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Form 990-EZ

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)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning 09-01-2014, and ending 08-31-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: Hamilton Hoops Ltd
Number and street (or P O box, if mail is not delivered to street address) Room/suite: W171 N4915 Greenview Avenue
City or town, state or province, country, and ZIP or foreign postal code: Menomonee Falls, WI 53051

D Employer identification number: 27-3370352
E Telephone number: (262) 781-3532
F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.ballcharts.com/hamiltonbasketball

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] 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 \$ 118,623

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 [X]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 98,101, 108,629, 111,800, and -3,171.

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	8,126	22	4,955
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	8,126	25	4,955
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,126	27	4,955

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, optional for others)

What is the organization's primary exempt purpose?
To promote good citizenship, build character and develop and promote basketball skills and team building for the youth in our community through teaching, playing, and competing in, the game of basketball

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 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	106,856

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
Terri Schrader President	10 00	0	0	0
Tony Resch Director of Bball Ops	5 00	0	0	0
Sue Batzko Secretary	3 00	0	0	0
Lynn Kristensen Treasurer	10 00	0	0	0
Jay Anders Vice President	10 00	0	0	0
Andrew Cerroni Director- coach	8 00	0	0	0

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 [X]

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed WI
42a The organization's books are in care of Lynn Kristensen Telephone no (262) 781-3532
Located at W171 N4915 Greenview Ave Menomonee Falls, WI ZIP +4 53051

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

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

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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"

Table with 5 columns: (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

f Total number of other employees paid over \$100,000

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A

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 (Terr Schrader, President) and Date (2016-01-12)

Paid Preparer Use Only: Print/Type preparer's name (Steven Feurer, CPA), Preparer's signature, Date, Check self-employed, PTIN (P00290129), Firm's name (SATELL JOHNSON APPEL & CO SC), Firm's EIN (39-1386814), Firm's address (111 Heritage Reserve, Menomonee Falls, WI 530515701), Phone no (414) 273-0500

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

Software ID:
Software Version:
EIN: 27-3370352
Name: Hamilton Hoops Ltd

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Direct and sponsor basketball skills and training camps and leagues (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	95,435
29 Sponsor a tournament hosted by our organization (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	7,549
30 Promote and prepare youth for competition level basketball (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	2,672
Scholarships (Grants \$ 1,200) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		1,200

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: Hamilton Hoops Ltd

EIN: 27-3370352

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
Hamilton Hoops Ltd

Employer identification number

27-3370352

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 7 - Sales of Inventory	
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Scholarship Grantee Name Matt Buehler Amount Given 300
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Scholarship Grantee Name Jack Greb Amount Given 300
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Scholarship Grantee Name Jacob Crezlik Amount Given 300
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Scholarship Grantee Name Michael Brine Amount Given 300 Total included on Form 990-EZ, line 10 1,200
Form 990-EZ, Part I, Line 16 - Other Expenses	Description League Expenses Amount 9,960 Description Tournament Expenses Amount 13,284 Description Team Travel Amount 1,886 Description Clinic Expenses Amount 7,046 Description Uniforms Amount 7,584 Description Programsupplies Amount 13,826 Description Insurance Expense Amount 1,216 Description Misc Program Expenses Amount 3,983 Description Bank Charges Amount 198 Description Office and admin expenses Amount 282 Description Misc Admin Expenses Amount 567 Description Website Expenses Amount 1,390 Total to Form 990-EZ, line 16 61,222