(Rev. January 2020)

R

Activities & Governance

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2019 calendar year, or tax year beginning 2019, and ending 20 D Employer identification number Check if applicable C Name of organization Eulton 25-0494737 Address change Doing business as 5AME Number and street (or P Q, box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return Final return/terminated or town, state or province, country, and ZIP or foreign postal code 16503-1748 G Gross receipts \$ Amended return H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer: 232 E. 3345T. E. E.PA H(b) Are all subordinates included? Yes No 4947(a)(1) or) (insert no.) If "No," attach a list (see instructions) Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ L Year of formation 1924 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Fellowskip and brodwill a mong members both social and benetical. The support of amateur sport Sponsorship. The sapport of local and wational charities Thru do nations.

Check this box > I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) p 360 3 Number of independent voting members of the governing body (Part VI, line to 360 5 Total number of individuals employed in calendar year 2019 (Part VI Jine 2a) Total number of volunteers (estimate if necessary) Ø √7a Total unrelated business revenue from Part VIII, column (C), line 12 Ø 7a Net unrelated business taxable income from Form 990-T line 39 OGDE1 **Current Year** Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4,, 0 Other revenue (Part VIII) column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue —add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11 12 186,279, 13 **(**)14 15 2 16a **3** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ¥18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 **才**19 Beginning of Current Year End of Year **P20** 234 Total assets (Part X, line 16) Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other-than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer Randy Le Van Type or print name and title		surer	Date	5-6-20	020			
Paid	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN			
Preparer Use Only	Firm's name			Firm's	EIN ►				
	Firm's address ▶ Phone no								
May the IRS	discuss this return with the prepare	r shown above? (see instructi	ons)		<u> </u>	Yes	□No		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y



Page	2

Part		tement of Program Service	Accomplishments response or note to any line in this Pa	art III	
1,	5 (1 1				
`	Fellow	ship and Goodwill a	mong our members both sport Teams them spous rities them donations	social and benificia	1. The
	Suppor	tof Local agateur	sport Teams thru spows	ership and donations	. The sappo
	af loc	aland National Cha	rities thru donations		
	Did the c	organization undertake any sign	nificant program services during the ye	ar which were not listed on the	
-]Yes ☑No
	If "Yes,"	describe these new services or	n Schedule O.		
3			g, or make significant changes in h		7.4
				L	∃Yes ØNo
		describe these changes on Sch			
4	expenses	s. Section 501(c)(3) and 501(c)	ervice accomplishments for each of its (4) organizations are required to report for each program service reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		·			
			·····		
			······		
	(0 - 1-	\ (\(\tau_{\tau} \)	including growth of C) /Payanya ¢	<u> </u>
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
			······		
			·		
			had to O		
4d		ogram services (Describe on So		*	
40	(Expense	s \$ Including of	grains or \$\tau\$ (nevenue)	J J	

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Part IV. Checklist of Required Schedules

•			163	140
,1 5	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
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? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		
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		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
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		V
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	/	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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		V
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	_	<u></u>
b	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		~
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		
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		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
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		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
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 1? If "Yes," complete Schedule I, Parts I and II	21		

.Part	IV. 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		
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		1
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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		V
25a	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		
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		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30_		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>~</u> ,
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		
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		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		/
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>~</u>
b	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		<u>/</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>/</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		<u>~</u>
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	···		T/
_		لــــا	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

