Form , 990

Department of the Treasury Internal Revenue Service

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 1545-0047

Do not enter social security numbers on this form as it may be made public.

Open t

Go to www.irs.gov/Form990 for instructions and the latest information.

Insp

Open to Public Inspection

| <u>A</u> | | | endar year, or tax year beginning | | | a enging | | | | | |
|---|--------------|---|--|---|---------------------|-------------|--------------------------|-----------------|----------------------|--|--|
| | Check if | applicable | C Name of organization FORES | TLAKE ATHLETIC ASS | OCIATION | | D Employer | dentificatio | n number | | |
| X | Address | change | Doing business as | | | | | | | | |
| \Box | Nama ab | | Number and street (or PO box if mail | is not delivered to street ad | idress) Room/suite | : | 41-1780770 |) | | | |
| 닏 | Name ch | laliye | 200 4TH STREET | | | | E Telephone | number | | | |
| | Initial reti | um | City or town | State | ZIP code | | (651) 982-2 | 857 | | | |
| \Box | Constantion | | FOREST LAKE | MN_ | 55025 | | (001) 902-2 | .007 | | | |
| ш | Final return | n/terminated | Foreign country name F | oreign province/state/county | y Foreign pos | stal code | | | | | |
| | Amended | d return | | | | | G Gross reco | eipts \$ | 7,743 <u>,4</u> 15 | | |
| $\overline{\Box}$ | A 1 4 | | F Name and address of principal officer | | | | | | s? Yes X No | | |
| لبا | Application | on pending | • • | | · · | | this a group return t | | = = | | |
| | | | Alan Hauge 5530 206th Street, | Forest Lake, MIN 550 | | — Н(Б) / | Are all subordinate | es included? | Yes No | | |
| 1 . | Tax-exem | pt status | X 501(c)(3) 501(c) (|) ◀ (insert no) 4 | 1947(a)(1) or | 7 | if "No," attach a lis | t. (see instruc | ctions) | | |
| <u>, , , , , , , , , , , , , , , , , , , </u> | Website | •• • www | w flaaa org | | | H(c) (| Group exemption i | number 🕨 | | | |
| | | | | | 1 | | | | | | |
| _ | | rganization | _== | Association Other > | / | Year of for | mation 1950 | M State o | of legal domicile MN | | |
| | Part I | Sui | mmary | | <u> </u> | | | | | | |
| | 1 | Briefly d | escribe the organization's mission | on or most significant | activities. To | encour | age positive le | earning exp | periences | | |
| 9 | | from coa | aching players and team work, to | develop good citizen | ship, and to help | children | | | | | |
| ٦ | 1 | excel at | sports activities FLAAA also sur | ports other youth gro | oups, humanitariai | n needs | | | | | |
| Governance | 2 | | nis box 🕨 if the organizatio | | | | | of its not a | ceate | | |
| ્રે | | | | | | eu oi iiic | JIE (IIAII 25/6 (| 1 _ 1 | | | |
| <u>ن</u> مح | 3 | | of voting members of the govern | | • | | • | 3 | | | |
| SS | 4 | | of independent voting members | | |) | | 4 | 19 | | |
| Ę | 5 | | mber of individuals employed in | | Part V, line 2a) | | • | 5 | 22 | | |
| Activities & | 6 | | mber of volunteers (estimate if n | | • | | | 6 | 250 | | |
| ĕ | 7a | Total uni | related business revenue from P | art VIII, column (C), li | ne 12 . | | | 7a | 0 | | |
| | b | Net unre | elated business taxable income fi | rom Form 990-T, line | 38 | | | 7b | 0 | | |
| | | | | | | | Prior Year | | Current Year | | |
| a | 8 | Contribu | itions and grants (Part VIII, line 1 | l h) . | | | 3 | 3,967 | 11,366 | | |
| 5 | 9 | 9 Program service revenue (Part VIII, line 2g) | | | | | | 9,873 | 975,436 | | |
| Revenue | 10 | _ | ent income (Part VIII, column (A) | | | <u> </u> | 104 | 198 | | | |
| œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). | | | | | 213 | 173,311 | | | |
| | 12 | | enue—add lines 8 through 11 (mus | | | | 1,577 | | 1,160,311 | | |
| | 13 | | and similar amounts paid (Part IX | | | + | 1,017 | 0 | 1,100,011 | | |
| | 14 | | paid to or for members (Part IX, | | -3) . | | | 0 | | | |
|) | 1 4 - | | | | /A\ linon E 10\ | | | - $$ | 25.440 | | |
| Šes | 15 | | other compensation, employee be | • | (A), lilles 5–10). | - | | 3,987 | 35,443 | | |
| Expenses | 16a | | onal fundraising fees (Part IX, co | | | | 0 (| | | | |
| 훘 | b | | idraising expenses (Part IX, colu | - · · · · - · · · - · · · - · · · · - · | | 0 | | | | | |
| w | , | | rpenses (Part IX, column (A), line | · · · · · · · · · · · · · · · · · · · | • | <u> </u> | 1,482 | | 1,081,134 | | |
| | 18 | | penses Add lines 13–17 (must e | | (A), line 25) | | 1,521 | | 1,116,577 | | |
| | 19 | Revenue | e less expenses Subtract line 18 | 3 from line 12 | TOFIL | /#D | 55 | 5,897 | 43,734 | | |
| 5 5 | | | | | RECLI | Begi | nning of Current | Year | End of Year | | |
| Net Assets or Fund Balances | 20 | Total ass | sets (Part X, line 16). | | 1 | | |),577 | 605,428 | | |
| S S | 21 | Total liab | oilities (Part X, line 26) | | 원 APR 08 | 2019 | $ \widetilde{\omega} $ 1 | ,422 | 6,491 | | |
| 5 | 22 | Net asse | ets or fund balances Subtract lin | e 21 from line 20 | 151. """. | . [| 区 669 | ,155 | 598,937 | | |
| | art II | | nature Block | | | 117 | - | | | | |
| | | | , I declare that I have examined this return | n, including accompanying s | chedule and stateme | nts and to | the best of my kn | owiedge | | | |
| | | | ct, and complete Declaration of preparer | | | | • | - | | | |
| | | | /// Have | 9_ | | | | | | | |
| Sig | | - 7 | Signature of officer | | | | Date | | 7 | | |
| He | re | | $A I_{\sigma} + H_{\sigma}$ | P_{α} | resident | | 54.0 | 4/z | /19 | | |
| | | | Type or print name and title | | -215-01 | | | | | | |
| | | Dest | Type or print name and title Type preparer's name | Preparer's signature | | Th | ate | | PTIN | | |
| D- | :! | [[[| 11ho hichard a traffic | r repaiers signature | | ا ا | | heck 1 | | | |
| Pa | | Jam | ies A Dittmer | James A Dittmer | • | , | | elf-employed | P01259783 | | |
| | eparer | | 's name Dittmer Accounting S | | | | | 61-163116 | | | |
| Us | e Only | , | | | 55427 | | | | | | |
| | | | 's address ► 2512 Hillsboro Ave N | | | | Phone no | (651) 697 | | | |
| Ma | y the IF | RS discus | s this return with the preparer sh | own above? (see inst | tructions) . | | | | X Yes No | | |

| | 990 (2018) FUREST LAKE ATHLETIC ASSOCIATION | 41-1/80//0 | Page Z |
|-----|---|------------------------|--------------------------|
| Pa | rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III. | | |
| 1 | Briefly describe the organization's mission | | |
| • | Primary missions are to provide support and educate youth baseball, softball, fastpitch, | | |
| | volleyball, hockey, football, basketball and lacrosse programs within the area of Forest | | |
| | Lake, MN, for boys and girls under the age of 18. Insurance, field maintenance, building | | |
| | maintenance, uniforms, equipment, clinics, umpires, referees, league costs | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| | the prior Form 990 or 990-EZ? | . Yes | X 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?. | | <u>-</u> XNo |
| | If "Yes," describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service | es, as measured by | |
| | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a | allocations to others, | , |
| | the total expenses, and revenue, if any, for each program service reported. | | |
| | | | |
| 4a | (Code.) (Expenses \$ including grants of \$) (Rever | nue \$ |) |
| | The Volleyball program for girls supports and develops are youth players Support includes gym | | |
| | rental, equipment, training, tournament costs, clinics and insurance | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code.) (Expenses \$ including grants of \$) (Rever | nue \$ |) |
| 710 | The fastpitch program for girls uses funds to pay for uniforms, field maintenance, referees, | | ′ |
| | clinics, coaches fees and equipment | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | , | |
| | | | |
| | (Dave) (Dave) | C | |
| 4c | (Code) (Expenses \$ including grants of \$) (Rever | nue \$ |) |
| | The basketball program for boys and girls uses funds to pay for uniforms, travel, gym rent, | | |
| | clinics, coaches and tournament costs | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O) | | |
| | (Expenses \$ 0 including grants of \$ 0) (Revenue \$ | 0) | |
| 10 | Total program service expenses 0 | | |

