vernme	ental un	it or fro	om th	e genera	al public
		described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II)									
8				on 170(b)(1)(A)(vi). (Com									
9	X			es. (1) more than 331/3 %									
				exempt functions - subj									
		support from gros	s investment inco	ome and unrelated busing	ness ta	axable	incom	e (less	section	า 511	tax) 1	from bus	sinesses
				e 30, 1975. See section									
0	Ш			ted exclusively to test for						-			
1				rated exclusively for the									
				ipported organizations de									section
		<u></u>		es the type of supporting									
		a Type I	b Type II	c Type III-Function								nally inte	-
е				e organization is not conf									
			_	other than one or more	oublich	y supp	orted o	rganıza	itions d	escribe	d in s	ection 50	09(a)(1)
_		or section 509(a)(2			100		-			_			
f		-		n determination from the	e IKS	that it	ıs a I	ype I, I	уре II,	or Typ	e III s	supportin	g
		organization, check											
9		-	006, has the orga	nization accepted any gift	or cor	ntributi	on from	any oi	tne				
		following persons?		the controls sither slope	or tog	othor .	with no	roopa d	anariha	dia (u)	and	-	res No
		• •	•	tly controls, either alone the supported organizate		eniei v	with per	SUIIS U	escribe	u III (II)	and	11g(ı)	103 110
		(iii) A family memb			Jii:	• • •	• • • •				• • •	11g(ii)	
		• •		on described in (i) or (ii) a	 hove?	• • •	· · · ·				• • •	11g(iii)	
h				ut the supported organiza								[1.9(/]	
		ame of supported	(ii) EIN	(iii) Type of organization	1	s the	(v) Did v	ou notify	(vi) I	s the	(vii)	Amount of I	monetary
	(1) 14	organization	(11) = 114	(described on lines 1-9	organia	zation in	the orga	anızatıon	organiz	zation in	```'', ′	support	
				above or IRC section (see instructions))	your go	listed in overning ment?) of your port?	col (i) o	rganized			
				(00002 0000)//	Yes	No	Yes	No	Yes	No			
												<u>-</u>	
A)						1	1		1		!		
B)							l						
 C)													
~, -							ļ	_					
D)						1							
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E) 													
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Sche	dule A (Form 990 or 990-EZ) 2013						Page 2
Pai	(Complete only if you checked Part III. If the organization fails	ed the box on	line 5, 7, or 8	of Part I or if th	ne organizatio	n failed to qua	
Sec	tion A. Public Support						
Cale	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	,		w			
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4						
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	<u> </u>	- 1		<u> </u>		
12	Gross receipts from related activities, etc. (s	see instructions).				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secor	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	• • • • • • •
14	Public support percentage for 2013 (li	ne 6. column (f) divided by line	11, column (f))		14	%
15	Public support percentage from 2012	Schedule A. Pa	rt II, line 14			15	%
16a	Public support percentage from 2012 Schedule A, Part II, line 14						
	this box and stop here . The organization qualifies as a publicly supported organization						▶ 🔲
b	331/3% support test - 2012. If the c	organization did	not check a be	ox on line 13 o	r 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part IV how the organization meets t			•	•		.,,
_	organization						
Ь	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga	-					
	Explain in Part IV how the organization						•
	supported organization				•	•	. ,
18	Private foundation. If the organization						
	instructions	<u> </u>	<u> </u>	<u></u> .	<u> </u>	<u></u> <u>.</u> .	▶ □
						chedule A (Form 9	

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	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 ")			9,450.	11,410.	15,442	. 36,302.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the			ļ			
	organization's tax-exempt purpose			65,317.	54,367.	76,526	. 196,210.
3	Gross receipts from activities that are not an	•					
	unrelated trade or business under section 513						<u> </u>
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						1
	furnished by a governmental unit to the]			
	organization without charge						
6	Total. Add lines 1 through 5			74,767.	65,777.	91,968	. 232,512.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
С	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						
	line 6)		= ,				232,512.
Sec	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			74,767.	65,777.	91,968	. 232,512.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						-
••	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
10	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,			74,767.	65,777.	91,968	232,512.
14	and 12.)	the organization	n'e first second	·			
1-4	organization, check this box and stop here	*			•		```
Sec	tion C. Computation of Public Sur						
15	Public support percentage for 2013 (line 8			mn (f))		15	%
16	Public support percentage from 2012 Sche					16	
	tion D. Computation of Investmen				· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 2013 (li			I3. column (f))		17	%
18	Investment income percentage from 2012					18	%
	331/3% support tests - 2013. If the or						
a	17 is not more than 331/3%, check th						
h	331/3% support tests - 2012. If the orga						
ט	line 18 is not more than 331/3 %, check						· -
20	Private foundation. If the organization		•				——————————————————————————————————————
J\$A							990 or 990-EZ) 2013
JC 142	1 1 000						

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Inspection
Employer identification number

Name of the organization

WAVERLY-SHELL ROCK BOYS BASKETBALL CLUB

4

45-3543453

FORM 990EZ, PART I - OTHER EXPENSES SUPPLIES INSURANCE		45,319.
INSURANCE		
		1,267.
TOTAL		46,586.
FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS	ATTACHM	ENT 2
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	18,526.	12,759.
TOTALS	18,526.	12,759.
FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT P	ATTACHM.	ENT 3
TO INSPIRE THE BOYS OF THE WAVERLY-SHELL ROCK COMMUNIT DISTRICT TO PRACTICE THE IDEALS OF BASKETBALL TO HELP ATHLETICALLY AND ACADEMICALLY.	Y SCHOOL	

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

PROVIDED PLAYERS AND COACHES WITH THE KNOWLDEGE OF THE GAME OF BASKETBALL BY INSTRUCTION AND TECHNIQUES THAT HELPED THEM TO IMPROVE THEIR SKILLS AND ENABLED THEM TO COMPETE AT A HIGH SKILL LEVEL AND DEVELOP CHARACTER, TEAMWORK AND SPORTSMANSHIP IN AN ENJOYABLE BASKETBALL ENVIRONMENT.

ATTACHMENT 4

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS P

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	FOUNDATION STATUS OF RECIPIENT
IN EXCESS OF \$5000		RECIPIENT NAME AND ADDRESS

WAVERLY-SHELL ROCK COMMUNITY SCHOOL DISTRICT WAVERLY, IA 50677 1415 4TH AVE SW GRANTS PAID

NONE

ECIPIENT

BASKETBALL PROGRAM, AND PURCHASE NEEDED EQUIPMENT AND SUPPLIES THAT WILL ALLOW OUR YOUTH TO GROW DISTRICT TO ENHANCE FACILITIES, SUPPORT THE TO PROVIDE FINANCIAL SUPPORT TO THE SCHOOL PURPOSE OF GRANT OR CONTRIBUTION ATHLETICALLY AND ACADEMICALLY.

30,459.

AMOUNT

30,459.

TOTAL CONTRIBUTIONS PAID