Part	V . Statements Regarding Other IRS Filings and Tax Compliance (continued)	г	<u> </u>	
•			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 2a 7		<u>,.:</u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u>V</u>	
	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		V
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		V
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		V
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).	ll		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		V
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		V
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		V
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	75		
L	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		_
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		V
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		V
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		س
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:			
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 . 10b M/A	! !	- 1	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		İ	
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		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 1//fr			V
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	130		1/
а	· ,	13a		<u> </u>
	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		ł	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		~
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		Ţ	_
	excess parachute payment(s) during the year?	15	(V
	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		V
	If "Yes," complete Form 4720, Schedule O.		+	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
` `	Check if Schedule O contains a response or note to any line in this Part VI			TA
Secti	on A. Governing Body and Management		<u>-</u> -	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3 60			Ī
	If there are material differences in voting rights among members of the governing body, or	1		1
	if the governing body delegated broad authority to an executive committee or similar			i l
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 360] '		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	سم المراج - را	_ / -v/
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		-	
~	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		V
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
]	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u></u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ļ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule Q how this was done	12c		/
13	Did the organization have a written whistleblower policy?	13		<u>~</u>
14	Did the organization have a written document retention and destruction policy?	14		<u></u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		-
b	Other officers or key employees of the organization	15b		<u></u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
. b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			_
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		<u>_</u>
Section	on C. Disclosure	1		
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	01(c)
	☐ Own website ☐ Another's website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	est po	olicy,
20	State, the name_address, and telephone number of the person who possesses the organization's books and recommendation and telephone number of the person who possesses the organization's books and recommendation.	cords	>	
$\overline{\mathcal{R}}$		~ 0	•	

•			
900 (2010)			

Form 990 (201)	9) Pa	ge 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	no
,	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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Daryl Wood President				V				Ø	NA	B
(2) Richard Rasz Kowski Vice-President				~				Ø	N/A	8
(3) Randy LeVan Treasurer				1				3 600.00	NA	Ø
(4) Keith Miller SecreTary				V				Ø	NA	0
(5) Toe Fiore Director	}	/		The state of the s				Ø	NA	Ø
(6) Walter Barenko Director		/						Ø	N/A	9
(1) James Hunt Director								B	NA	Ø'
(8) Browson Smith Director		/						Ø	NA	Ø
(9) Tonathan Bresslin Director		/						Ø	NA	Ø
(10) Nickalaus Anderson		•						B	NA	Ø
(11) Otto Dissendorf Director		1						Ø	NA	Ø
(12) Marion BreT2- Manager					V			17920,25	N/A	Ø
(13) Y								ay i aci/_	-	
(14)										 -

Par	VII Section A. Officers, Directors,	Trustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (contil	าued,
	(A) Name and title	(B) Average hours	box,	(C) Position (do not check more the box, unless person is the officer and a director/the contract of the cont				an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amou		
		per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizati (W-2/1099-I	ted ions	com fr	pensat om the ization	ion and
(15)														
(16)						_								
(17)							_							
(18)														
(19)							 							
											\longrightarrow			
														_
(24)												,		
(25)														
1b	Subtotal								31,530,25	N/A		B		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•			•	>	31,530,25/	AL /A		R		
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) wl		e than \$10	0,000	óf		
			<u>. </u>										Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							-	oyee, or nignes	-		3		V
4	For any individual listed on line 1a, is the organization and related organizations undividual											_		
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		
Secti	on B. Independent Contractors	in res, c	.ompi	ere .	3011	euu	ie J i	UI S	uch person .	<u> </u>	•	1 3		<u> </u>
1	Complete this table for your five high compensation from the organization. Repo													
	(A) Name and business add							,	(B) Description of serv			(C) Compens		<u>/</u>
	VONE						_							
					_			_						
2	Total number of independent contractor received more than \$100,000 of compens	•	-					the	ose listed above	e) who				

Par	t VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Oneskii osnosale k	<u> </u>	mano a re	<u> </u>	ide of flote to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under		
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaign Membership dues Fundraising events Related organization Government grants (All other contributions and similar amounts no Noncash contribution lines 1a–1f	 Is . (cont s, gri t incli ns in	cributions) fts, grants, uded above	1a 1b 1c 1d 1e 1f	\$ \$ \$ \$ \$	4,743,60			sections 512–514		
Program Service Revenue	2a b c d e f	All other program ser	rvice	revenue		Buşiness Code	8		if v			
	3 4 5 6a b	Gross rents	s) . ient d		 npt bo		Ø Ø Ø					
	c d 7a	Net rental income or Gross amount from sales of assets		s) (i) Secuni	ties		P					
Revenue	С	` '	7a 7b 7c									
Other B	d 8a	Net gain or (loss) Gross income from events (not including \$ of contributions rep 1c). See Part IV, line	orte		8a	•	, i	, ,, ,,	,	-		
		Less: direct expense			ВÞ			,				
I	9a b	Net income or (loss) Gross income from activities. See Part IV Less: direct expense Net income or (loss)	om /, line s .	gaming e 19 . 	9a 9h	350 070. 00/ 298,461.00/	51.609					
	10a b	Gross sales of invretums and allowance Less: cost of goods: Net income or (loss)	vento es sold	ory, less	10a 10b	264,465.42/	121,140,23					
Miscellaneous Revenue	11a b c	All other revenue .				Business Code	reyitui/					
		Total. Add lines 11a- Total revenue. See i					177 494 24	,	 -			
	14	Total revenue. See I	เเรเป็	JULIONS .			ロチルではバノ					