-1780770 Page 3

| Part | V 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 | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | <u> </u> |
| J | candidates for public office? If "Yes," complete Schedule C, Part I. | 3 | | х |
| 4 | · | | | -^- |
| 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 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | l _ | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | 1 |
| | 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 | | X |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 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 | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | · · | 57 |
| 11 | VII, VIII, IX, or X as applicable. | | | |
| _ | | | | 2203 |
| 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 | X | ļ |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | 1 | | , |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | 1 | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | 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 | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| 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 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | - : | | ^` |
| 17 | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | х | |
| 40 | | '' | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 40 | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | - |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | ,, | | |
| | If "Yes," complete Schedule G, Part III | 19 | X | ١ |
| 20a | | 20a | ļ . | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II | 21 | | Ιx |

| Pari | Checklist of Required Schedules (continued) | | | |
|------|---|-----------|---------------|----------|
| | | | Yes | No |
| 22` | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 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 | | Х |
| 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 | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year ———————————————————————————————————— | | | |
| | to defease any tax-exempt bonds? | 24c | | Х |
| d | Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | Х |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | Х |
| 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 | | Х |
| 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 "Yes," complete Schedule L, Part II | 26 | | Х |
| 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 | · | X |
| 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): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| C | 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 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 | | X |
| 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 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, | 24 | | v |
| | III, or IV, and Part V, line 1 | 34 35a | | X |
| | | 35a | | _ |
| D | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 | 35b | | |
| 20 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | 336 | | |
| 36 | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 3, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| | | | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 20 | J | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Χ | L |
| Par | | | 1 | |
| | Check if Schedule O contains a response or note to any line in this Part V | • • | • | <u> </u> |
| | | 2000 | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | V | |
| | gaming (gambling) winnings to prize winners? | 1c | 990 | (2042) |
| | | rom | J JU (| (∠∪18) |

| Par | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | |
|--------|--|-----|--|--|--|--|--|
| | | | Yes | No | | | |
| 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 . | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. | 2b | Χ | | | | |
| | 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 | Х | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Х | | | | |
| 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 | | X | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?. | 5b | | X | | | |
| 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 | <u> </u> | <u>X</u> | | | |
| 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). | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | 79,914 | | | |
| | and services provided to the payor? | 7a | | X | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 1_ | | | | | |
| | required to file Form 8282? | 7c | | X | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | | X | | | |
| e | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | |
| 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. Did a donor advised fund maintained by the | | | | | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | 8 | | - | | | |
| 9 | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| a b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter | 30 | | | | | |
| 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 | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter. | | | | | | |
| a | Gross income from members or shareholders | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | |
| | 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 | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | i | | | |
| 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 | | | | | | |
| | the organization is licensed to issue qualified health plans | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | |
| | excess parachute payment(s) during the year | 15 | | Х | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | |
| 10 | · | -10 | | | | | |
| | If "Yes," complete Form 4720, Schedule O | 7 | - | TEND | | | |

Part VÎ

FOREST LAKE ATHLETIC ASSOCIATION

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

| Sect | ion A. Governing Body and Management | | | | <u> </u> |
|----------|--|------------------------|------------|--|---------------------------------------|
| | | <u></u> | 7 | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | <u> 1a</u> | 19 | | 7 |
| | If there are material differences in voting rights among members of the governing body, or | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | 1 |
| | committee, explain in Schedule O. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . | 1b | 19 | | 430 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relations | ship with | 23.00 | 1 | |
| | any other officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under | | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 w | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or | appoint | _ | | ĺ |
| | one or more members of the governing body? | | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members | , | | ١., | İ |
| | stockholders, or persons other than the governing body? . | | 7b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertake | n during | | 25 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | the year by the following | | 200 | | 1 |
| а | The governing body? | • | 8a | X | <u> </u> |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | X | ├─ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r | eached | | | , |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | Internal Davis | 9 | Ļ | X |
| Sect | ion B. Policies (This Section B requests information about policies not required by the | ınternai Revenu | ie Coae. | <i>)</i> Yes | No |
| 40- | Dud the assessmention have lead charters bronches as affiliates? | | 10a | 165 | X |
| 10a | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such | chantore | 104 | | ^ |
| b | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu | | 10b | | |
| 44. | Has the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided as the organization provi | | 11a | х | - |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | re limig the form: | 7495 | i. | |
| b | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | 12a | - i#/ | X |
| 12a b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could | nive rise to conflicts | | | X |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | "Yes " | 120 | | ^` |
| · | describe in Schedule O how this was done | | . 12c | | x |
| 13 | Did the organization have a written whistleblower policy? | , | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | X |
| 4.0 | Did the process for determining compensation of the following persons include a review and appro- | oval by | | 17.5 | * 1 |
| 15 | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | ž | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | | Х |
| b | Other officers or key employees of the organization | | 15b | Х | |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | 7 | £ |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang | iement | 7. | بيناون | 1 |
| | with a taxable entity during the year? | , | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation | ate its | 100000 | - | Serie! |
| _ | participation in joint venture arrangements under applicable federal tax law, and take steps to safe | | | 11 | |
| | the organization's exempt status with respect to such arrangements? | | 16b | | |
| Sect | ion C. Disclosure | | • | | - |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► MN | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990 | and 990-T (Section | on 501(c) | | |
| | (3)s only) available for public inspection Indicate how you made these available Check all that ap | | • • | | |
| | | plaın ın Schedule | O) | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, | conflict of interest | policy, ar | nd | |
| | financial statements available to the public during the tax year | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's l | | | | |
| | Alan Hauge | (651) 982-28 | 857 | | |
| | 5530 206th Street, Forest Lake , MN 55025 | | | | |

| Form 990 (2018) | FORESTI | AKE ATHI | ETIC AS | SSOCIATION |
|-----------------|---------|----------|---------|------------|

