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Short Form

OMB No.1545-NNNN

Return of Organization Exempt From Income Tax

2014

Open To Public
InspectionDepartment of Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

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
 Terminated
 Amended return
 Application pending

C Name of Organization PUTNAM YOUTH BASKETBALL LEAGUE INC	D Employer identification number 931221500
Number and street (or P.O. box, if mail is not delivered to street address) PO BOX 68785	Room/suite
City or town, state or country, and ZIP + 4 PORTLAND, OR 97268	E Telephone number
F Group Exemption Number ►	

G Accounting Method Cash Accrual Other (specify) ►H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ►

J Tax-exempt status (check only one) 501(c)(3) 501(c)() < (insert no.) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 44,523

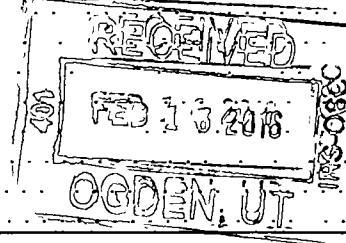
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I		<input checked="" type="checkbox"/>
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 5,292
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 0
	4 Investment income	4 0
	5a Gross amount from sale of assets other than inventory	5a 39231
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 39,231
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 1/4 line 6c)	6d 0	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0	
8 Other revenue (describe in Schedule O)	8 0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 44,523	9 44,523	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14 6,372
	15 Printing, publications, postage, and shipping	15 2,438
	16 Other expenses (describe in Schedule O)	16 35,663
17 Total expenses. Add lines 10 through 16	17 44,473	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 50
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 19,461
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 19,511

For Paperwork Reduction Act Notice, see the separate Instructions.

Cat. No. 10642I

Form 990-EZ (2014)



13

Part II Balance Sheets (see the instructions for Part I)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	19,461	22	19,510
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	19,461	25	19,510
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,461	27	19,510

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 What is the organization's primary exempt purpose? **Youth 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.

We are a community basketball program that serves children in age from 6 to 18 both boys and girls.

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

(Grants \$ <input type="text"/> 0) If this amount includes foreign grants, check here <input type="checkbox"/>	44,473
31 Other program services (describe in Schedule O)	31a
32 Total program service expenses (add lines 28a through 31a)	32 44,473

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
Melinda Herbel Treasurer/Registrar/CEO	10	0	0	0
Tim Platt President	10	0	0	0
Terri Forman Secretary	5	0	0	0

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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

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 Yes No

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 change on Schedule O (see instructions) Yes No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No

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 Yes No

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 Yes No

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 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions > Yes No

b Did the organization file Form 1120-POL for this year? Yes No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No

39 Section 501(c)(7) organizations. Enter Yes No

a Initiation fees and capital contributions included on line 9 Yes No

b Gross receipts, included on line 9, for public use of club facilities Yes No

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► Yes No

section 4912 ► Yes No

section 4955 ► Yes No

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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 Yes No

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► Yes No

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► Yes No

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes No

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► Yes No

Melinda Herbel

Telephone No. ► Yes No

5032019968

Located at ► Yes No

12644 Swallowtail Pl, Oregon City OR

Zip + 4 ► Yes No

97045

b 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)? Yes No

If "Yes," enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? ... Yes No

If "Yes," enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here Yes No

and enter the amount of tax-exempt interest received or accrued during the tax year Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be Yes No

b Did the organization operate one or more hospital facilities during the year? If "Yes," complete instead of Form 990-EZ Yes No

c Did the organization receive any payments for indoor tanning services during the year? Yes No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "no," provide an explanation in Schedule O Yes No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 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 Yes No

	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37b	<input type="checkbox"/>	<input type="checkbox"/>
38a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38b	<input type="checkbox"/>	<input type="checkbox"/>
39a	<input type="checkbox"/>	<input type="checkbox"/>
39b	<input type="checkbox"/>	<input type="checkbox"/>
40b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40d	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40e	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>
42a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	<input type="checkbox"/>	<input type="checkbox"/>
44a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44d	<input type="checkbox"/>	<input type="checkbox"/>
45a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45b	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines

50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

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."

(a) Name and title of each employee paid more than \$100,000	(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".

(a) Name and address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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 >	Melinda Herbel, Melinda Herbel 12-29-15		
	Name of Officer	Date	
	Melinda Herbel Treasurer	Melinda Herbel	
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if employed
Paid Preparer Use Only			PTIN
Firm's name >		Firm's EIN	
Firm's address >		Phone No.	

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

Form 990-EZ (2014)

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) non-exempt charitable trust.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No.1545-0047

2014

Open To Public
Inspection

Department of Treasury
Internal Revenue Service

Name of the organization
PUTNAM YOUTH BASKETBALL LEAGUE INC

Employer identification number
931221500

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III-Functionally integrated	d <input type="checkbox"/> Type III-Non-functionally integrated
-----------------------------------	------------------------------------	---	---
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . .
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) A family member of a person described in (i) above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

h Provide the following information about the supported organization(s)

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?	(V) Did you notify the organization in col (I) of your support?	(VI) Is the organization in col (I) organized in the U.S?	(VII) Amount of monetary support	Yes	No
							Yes	No
Total								

Part II Support Schedule for Organizations Described In Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)

	(a)2010	(b)2011	(c)2012	(d)2013	(e)2014	(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						

Section B. Total Support

Calendar year (or fiscal year beginning in)

	(a)2010	(b)2011	(c)2012	(d)2013	(e)2014	(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. (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2012. 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		

organization

b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Section A. Public Support

Calendar year (or fiscal year beginning in).	(a)2010	(b)2011	(c)2012	(d)2013	(e)2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	64,742	65,214	84,234	91,865	44,473	350,528
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
6 Total. Add lines 1 through 5	64,742	65,214	84,234	91,865	44,473	350,528
7a 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						350,528

Section B. Total Support

9 Amounts from line 6	64,742	65,214	84,234	91,865	44,473	350,528
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	64,742	65,214	84,234	91,865	44,473	350,528
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	0.01	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		%
19a 33 1/3% support test—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>			

Part IV Supplemental Information. Complete this part to 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.)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No.1545-0047

2014

Open To Public
Inspection

Department of 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.

Name of the organization
PUTNAM YOUTH BASKETBALL LEAGUE INC

Employer Identification number
931221500

Part I, Line 16:

Putnam Hoops Tournament Expenses-\$17235Referees-\$5030Equipment-\$167Uniform and Apparel-\$2870Youth League/Tournament Participation-\$6480Insurance-\$9050Operation Expenses-\$512Bank Fees-\$1349Positive Coaching Alliance-\$1115Total \$35663