Part IX	Statement	of Functional	Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	e or note to any line	in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	21	P 222	<u> </u>	- <u></u>
•	and domestic governments. See Part IV, line 21 .	32, 424.84			
2	Grants and other assistance to domestic	15 15 K			·
2	individuals. See Part IV, line 22	<i>\text{\$\text{\text{\$\ext{\$\text{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\ext{\$\exitt{\$\exi</i>			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	 		
4	Benefits paid to or for members	Ø			
5	Compensation of current officers, directors,	1~/			
	trustees, and key employees	3600.07			
6	Compensation not included above to disqualified	'			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	O .			
7	Other salaries and wages	73.027.01			
8	Pension plan accruals and contributions (include	7-7-7-7			
•	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	8			
	Payroll taxes	16 763,33/			
10	•	16, 103,0%			<u></u>
11	Fees for services (nonemployees):	a			
a	Management	or or			
b	Legal	1 20 000			
C.	Accounting	1200.00			
d	Lobbying	~			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	Ø		<u> </u>	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	Ø			
13	Office expenses	1.709.52			
14	Information technology	147.08/			
15	Royalties	Ø			
16	Occupancy	31,297,64			
17	Travel	8			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	Ø			
19	Conferences, conventions, and meetings .	Ø			<u> </u>
20	Interest	Ø			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	6			
24	Other expenses. Itemize expenses not covered				
£7	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	redenation of Chubs dues	944 09			
b	Main Tenasse	9 (5434			
C		5518 961			
d	Bar Supplies	W/ J/201			
e	All other expenses	8			
	All other expenses Total functional expenses. Add lines 1 through 24e	177 291 68	-		<u> </u>
25 26	Joint costs. Complete this line only if the	11.1,~16.7			
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if				
	following ŠOP 98-2 (ASC 958-720)	ļ		<u></u>	

Part X. Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year Cash—non-interest-bearing 42,060,33 2 2 Savings and temporary cash investments 3 3 Ø 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Ø 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 7 Assets 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . 10a b Less: accumulated depreciation 10c Investments—publicly traded securities 11 11 12 Investments-other securities. See Part IV, line 11 . Ø 12 13 13 Investments—program-related. See Part IV, line 11. Ø 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 23 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable Ø Deferred revenue 19 19 20 20 Ø 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ □ Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . 27 28 Net assets with donor restrictions Net Assets or Fund Organizations that do not follow FASB ASC 958, check here ▶ 🗹 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Ø Retained earnings, endowment, accumulated income, or other funds. 0 31 31 32 32 33 Total liabilities and net assets/fund balances . . .

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u> .	<u> </u>		
1 .	Total revenue (must equal Part VIII, column (A), line 12)	1	177	492.	23/
2	Total expenses (must equal Part IX, column (A), line 25)	2	17%	296	60/
3	Revenue less expenses. Subtract line 2 from line 1	3		195.	62
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	277	234	36/
5	Net unrealized gains (losses) on investments	5	<u> </u>	Ø	
6		6		Y	
7	Investment expenses	7			
8		В	Ø		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	-			96/
		0	<i>_277</i>	429	26/
Part	XII Financial Statements and Reporting		•		_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · </u>	· ·		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laın	ın		
_	Schedule O.		-	-	
2a			2a	 	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled	or		
	reviewed on a separate basis, consolidated basis, or both:		1		1
L	Separate basis Consolidated basis Both consolidated and separate basis		- 01-		
D	Were the organization's financial statements audited by an independent accountant?		2b	+	 -
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	no r	a		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	aht	of	 	
C	the audit, review, or compilation of its financial statements and selection of an independent accountant		0 2c		/
	If the organization changed either its oversight process or selection process during the tax year, expl			 	1
	Schedule O.	an i	"		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in ti	ne		
- Ou	Single Audit Act and OMB Circular A-133?		ິ 3a		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go ti	ne 🗀		/
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	_	3b		ν
			Fo	rm 990	(2019)

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.