41-1780770

Page 7

Part VIÎ

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| | | | | . ,, | C) | | <u> </u> | i - | I | |
|---------------------------------|--|---|-----------------------|-----------------|--------------|------------------------------|----------|--|--|--|
| (A) Name and Title | (B) Average hours per | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | week (list any hours for related organizations below dotted fine) | Individual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Al Hauge | 20 00 | | | | | | | | | |
| President | | | | X | | | | | | |
| (2) Myron Plautz Vice President | 20.00 | | | x | | | | | | |
| (3) Ellen Antony | 20.00 | | | | | | | | | _ |
| Secretary | | | | Х | | | | | | _ |
| (4) Dana Arntzen | 20 00 | | | | | | | | | _ |
| Gambling Manager | | | <u> </u> | | X | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | _ |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | _ |
| (11) | | | | | | | | | | _ |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | _ |
| (14) | | | | | | | | | | |

| P 、 | art VII Section A. Officers, Directors, Tru (A) | ustees, Key Em | | | (e Pos | C) sition | ghes than | | ompensated Em | ployees (cont | nued) (F) | |
|---------|---|---|-------|----------------|-----------|--------------|-----------------------|--------------|---|---|--|-----------------------|
| | Name and title | Average hours per week (list any hours for related organizations below dotted line) | box, | unles er an | s pe | rson | b Highest compensated | n an tee) | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC | Estimated amount o other compensati | of non on ed |
| (15) | | | | - | | | | - | _ | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | _ | | | | | | |
| (21) | | | | | | ļ | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1b c | Sub-total Total from continuation sheets to Part VII, Se | · · · · · | | | | · | <u> </u> | > | 0 | | | (|
| d | Total (add lines 1b and 1c). | collon A | • • | • • | | | | • | 0 | | | |
| 2 | Total number of individuals (including but not lir reportable compensation from the organization | | | | | vho | recei | ved | more than \$100 | | | |
| 3 | Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched | | - | • | oye | e, o | r high | nest | compensated | | Yes 3 | No X |
| 4 | | | | | | | | | | ስ | | X |
| 5 | Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye | | | | | | | | | ridual | 5 | |
| Sec | tion B. Independent Contractors | , | | | | | - | | | | <u> </u> | |
| 1 | Complete this table for your five highest compe compensation from the organization Report co year. | | | | | | | | | | tax | |
| | (A) Name and business addr | ess | | | | | | | (B) Description of serv | vices | (C) Compensation | |
| | | | | | | | | | | | | (|
| | | | | | | | | | = | | <u> </u> | |
| | | | | | | | | | | | | (|
| | | | | | | | | | | | | |
| 2 | Total number of independent contractors (include more than \$100,000 of compensation from the | • | ed to | thos | se li | ste | abo 0 | ve) | who received | | | |

Form **990** (2018)

| Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | |
|--|-----------------------------|--|-----------------|--|---|--|---|--|
| | <u> </u> | Crieck if Schedule O Contains | a response of | note to any line ii | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Federated campaigns. Membership dues Fundraising events. Related organizations. Government grants (contributions All other contributions, gifts, gran similar amounts not included about Noncash contributions included in li | ts, and ve . 11 | 0 0 0 0 1 0 2 0 5 | · | | | |
| | h | Total. Add lines 1a-1f | <u> </u> | Business Code | 11,366 | | | |
| Program Service Revenue | 2a b c d e f | Registration Fees Administration and Tournament F Advertising Miscellaneous All other program service revenu Total. Add lines 2a–2f | | 711210 711210 711210 711210 | 627,066 232,060 1,800 114,510 0 0 975,436 | 627,066 232,060 1,800 114,510 | | |
| | 3 | Investment income (including div | idends, interes | • | 975,436 | | | i |
| | 4 5 6a b | other similar amounts) Income from investment of tax-ex Royalties Gross rents Less rental expenses | empt bond pro | oceeds . Deceeds | 198 0 0 | 198 | | |
| | C | Rental income or (loss) | | 0 0 | | | | |
| | d 7a | Net rental income or (loss) Gross amount from sales of assets other than inventory. | (i) Securities | (II) Other | 0 | | | |
| | c | Less cost or other basis and sales expenses Gain or (loss) | | 0 0 | 0 | | | |
| Other Revenue | d 8a | Net gain or (loss) | 0 lc) | | O | | | |
| er R | | See Part IV, line 18 | - | 159,224 | | | | <u> </u> |
|) Ç | | Less: direct expenses | | 112,010 | | | | |
|) | | Net income or (loss) from fundrai Gross income from gaming activities See Part IV, line 19 | ties | 6,597,191 | 47,211 | - | | |
| | b | Less direct expenses | b | | | | e | - |
| | С | , , | j activities | • | 126,100 | | | |
| | | Gross sales of inventory, less returns and allowances . Less. cost of goods sold | a | | , | | | |
| | | Net income or (loss) from sales of | | ▶ | 0 | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | | | | 0 | | | |
| | b | | | | 0 | | | |
| | 2 | All other revenue | | | 0 | | | |
| | d e | All other revenue | | | 0 | | <u></u> | |
| ! | 12 | Total revenue. See instructions | | | 1,160,311 | 975,634 | 0 | 0 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If | | Check if Schedule O contains a response or note | to any line in this Pa | art IX | | X |
|--|----|---|---------------------------------------|-----------------|-----------------------|--|
| domestic governments. See Part IV, Ine 21 Grants and other assistance to domestic individuals. See Part IV, Ine 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ine 15 and 18 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) Other salers and wages Penson plan accruals and contributions (include section 4014) (and 4030) employer contributions) Other employee benefits Department of the properties o | | | | Program service | Management and | Fundraising |
| 2 Grants and other assistance to domestic individuals See Part IV, line 12 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 1 | | | | 1 | |
| individuals See Part IV line 22 | | <u> </u> | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 15 — 0 | 2 | | | | | 1 |
| organizations, foreign governments, and foreign Individuals. See Part IV, line 15 and 15 end Benefits paid to or for members Compensation of urient officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4956(c)(3)(8) Other salanes and wages Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Other employees Other | | | 0 | | | |
| Benefits paid to or for members 0 | 3 | | | | l | |
| ## Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958(h(1)) and persons described in section 495 | | | | | • | ; |
| 5 Compensation of current officers, directors, trustess, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(0)(1)) and persons described in section 4958(0)(1) and persons described in section 4958(0)(3)(8) 7 Other salanes and wages 8 Penson plan accruals and contributions (include section 401(k)) and 403(b) employer contributions) 9 Other employee benefits 10 Paryori taxes 11 Fees for services (non-employees): 12 Management 13 Legal 14 Lobbying 15 Professional fundraising services. See Part IV, line 17 16 Investment management fees 17 Courrent of the 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 18 Royaltes 19 Corupancy 10 Cocupancy 10 Cocupancy 11 Trave! 10 Cocupancy 11 Trave! 10 Cocupancy 12 Advertising and promotion 13 Jines 14 Information technology 15 Royaltes 16 Occupancy 16 Occupancy 17 Trave! 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Correrences, conventions, and meetings 10 Insurance 11 Royaltes 10 Correrences, conventions, and meetings 11 Royaltes 12 Depreciation, depletion, and amortization 13 Insurance 14 Lawful Purposes and Donations 15 (29,94 12),294 16 Legale Fees 16 All other expenses. Hemze 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) 18 Schedule O, Part 4 18 Lawful Purposes and Donations 19 Correrences, conventions, and meetings 10 Correrences, conventions, and meetings 11 Correrences temperates in line 24e if line 24e expenses on Schedule O) 18 Schedule O, Part 4 18 Lawful Purposes and Donations 19 Correrences (19 Correct of the 19 Correct of 19 Corre | | | | | <u> </u> | |
| trustees, and key employees 6 | | | 0 | | مسيد ٿا هو | <u>، سخست می خمولا</u> |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958((f)(1)) and persons described in section 4958((f)(1)) and persons described in section 4958((f)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 12 Management 13 Legal 14 Lobbying 15 Other single services. See Part IV, line 17 16 Investment management fees 17 Other sine 11g expenses on Schedule O.) 18 Advertising and promotion 19 Other (iffile 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 18 Royaltes 19 Cocupancy 10 Cocupancy 10 Cocupancy 10 Cocupancy 11 Travel . 10 Cocupancy 12 Advertising and promotion 13 Office expenses. 14 Information technology 15 Royaltes 16 Occupancy 17 Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials on the federal, state, or local public officials 19 Conferences, conventions, and meetings. 19 Payments of fravel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings. 10 Cocupancy 10 Schedule O, Part 4 10 Cocupancy 11 Fees for services (non-employees): 12 Payments to affiliates. 13 Insurance 14 Laviti Purposes and Donations 15 Spo4 16 Laviti Purposes and Donations 17 Payments (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) 18 Schedule O, Part 4 19 Conferences, conventions, and meetings 10 Cocupancy 10 Cocupancy 11 Fees for services (Payment Costs 12 Payments to affiliates 10 Cocupancy 11 Fees for services (Payment Costs 12 Payments to affiliates 13 Cocupancy 14 Lobby 17 Fees for Spo4 15 Conferences, corrections, and meetings 16 Cocupancy 17 Fees for Spo4 18 Payments to affiliates 10 Cocupancy 10 Cocupancy 11 Fees for Spo4 | 5 | • | | | | |
| persons (as defined under section 4958(h(1)) and persons described in secton 4958(c)(3)(8) 7 | _ | | | | U | |
| persons described in section 4958(c)(3)(8) 0 32,924 32,92 | 6 | | | | | |
| 7 Other salaries and wages 8 Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payrol taxes 2,519 2,519 11 Fees for services (non-employees): 12 Management 13 Legal 14 Lobbying. 15 Professional fundraising services. See Part IV, line 17 16 Investment management fees 17 Other (if line 11) amount exceeds 10% of line 25, column (A) amount, list line 12 legypenses on Schedule O.) 18 Advertising and promotion. 19 Other (if line 11) amount exceeds 10% of line 25, column (A) amount, list line 12 legypenses on Schedule O.) 10 Advertising and promotion. 11 Information technology 12 Advertising and promotion. 13 Office expenses. 14 Information technology 15 Royalities 16 Occupancy 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 10 Interest flitates. 10 Other expenses. litemize 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) 18 Schedule 0, Part 4 19 Legule Fees 10 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) 18 Schedule 0, Part 4 19 Conferences, conventions, and amortization (A) amount, list line 24e expenses on Schedule O) 20 Schedule 0, Part 4 21 Payments to affiliates. 22 Deprecation, depletion, and amortization (A) amount, list line 24e expenses on Schedule O) 23 Schedule 0, Part 4 24 Other expenses (Legiple expenses on Schedule O) 25 Schedule 0, Part 4 26 Justic tosts. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraisings solicitation (Check here | | • | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . 0 | _ | • | | 22.024 | | |
| section 401(k) and 403(b) employer contributions) O Other employee benefits. O O Other employee benefits. D O Other employees benefits. D O O Other employees): A Management D Legal C Accounting. O O OTHOR OT | | | 32,924 | 32,924 | · | |
| 9 Other employee benefits | 8 | | | | | |
| 10 Payroll taxes | _ | * | | | | |
| 11 Fees for services (non-employees): a Management b Legal c Accounting. | - | | | | | |
| a Management b Legal C Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 3, 188 | | | 2,519 | 2,319 | | |
| b Legal | | · · · · | 0 | | | |
| C Accounting . | | | | | | · ···· |
| d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 | | | | | 11 000 | |
| Professional fundraising services. See Part IV, line 17. f Investment management fees G Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion. Advertising and promotion. C C C C C C C C C C C C C C C C C C C | _ | | | ĭ | 11,000 | |
| 1 Investment management fees 0 0 0 0 0 0 0 0 0 | | | | | 1 - 1 - 1 - 1 - 1 - 1 | |
| Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion | _ | <u> </u> | | | | |
| (A) amount, list line 11g expenses on Schedule O.) 2 Advertising and promotion | | | | | | |
| 12 Advertising and promotion | 9 | | 0 | | 0 | |
| 13 Office expenses | 12 | | 3,188 | | 3,188 | |
| Information technology 0 0 | | | · · · · · · · · · · · · · · · · · · · | | | |
| 16 Occupancy 3,630 1,830 1,800 17 Travel 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 14 | · · · · · · · · · · · · · · · · · · · | 0 | | | |
| Travel . 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 0 0 0 19 19 19 19 19 19 | 15 | Royalties | 0 | | | |
| Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings. Interest Payments to affiliates Depreciation, depletion, and amortization Insurance. 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) Schedule 0, Part 4 Lawful Purposes and Donations Tournament Costs League Fees All other expenses. Coaches Fees All other expenses. Coaches Fees Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Done Conferences, conventions, and meetings 0 5,904 5,904 5,904 1,432 0 0 0 18,855 18 | 16 | Occupancy | 3,630 | 1,830 | 1,800 | |
| for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 30 Insurance 4,432 4,432 0 0 0 23 Insurance 4,432 1,432 0 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) 3 Schedule Q, Part 4 5,904 5,904 1,432 1,432 0 0 0 18,855 18,855 24 Other expenses. Itemize expenses on 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) 5 Cotadule Q, Part 4 5 Co2,826 6 Co2,82 | 17 | Travel | 0 | | | |
| 19 Conferences, conventions, and meetings | 18 | Payments of travel or entertainment expenses | | | | |
| Interest 0 | | for any federal, state, or local public officials | | | | |
| Payments to affiliates Depreciation, depletion, and amortization Insurance 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) Schedule 0, Part 4 Damage Fees Lawful Purposes and Donations Tournament Costs League Fees All other expenses Coaches Fees Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | 19 | Conferences, conventions, and meetings. | | 5,904 | | |
| Depreciation, depletion, and amortization 13 Insurance 14 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) 25 Schedule O, Part 4 26 Lawful Purposes and Donations 27 Tournament Costs 28 All other expenses 29 Coaches Fees 20 All other expenses 20 Coaches Fees 21 Coaches Fees 22 Total functional expenses. Add lines 1 through 24e 23 Insurance 38 All other expenses 39 Total functional expenses. Add lines 1 through 24e 30 O O O O O O O O O O O O O O O O O O O | | | | | | |
| Insurance 18,855 | | | | | | |
| 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 Schedule 0, Part 4 602,826 602,826 b Lawful Purposes and Donations 97,020 97,020 c Tournament Costs 129,294 129,294 d League Fees 61,775 61,775 e All other expenses Coaches Fees 140,822 140,822 25 Total functional expenses. Add lines 1 through 24e 1,116,577 1,098,201 18,376 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if | | · · · · · · · · · · · · · · · · · · · | | | 0 | 0 |
| 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 Schedule 0, Part 4 602,826 602,826 b Lawful Purposes and Donations 97,020 97,020 c Tournament Costs 129,294 129,294 d League Fees 61,775 e All other expenses Coaches Fees 140,822 140,822 25 Total functional expenses. Add lines 1 through 24e 1,116,577 1,098,201 18,376 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | | | 18,855 | 18,855 | , | |
| line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Schedule 0, Part 4 b Lawful Purposes and Donations c Tournament Costs d League Fees e All other expenses Coaches Fees Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Interval Interva | 24 | | | | , | |
| (A) amount, list line 24e expenses on Schedule O) a Schedule O, Part 4 | | | | | | |
| a Schedule 0, Part 4 602,826 602,826 b Lawful Purposes and Donations 97,020 97,020 c Tournament Costs 129,294 129,294 d League Fees 61,775 61,775 e All other expenses Coaches Fees 140,822 140,822 25 Total functional expenses. Add lines 1 through 24e 1,116,577 1,098,201 18,376 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | | | mary and and and | - | | المراد والمراد والمراد والمراد والمراد والمراد |
| b Lawful Purposes and Donations 97,020 97,020 c Tournament Costs 129,294 129,294 d League Fees 61,775 61,775 e All other expenses Coaches Fees 140,822 140,822 25 Total functional expenses. Add lines 1 through 24e 1,116,577 1,098,201 18,376 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | _ | · · | 602 826 | 603 836 | <u> </u> | P |
| to Tournament Costs d League Fees e All other expenses Coaches Fees Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through | _ | | | • | | |
| d League Fees 61,775 61,775 e All other expenses Coaches Fees 140,822 25 Total functional expenses. Add lines 1 through 24e 1,116,577 1,098,201 18,376 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if 61,775 61,775 140,822 1,116,577 1,098,201 18,376 1,098,201 1,0 | | | | | | |
| e All other expenses Coaches Fees 140,822 140,822 Total functional expenses. Add lines 1 through 24e 1,116,577 1,098,201 18,376 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | _ | | | | | |
| Total functional expenses. Add lines 1 through 24e 1,116,577 1,098,201 18,376 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if | | | | | | |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If | | | | | | 0 |
| organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if | | | 1,1.0,071 | 1,555,251 | ,3,0 | |
| from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if | | • | | | | 1 |
| fundraising solicitation Check here ▶ ☐ if | | | | | | |
| | | · | | { | | |
| | | following SOP 98-2 (ASC 958-720) | | | | |