► Attach to Form 990.

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

Open
Inspe

OMB No 1545-0047

Open to Public Inspection

Name	f the organization		Employer identification number
	Fulton Athletic Club		25-0494737
Pai	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	is or Accounts.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.	N/A
		(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 donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?	and donor advisors in writing that grant fit of the donor or donor advisor, or for	funds can be used rany other purpose
Par	Conservation Easements.		
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	N/A
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (for example, recre		f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h		
d	Number of conservation easements included in historic structure listed in the National Register .		
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or term	ninated by the organization during the
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy required violations, and enforcement of the conservation easily		
6	Staff and volunteer hours devoted to monitoring, inspec		
7	Amount of expenses incurred in monitoring, inspectin ▶\$	ng, handling of violations, and enforcing c	conservation easements during the year
8	Does each conservation easement reported on line and section $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easeme	f the footnote to the organization's final nts.	ncial statements that describes the
Part	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets. N/A
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote	held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held	SB ASC 958, to report in its revenue st for public exhibition, education, or rese	tatement and balance sheet works of earch in furtherance of public service,
	provide the following amounts relating to these item (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar a	
a	Revenue included on Form 990, Part VIII, line 1 .	_	> \$
b	Assets included in Form 990, Part X		

XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
a Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
a Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Administrative expenses G Grants or scholarships G Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Menument
990, Part X, line 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: C
C Beginning balance
C Beginning balance
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
E Distributions during the year f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
f Ending balance
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. □
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
losses
e Other expenditures for facilities and programs
programs
g End of year balance
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations
a Board designated or quasi-endowment ►% b Permanent endowment ►% c Term endowment ►% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations
b Permanent endowment ►% Term endowment ►
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations
organization by: Yes No (i) Unrelated organizations 3a(i)
(i) Unrelated organizations
(ii) Related organizations
· · · · · · · · · · · · · · · · · · ·
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Describe in Part XIII the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value
1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other

Part VII	Investments – Other Securities.			
· ,	Complete if the organization answered "Yes" on For			
. ` <u> </u>	(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
(1) Financial				
• •	eld equity interests			
			 	
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value		of valuation: ear market value
(1)				
(2)				
(3)				
(4)			· · · · · · · · · · · · · · · · · · ·	
<u>(5)</u>			· · · · · · · · · · · · · · · · · · ·	
(6)			·· ·	···-
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	! 	-	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form 99	0, Part X, line 15.
	(a) Description	AL/A		(b) Book value
(1)				
(2)		 		
(3)				
(4)				
(5)				
(6)		- -		
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Forline 25.	m 990, Part IV, line	e 11e or 11f. See Fo	orm 990, Part X,
1.	(a) Description of liability	11/1	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1) Federal in	come taxes	70/17		
(2)				
(3)				
(4)				
(5)				
(6)				 .
(7)				
_(8)				
(9)	(b) must sound form 000 Post V and (D) line OF			
	nn (b) must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the text of the footnotes.		'e financial statements	that reports the
organization's	uncertain tax positions. In Part XIII, provide the text of the footile stability for uncertain tax positions under FASB ASC 740. Check	there if the text of the	footnote has been prov	vided in Part XIII
J. gainzanon s	masing for anothern tax positions and in those for the oneon			

Part			r Return.	,
•	Complete if the organization answered "Yes" on Form 990,		NIN	
_ 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		
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants		_	
d	Other (Describe in Part XIII.)	2d	<u> </u>	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIII.)		4c	
С 5	Add lines 4a and 4b			
Part				.//4
rart	Complete if the organization answered "Yes" on Form 990,		ν	/H
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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
c	Other losses	2c	7	
d	Other (Describe in Part XIII.)	2d	 	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	
Part				
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4; Part IV, lines 1b and 2	2b; Part V, line 4; F	art X, line
z; Pan	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	momation.	
			· 	
-				
			•	
	•			
•••••				
_				
		4		
	,			
		-		

Schedule D (For	rm 990) 2019	Page :
Part XIII	Supplemental Information (continued)	
•		
·•		••••
		
••••		
·		
•		
		······································
		•••••
		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

Employer identification number

Fultan Athletic	^ //				25-05	194737
Part I Fundraising Activities	Complete if the	ne organiza	ation answ	vered "Yes" on F	Form 990 Part IV	line 17
Form 990-EZ filers are	not required to	complete	this part.			
1 Indicate whether the organizati	on raised funds					
a Mail solicitations		e 🗆] Solicitati	on of non-govern	ment grants	
b Internet and email solicitation	ons	f [] Solicitati	on of government	t grants	
c Phone solicitations		a [Special f	fundraising events	3	
d ln-person solicitations		J –	·	-		
2a Did the organization have a wr or key employees listed in Forr	itten or oral agre	ement with	any individ	dual (including offi	cers, directors, trust	ees,
b If "Yes," list the 10 highest par compensated at least \$5,000 b	d individuals or	entities (fund				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1		1				
2						
3		-				
4	-	-				
5		-	, .			
6	-	<u> </u>				
7	<u> </u>					
8						
9						
0						-
•••	- 					
3 List all states in which the org				olicit contribution	s or has been notifi	ed it is exempt from
registration or licensing.						
	· · · · · · · · · · · · · · · · · · ·					
		·				

P	art II	* Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" or and gross income on	n Form 990, Part IV, lin Form 990-EZ, lines 1 a	e 18, or reported more and 6b. List events with
•	Ì		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts				
_	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .	,			
Pa	10 11 rt	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if th \$15,000 on Form 990-E	act line 10 from line 3, c	olumn (d)	990, Part IV, line 19, c	or reported more than
nue		Ψ10,000 011 0111 000 L	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue		350.070.00	· · · · · · · · · · · · · · · · · · ·	350.070.0%
- ses	2	Cash prizes		350,070.0° 290,718.00		350,070.° 290,718.°7
Expenses	3	Noncash prizes				
Direct [4	Rent/facility costs				
۰	5	Other direct expenses .		7,743,6%		7.743.0%
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☑ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		298,461.09
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	<u>.</u> >	298,461.09 51,609.07
9	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	ming activities. <u>P</u>	3?	·
10		ere any of the organization's g "Yes," explain:			ated during the tax year?	

Schedu	ule G (Form 990 or 990-EZ) 2019		Page 3
-11	Doés the organization conduct gaming activities with nonmembers?	☐ 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	E No
¹³	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name Marion Bretz		
	Address > 1898 E. 2nd ST Erie, PA 16571		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	∌No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С			
	Name ▶		
	Address ▶		
16	Gaming manager information.		
	Name Marion Bretz		
	Gaming manager compensation > \$ 375 wk - she is the Club Manager		
	Description of services provided > Buys games, inters game in coputar, balances q	4mes	
	□ Director/officer □ Imployee □ Independent contractor		
17	Mandatory distributions:		<i></i>
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	1 Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	_ ^ ^	
Dout		ot'NE	
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
			•
		· · · · · · · · · · · · · · · · · · ·	
			
			

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization Fulton Athelic Club	25-0494737
Part V line 3b: Club has no unrelated	income.
Part V line 13a 6 N/A Clubis a 5	701 (c) (7).
Part V line 1460 N/A Club does Not	offer indoor Tanning
Part VI line la: Governing body elects and exective officers to run day to	sa Board of Pirector
Part VI line 6 ° Organization is a n	
Part VI line 106 Club is Not affilia organization and has only one loca	ted with any other tion.
Part VI live 116 & When the treasure filling out the forms they are reviewed of the Elub.	er is fivished I with the President
Part VI line 19: All of the Clubs by and Sinancial records are available up	-laws, charter papers rod request.
Part XII line 3b: Club receives No feo	leral monies.