| J 222 (22) | TOTALOT BAKETATILE TO THOU | • |
|------------|----------------------------|---|
| D4 V | Deleves Chast | - |

| | ILL Y | Check if Schedule O contains a response or | r note to any line i | n this Part X | | | . 🖂 |
|-----------------------------|-------|---|----------------------|---------------|---------------------------------------|----------|---|
| | | | • | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 633,888 | 1 | 474,132 |
| | 2 | Savings and temporary cash investments | 5,035 | 2 | 104,422 | | |
| | 3 | Pledges and grants receivable, net | 0 | 3 | 0 | | |
| | 4 | Accounts receivable, net | 1,865 | 4 | 0 | | |
| | 5 | Loans and other receivables from current and f | ormer officers, dir | ectors. | | | |
| | | trustees, key employees, and highest compens | | | | | |
| | | Complete Part II of Schedule L | 0 | 5 | | | |
| | -6- | -Loans and other receivables from other disqualified pers | ons (as defined unde | er section ; | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), | • | ľ | | 1 | |
| | | sponsoring organizations of section 501(c)(9) voluntary e | | | | 1 | |
| Ś | | organizations (see instructions). Complete Part II of Sch | | ' | 0 | 6 | |
| set | 7 | Notes and loans receivable, net | | · | 0 | 7 | 0 |
| Assets | 8 | Inventories for sale or use | • | · | 2,206 | 8 | 3,723 |
| | 9 | Prepaid expenses and deferred charges . | | ŀ | 0 | 9 | 0,120 |
| | 10a | Land, buildings, and equipment cost or | i i 1 | · } | · · · · · · · · · · · · · · · · · · · | | |
| | IVa | other basis Complete Part VI of Schedule D | 10a | 75,038 | - | | |
| | ۱ ۾ | Less accumulated depreciation . | 10b | 52,287 | 27,183 | 10c | 22,751 |
| | 11 | Investments—publicly traded securities . | 100 | 02,201 | 0 | 11 | 0 |
| | 12 | Investments—other securities See Part IV, line | | · · • | 0 | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line | | ţ | 0 | 13 | 0 |
| | 14 | Intangible assets | | 0 | 14 | 0 | |
| | 15 | Other assets See Part IV, line 11 | 400 | 15 | 400 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | ial line 34) | · | 670,577 | 16 | 605,428 |
| | 17 | Accounts payable and accrued expenses | dar iiric 04) | | 1,422 | 17 | 6,491 |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue . | 0 | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | | |
| | 21 | Escrow or custodial account liability Complete | Part IV of Schedu | ıle D . | 0 | 21 | |
| (A) | 22 | Loans and other payables to current and forme | | | | · ; | <u> </u> |
| 琶 | | trustees, key employees, highest compensated | | -, | | | |
| 5 | | disqualified persons Complete Part II of Sched | | | 0 | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unre | | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelate | | [| 0 | 24 | 0 |
| Liabilities | 25 | Other liabilities (including federal income tax, p | | d third | . | | |
| | 1 | parties, and other liabilities not included on line | | | | | |
| | | of Schedule D . | | | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,422 | 26 | 6,491 |
| | | Organizations that follow SFAS 117 (ASC 95 | 8), check here | ► X and | | , | 1.** |
| es | | complete lines 27 through 29, and lines 33 a | | | | 1 | |
| 2 | 27 | Unrestricted net assets | | | 566,254 | 27 | 464,063 |
| ala | 28 | Temporarily restricted net assets | | | 102,901 | 28 | 134,874 |
| 8 | 29 | Permanently restricted net assets | | ·. | 0 | 29 | |
| Š | - | • | A abaak bara | _ i and | | بسينو | |
| Ī. | | Organizations that do not follow SFAS 117 (ASC958) | , cneck nere | ▶ <u> </u> | | · | |
| Net Assets or Fund Balances | 1 | complete lines 30 through 34. | | | <u> </u> | | *************************************** |
| set | 30 | Capital stock or trust principal, or current funds | | | 0 | 30 31 | |
| Asi | 31 | Paid-in or capital surplus, or land, building, or e | | undo | 0 | 32 | |
| et | 32 | Retained earnings, endowment, accumulated i | ncome, or other to | unus | 669,155 | | 598,937 |
| Z | 33 | Total net assets or fund balances | • | | 670,577 | | 605,428 |
| | 34 | Total liabilities and net assets/fund balances | <u> </u> | | 0/0,5// | 34 | 1 000,420 |

| Total expenses (must equal Part IX, column (A), line 25). Revenue less expenses Subtract line 2 from line 1. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities | Page 12 |
|--|----------------|
| Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 1 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line 2 from line 3 Revenue less expenses Subtract line | |
| Total expenses (must equal Part IX, column (A), line 25) | |
| Total expenses (must equal Part IX, column (A), line 25) | 160,311 |
| A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10—Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 | 116,577 |
| 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net-assets or fund-balances art end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Triant XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis | 43,734 |
| Solution (a) Separate basis (a) Consolidated basis (b) Separate basis (consolidated basis (b) Separate basis (consolidated basis (b) Separate basis (consolidated consolidated consolidated (consolidated (consolidated (consolida | 669,155 |
| 7 Investment expenses | |
| 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 71 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 71 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Both consolidated and separate basis | |
| Net-assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | |
| Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 | |
| Check If Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 | |
| Check if Schedule O contains a response or note to any line in this Part XII | 712,889 |
| Accounting method used to prepare the Form 990 | |
| Accounting method used to prepare the Form 990 | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | es No |
| Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | |
| Were the organization's financial statements compiled or reviewed by an independent accountant? 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: X Separate basis | |
| 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: X Separate basis | |
| reviewed on a separate basis, consolidated basis, or both X Separate basis | X |
| X Separate basis | |
| b Were the organization's financial statements audited by an independent accountant? | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis | x T |
| separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis | |
| X Separate basis Consolidated basis Both consolidated and separate basis | |
| | |
| c if fee to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or | |
| the audit, review, or compilation of its financial statements and selection of an independent accountant? | <u> </u> |
| If the organization changed either its oversight process or selection process during the tax year, explain in | <u> </u> |
| Schedule O | |
| | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | x |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | |
| required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | |

Form **990** (2018)

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 chantable trust.

► Attach to Form 990 or Form 990-FZ

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number FOREST LAKE ATHLETIC ASSOCIATION 41-1780770 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 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 (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

0

(E)

Total

| Pa | t II Support Schedule for Orga | anizations Des | cribed in Sec | tions 170(b)(1) | (A)(iv) and 17 | 0(b)(1)(A)(vi) | , <u>, , ug</u> e <u> </u> |
|------|--|------------------------|---------------------|-----------------------|----------------------|----------------|----------------------------|
| 1 4 | (Complete only if you check | | | | | | nder l |
| | Part III. If the organization fa | | | | | | / |
| Sec | tion A. Public Support | ino to quainy ar | 1401 110 10010 11 | blod bolow, plot | <u> </u> | <u> </u> | // |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | • • • | (a) 2014 | (0) 2010 | (0) 2010 | (4) 2011 | (0) 20 10 | / / / / / / |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | / 0 |
| _ | ınclude any "unusual grants.") | •• | | | | | / |
| 2 | Tax revenues levied for the | | | | | / | |
| | organization's benefit and either paid | | | | | / | 0 |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | / | • |
| | organization without charge | | | | | / | 0 |
| 4 | Total. Add lines 1 through 3 | 0, | 0 | 0 | 0 | 0 | 0 |
| 5 | The portion of total contributions by | | | - | ر ا | | |
| | each person (other than a | | , | : | | ائم ا | |
| | governmental unit or publicly | 1 | ' t | , | | | |
| | supported organization) included on | | 1 . | , | | 1 | |
| | line 1 that exceeds 2% of the amount | <u> </u> | , | | , , , , | | |
| | shown on line 11, column (f) | 42 - 47 - 1 | | | i | | |
| | Public support. Subtract line 5 from line 4 | 7 4 | | L | <u> </u> | <u> </u> | 0 |
| | tion B. Total Support | | r | 1 | / | l' | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | / (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 0 | 0 | /0 | 0 | 0 | 0 |
| 8 | Gross income from interest, dividends, | | | / | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | _ |
| | similar sources | | | | | | 0 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business is | | / | 1 | | | _ |
| | regularly carried on | | | | | | 0 |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | • |
| | (Explain in Part VI.) | | | |] 7 | 1 | 0 |
| 11 | Total support. Add lines 7 through 10 | | | £ 74. | } | | 0 |
| 12 | Gross receipts from related activities, etc. (s | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the co | | | | | | ~ □ |
| | organization, check this box and stop here | | | | | | |
| Sec | ction C. Computation of Public Su | | | : | | | |
| 14 | · · · · · · · · · · · · · · · · · | | | | | | |
| 15 | ······································ | | | | | | |
| 16a | 33 1/3% support test—2018. If the organization qualifies a | | | | 1/3% or more, che | CK this box | , r |
| | • | , | | | | | |
| b | 33 1/3% support test—2017. If the organization support | zation did not check | ca box on line 13 c | or 16a, and line 15 | | | . — |
| | box and stop here . The organization qualifi | / | | | | | |
| 17a | 10%-facts-and-circumstances test—201 | 8. If the organization | n did not check a t | pox on line 13, 16a | , or 16b, and line 1 | 4 | |
| | 10% or more, and if the organization meets Part VI how the organization meets the "fac | the "facts-and-circu | umstances" test, ct | neck this dox and s | stop nere. Explain | in ed | |
| | organization | is-and-circumstanc | es test. The organ | iization qualifies as | a publicly support | | |
| L | 10%-facts-and-circumstances test—201 | | n did not chack a b | | 16b or 17a and | ine | |
| D | 15 is 10% or more, and if the organization in | | | | | | |
| | Explain in Part VI how the organization mee | | | | | oly | |
| | supported organization | | | | | | ▶ |
| 18 | Private foundation. If the organization did | not check a box or | 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 10 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 | Section A. Public Support | | | | | | |
|-----|--|------------------|-----------------|------------------------|--------------------------|--------------------------------|--------------|
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received (Do not include any "unusual grants") | 1,317 | 77,780 | 4,750 | 3,967 | 11,366 | 99,180 |
| 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 | 1,107,213 | 1,108,132 | 1,298,931 | 1,359,873 | 1,022,647 | 5,896,796 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | 81,540 | 130,835 | 101,592 | 140,088 | <u></u> -1-26 , 100 | 580,155 |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | 0 |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | 0 |
| 6 | Total. Add lines 1 through 5 | 1,190,070 | 1,316,747 | 1,405,273 | 1,503,928 | 1,160,113 | 6,576,131 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | - | | |
| | received from disqualified persons | | | | | | 0 |
| 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 | | | | | | 0 |
| | Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Table Support (Cabildot illo To Iloin | \$}***. | | | | | 0.570.404 |
| 500 | tine 6.) | <u> </u> | 4 | العديثين بسو بيعين سكو | المراجب المتعادد المراجب | hanna a nagara a mana da a d | 6,576,131 |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | 1,190,070 | 1,316,747 | 1,405,273 | 1,503,928 | 1,160,113 | 6,576,131 |
| _ | Gross income from interest, dividends, | 1,130,070 | 1,010,747 | 1,403,270 | 1,505,520 | 1,100,113 | 0,570,151 |
| iva | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources. | 248 | 210 | 62 | 44 | 198 | 762 |
| b | Unrelated business taxable income (less | | | | <u>`</u> . | | |
| _ | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | 0 |
| С | Add lines 10a and 10b | 248 | 210 | 62 | 44 | 198 | 762 |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on . | 428,543 | 550,960 | 581,533 | 787,299 | 957,836 | 3,306,171 |
| 12 | Other income. Do not include gain or | | | | - | | . <u> </u> |
| | loss from the sale of capital assets | ļ | | | | | |
| | (Explain in Part VI) | | | | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | <u>1,618,861</u> | 1,867,917 | 1,986,868 | 2,291,271 | 2,118,147 | 9,883,064 |
| 14 | First five years. If the Form 990 is for the or | - | | • | | • | . — |
| | organization, check this box and stop here | | | · · · · · · | • • • • • • | | <u> </u> |
| Sec | ction C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2018 (line 8, co | • • • | - | | | 15 | 66.54% |
| 16 | Public support percentage from 2017 Schedu | | | | <u> </u> | 16 | 69.42% |
| | ction D. Computation of Investmen | | | | | 47 | 0.040/ |
| 17 | Investment income percentage for 2018 (line | | | | | 17 | 0.01% |
| 18 | Investment income percentage from 2017 Sc 33 1/3% support tests—2018. If the organization | | | | • | | 0.01% |
| 198 | not more than 33 1/3%, check this box and s | | | | | | . ▶ 🗓 |
| h | 33 1/3% support tests—2017. If the organic | • | | | | | |
| _ | line 18 is not more than 33 1/3%, check this | | | | | | ▶ 🗀 |

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

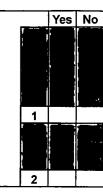
| Section A. | All | Supporting | Organizations |
|------------|-----|------------|----------------------|
|------------|-----|------------|----------------------|

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and If you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | Yes | No |
|---------------------------------------|--|--|
| ا س و د د | | :1 |
| <u> </u> | <u> </u> | |
| 1 | | |
| - | ٦٥ ٦ | |
| - 7 | | |
| 2 | | |
| • - 1 | 1 *) | <u> -</u> |
| 3a | | |
| 7 1 | ; ; | 1 - 1 |
| 3 4 | ; | - 1 |
| 3b | | |
| <u> </u> | | |
| 3c | | |
| | بـــــــــــــــــــــــــــــــــــــ | |
| 42 | _ | |
| -+a | ! * j | |
| | <u> </u> | 1 |
| 4b | | أحسنسا |
| 140 | : - | 1 1 |
| | j . | 1 |
| | | |
| غنسنه | <u> </u> | |
| 4c | - | |
| f | 1 | |
| 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 2 | |
| | | , · |
| | | |
| <u>5a</u> | | |
| <u> </u> | | |
| 5b | <u> </u> | <u> </u> |
| 5c | | L., |
| ; ; | 1 | |
| | | i |
| , · · · · · | | |
| 6 | <u> </u> | ļ, |
| , , | , | 1 |
| <u> </u> | | 1 |
| 7 | | ļ.,, |
| | | |
| 8 | | <u> </u> |
| 7. | , , | |
| <u>\$</u> | <u> `</u> | اننا |
| 9a | | |
| 1 | | لنــا |
| 9b | | |
| | 1 | |
| 9с | | <u> </u> |
| T. | , | |
| | | |
| 10a | | |
| 11. | آ. | 1 - 2 |
| 10b | | |
| | | |

| | | | Yes | No |
|------|---|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | , | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | 1 |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sect | ion B. Type I Supporting Organizations | | | |
| | | | | |

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.



Page 5

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).



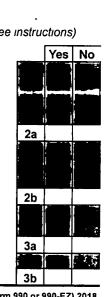
Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)
 - By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard

| | Yes | No |
|----|-----|-----|
| | | |
| | | - 4 |
| 1 | | |
| į. | | |
| 2 | | |
| _ | | 77 |
| | | * |
| 3 | | - 3 |

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test Complete line 2 below а
- The organization is the parent of each of its supported organizations. Complete line 3 below b
- c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)
- 2 Activities Test Answer (a) and (b) below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard



Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations .1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 0 0 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 0 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 0 0 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 0 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 0 0 6 6 Multiply line 5 by 035 0 0 7 Recoveries of prior-year distributions 7 0 0 8 Minimum Asset Amount (add line 7 to line 6) 8 0 0 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 0 2 Enter 85% of line 1 2 0 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 0 4 Enter greater of line 2 or line 3. 4 0 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

| Part | Type III Non-Functionally Integrated 509(a)(3) | Supporting Organi | zations (continued) | | | | |
|---------------|--|---------------------------------------|--|---|--|--|--|
| Section | on D - Distributions | | | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | | | | |
| | Amounts paid to perform activity that directly furthers exemp | | | | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organiza | ations | | | | |
| 4_ | Amounts paid to acquire exempt-use assets | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | _ . | | | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | 0 | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is respor | nsive | | | | |
| | (provide details in Fart VI). See instructions | | | 0 | | | |
| 9 | | | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 0 000 | | | |
| 8 | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 | | | |
| 1 | Distributable amount for 2018 from Section C, line 6 | | · · · · · · · · · · · · · · · · · · · | 0 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 | | | | | | |
| | (reasonable cause required—explain in Part VI) See | | | | | | |
| | instructions | | | | | | |
| 3 | Excess distributions carryover, if any, to 2018 | · · · · · · · · · · · · · · · · · · · | | | | | |
| a | From 2013 | | | | | | |
| b | From 2014 | | | | | | |
| C | From 2015 0 | | | | | | |
| <u>d</u> | From 2016 | | | | | | |
| <u>e</u> | From 2017 | | | | | | |
| f | Total of lines 3a through e | 0 | | | | | |
| <u>g</u> | Applied to underdistributions of prior years | | 0 | | | | |
| <u>h</u> | Applied to 2018 distributable amount | | | 0 | | | |
| ! | Carryover from 2013 not applied (see instructions) | 0 | | | | | |
| | Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from | U | | | | | |
| 4 | Section D, line 7 \$ 0 | | | | | | |
| | Applied to underdistributions of prior years | | 0 | | | | |
| <u>a</u> b | Applied to underdistributions of prior years Applied to 2018 distributable amount | | | 0 | | | |
| С | Remainder Subtract lines 4a and 4b from 4 | 0 | | | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | | | |
| | greater than zero, explain in Part VI . See instructions. | | 0 | | | | |
| 6 | Remaining underdistributions for 2018 Subtract lines 3h | | | • | | | |
| · | and 4b from line 1 For result greater than zero, explain in | | | | | | |
| | Part VI See instructions. | | | 0 | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3 | | | | | | |
| • | and 4c | 0 | | | | | |
| 8 | Breakdown of line 7. | i i | | | | | |
| a | Excess from 2014 0 | | | | | | |
| <u>a</u> | Excess from 2015 | | | | | | |
| | Excess from 2016 | | | | | | |
| d | Excess from 2017 0 | | | | | | |
| | Excess from 2018 | | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

| Name | of the organization | | Employer identification number |
|------|---|--|--|
| FOR | EST LAKE ATHLETIC ASSOCIATION | | 41-1780770 |
| | Organizations Maintaining Donor | Advised Funds or Other Similar | |
| | Complete if the organization answere | | |
| | Complete in the organization and the | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and don | or advisors in writing that the assets he | eld in donor advised |
| • | funds are the organization's property, subject t | | |
| 6 | Did the organization inform all grantees, donor | | |
| · | only for charitable purposes and not for the be | | |
| | conferring impermissible private benefit? | | Yes No |
| Dar | Conservation Easements. | | |
| rai | | ad "Ves" on Form 900 Part IV line | a 7 |
| | Complete if the organization answer | | |
| 1 | Purpose(s) of conservation easements held by | · | |
| | Preservation of land for public use (e g , re | | vation of a historically important land area |
| | Protection of natural habitat | Preserv | vation of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization | on held a qualified conservation contrib | oution in the form of a conservation |
| | easement on the last day of the tax year | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | . 2a |
| b | Total acreage restricted by conservation easer | | . 2b |
| С | Number of conservation easements on a certif | ied historic structure included in (a). | 2c |
| d | Number of conservation easements included in | | na |
| | historic structure listed in the National Register | | . 2d |
| 3 | Number of conservation easements modified, | transferred, released, extinguished, or | terminated by the organization during |
| | the tax year | | _ |
| 4 | Number of states where property subject to co | | |
| 5 | Does the organization have a written policy reg | | |
| _ | violations, and enforcement of the conservation | | <u></u> |
| 6 | Staff and volunteer hours devoted to monitoring, in | specting, handling of violations, and enforc | cing conservation easements during the year |
| _ | | | |
| 7 | Amount of expenses incurred in monitoring, inspec | ting, nandling of violations, and enforcing of | conservation easements during the year |
| | \$ | | -tft 470/L\/4\/D\/\ |
| 8 | Does each conservation easement reported or | ine 2(a) above satisfy the requirement | |
| _ | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization repo | | |
| | balance sheet, and include, if applicable, the to | | s financial statements that describes the |
| D | organization's accounting for conservation eas | | an Other Cimilar Access |
| Par | Organizations Maintaining Collect | | |
| 4- | Complete if the organization answere | | |
| 1a | If the organization elected, as permitted under | · · · · · · · · · · · · · · · · · · · | |
| | works of art, historical treasures, or other simil | - | |
| _ | public service, provide, in Part XIII, the text of | | |
| b | If the organization elected, as permitted under | | |
| | works of art, historical treasures, or other simil | | ucation, or research in furtherance of |
| | public service, provide the following amounts r | - | ▶ € |
| | (i) Revenue included on Form 990, Part VIII, II | | . • • • • • • • • • • • • • • • • • • • |
| _ | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of ar | | |
| | following amounts required to be reported und | | |
| | Revenue included on Form 990, Part VIII, line | 1 | |
| b | Assets included in Form 990, Part X | | . ▶ \$ |

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------|--|---|------------------------------------|------------------------------|----------------|
| 1a | Land | 0 | 0 | | 0 |
| b | Buildings | 0 | 0 | 0 | 0 |
| С | Leasehold improvements | 0 | 0 | 0 | 0 |
| d | Equipment | 0 | 75,038 | 52,287 | 22,751 |
| е | Other | 0 | 0 | 0 | 0 |
| Total | . Add lines 1a through 1e (Column (d) must e | qual Form 990, Part X, | column (B), line 10c) | . • | 22,751 |

| Part VII | | ad "Vaa" on Farm 000 | N. Dort IV. Size 441. Ozer Forms 000. Dort V. Size 40. | |
|---------------|--|---------------------------------------|--|----------|
| - | | ea 'Yes' on Form 990 |), Part IV, line 11b. See Form 990, Part X, line 12. | |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| (1) Financia | al derivatives | | 0 . | |
| (2) Closely- | -held equity interests | | 0 | |
| (3) Other | | | | |
| | | | | |
| | <u>-</u> | | | |
| | | | 4 | |
| | | | | |
| | | | | |
| | | | | |
| (C) | , | | , | |
| (H) | | | | |
| | nn (b) must equal Form 990, Part X, col (B) line 12) | 77 | | |
| | Investments—Program Related. | · · · · · · · · · · · · · · · · · · · | | - |
| rait viii | | ad "Vec" on Form 900 | , Part IV, line 11c. See Form 990, Part X, line 13. | |
| | | T TES ON FORM 990 | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation . Cost or end-of-year market value . | |
| (1) | <u> </u> | | | |
| (2) | | | | |
| (3) | | | | |
| _(4) | | | | |
| (5) | | • * | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col (B) line 13) 🕨 | | | 53 |
| Part IX | Other Assets. | | • | |
| | Complete if the organization answere | ed "Yes" on Form 990 | , Part IV, line 11d. See Form 990, Part X, line 15. | |
| | (a) D | escription | (b) Book value | |
| (1) | | | | |
| (2) | | | | |
| (3) | | - ' | | |
| (4) | · · · | | | |
| (5) | | | | |
| (6) | | ·· | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col (B) lin | ne 15) | <u> </u> | 0 |
| Part X | Other Liabilities. | | | |
| Pail A | | nd "Voo" on Form 000 | Port IV line 41e er 44f Coe Form 000 Port V | |
| • | | ed tes on Form 990 | , Part IV, line 11e or 11f. See Form 990, Part X, 🕝 | |
| | line 25. | <u> </u> | portary the convergence when the property of t | |
| 1. | (a) Description of liability | • (b) Book value | PRINCIPAL SERVICE SERV | |
| | l income taxes | | | 4 |
| (2) Sales | | | | |
| | Gaming Tax | | | 3 |
| (4) | _ | | | 25 |
| _(5) | · | <u> </u> | | |
| (6) | | | | 煮 |
| (7) | | | | 뿐 |
| (8) | • | | | 30 |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 25) ▶ | | | <u> </u> |
| | | a taxt of the feetnate to the | organization's financial statements that reports the | _== |

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| Pai | Reconciliation of Revenue per Audited Financial Statements | | | Return. | |
|--------------|--|---------------|---------------------|-------------|---|
| - | Complete if the organization answered "Yes" on Form 990, Part | IV, line | e 12a | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 1 _ | 1 | | |
| a | 5 , , | 2a | | | |
| b | | 2b | | | |
| C | Recoveries of prior year grants . | 2c | | _ | |
| d | Other (Describe in Part XIII) | 2d | <u> </u> | | |
| е | Add lines 2a through 2d | • | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | : • | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | } | | |
| a | | - <u>-4a-</u> | | | |
| b | , | 4b | | | |
| С | Add lines 4a and 4b. | | | 4c | 0 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 5 | 0 |
| Par | t XII Reconciliation of Expenses per Audited Financial Statement | s With | n Expenses pe | r Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part | IV, line | : 12a. | | |
| 1 | Total expenses and losses per audited financial statements | • | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 0 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | - |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | - | · | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | 5 | 0 |
| Part | XIII Supplemental Information. | | ··· | | |
| 2, Pa | rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro | vide an | y additional inform | nation | |
| | | | | | |
| | | | | | |
| | | | | | |
| . | | | | · | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

2018

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information

FOREST LAKE ATHLETIC ASSOCIATION 41-1780770 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C g X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) (il) Activity custody or control of or entity (fundraiser) from activity fundraiser listed in contributions? organization col (ı) Yes No 1 0 0 0 2 0 0 0 3 0 0 0 0 0 0 0 0 0 6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 10 0 0 0 Total 0 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing MN

Part İİ Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events **NTS AND FUNDRAIS** (add col (a) through col (c)) **CONCESSIONS** NONE (event type) (event type) (total number) Revenue Gross receipts 78,020 81,204 159,224 2 Less Contributions . . . Gross income (line 1 minus 78.020 line 2). 81,204 159,224 Cash prizes 0 Noncash prizes . . 0 0 Direct Expenses Rent/facility costs. 0 0 Food and beverages . 57,693 0 57,693 Entertainment 0 Other direct expenses 54,320 0 54,320 Direct expense summary Add lines 4 through 9 in column (d) 112,013) Net income summary Subtract line 10 from line 3, column (d) 47,211 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 96,800 6.408.591 91.800 6,597,191 Direct Expenses 2 Cash prizes 64.378 5,514,154 60.950 5,639,482 Noncash prizes Rent/facility costs 76,480 76,480 Other direct expenses 755,129 755,129 Yes Yes % Yes Volunteer labor. Х No \mathbf{x} No No Direct expense summary Add lines 2 through 5 in column (d) . . . 6,471,091) Net gaming income summary Subtract line 7 from line 1, column (d) 126,100 Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . b If "Yes," explain

| Sched | ule G (Form 990 or 990-EZ) 2018 FOREST LAKE ATHLETIC ASSOCIATION | 41-1780770 Page 3 |
|-------|--|-------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | . X Yes No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | . Yes X No |
| 13 | Indicate the percentage of gaming activity conducted in | |
| а | The organization's facility | 13a % |
| b | An outside facility | 13b 100 00% |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books ar records: | nd |
| | Name ► Dana Arntzen | |
| | Address ► 5530 206th Street Forest Lake, MN 55025 | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | . Yes X No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ 0 and the | |
| | amount of gaming revenue retained by the third party ► \$0 | |
| С | If "Yes," enter name and address of the third party | |
| | Name > | |
| | | |
| | Address • | |
| 16 | Gaming manager information | |
| | Name ▶ Dana Arntzen | |
| | Gaming manager compensation ► \$0 | |
| | Description of services provided Manages, supervises, trains, hires and audits gaming activity | · |
| | ☐ Director/officer ☐ Independent contractor | |
| 17 | Mandatory distributions: | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| _ | retain the state gaming license? | X Yes No |
| D | spent in the organization's own exempt activities during the tax year \$ | 0 |
| Part | | |
| | COO MOLIGORIONO. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE O (Form 990 or 990-EZ)

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

| FOREST LAKE ATHLETIC ASSOCIATION [41-1780770 |
|--|
| Form 990, Part IX, Line 24a. Administration 35924, Sales Tax 5894, Miscellaneous 8781, Repairs |
| 25776; Utilities 400, Internet Website 5050, Online Fees 16501, Uniforms 43123, Ice Time |
| 24638, Umpires and Referees 48157, Outdoor Field Costs 125246, Coordinators Fees_12032, |
| General Operation Expenses 105710; Sports Equipment 88548, Clinics Expenses 35471; Gymnasium |
| Rents 21575 |
| Form 990, Part VI, Section B, Line 11. THE TAX PREPARER REVIEWS THE RETURNS WITH MANAGEMENT. |
| AFTER THE INITIAL REVIEW, MANAGMENT SUBMITS TO ITS MONTHLY BOARD FOR FINAL REVIEW AND |
| APPROVAL ORGANIZATIONS BOARD MEETINGS ARE HELD EACH MONTH THROUGHOUT THE YEAR |
| Form 990, Part VI, Section B, Line 15 THE BOARD GENERALLY WILL PROCURE MULTIPLE BIDS ON LABOR |
| AND WORK THAT NEEDS TO BE PERFORMED IN CASES OF NEW EMPLOYEE HIRES, MANAGEMENT WILL USE |
| OUTSIDE SOURCES AND RESEARCH WITH OTHER NONPROFIT ORG'S WHAT THEY MIGHT PAY FOR SIMILAR |
| SERVICES OR SALARIES IN CASES WHERE THERE WOULD BE AN INCREASE OR RAISE IN WAGES TO EXISTING |
| EMPLOYEES, THEY REFER TO INDUSTRY STANDARDS FOR GUIDELINES |
| Form 990, Part VI, Section C, Line 19 THE ORGANIZATION MAKES AVAILABLE TO THE GENERAL PUBLIC |
| ALL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND TAX RETURNS DOCUMENTS ARE AVAILABLE FOR |
| REVIEW UPON REQUEST AT THE ORG'S PLACE OF BUSINESS, MONDAY THRU THURSDAY EACH WEEK THE |
| ORGANIZATION DOES NOT HAVE A FORMAL WHISTLEBLOWER OR CONFLICT OF INTEREST POLICY IN EFFECT |
| |
| |
| |
| |
| |
| |
| |
| |
| |