

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HAMILTON HOOPS LTD	D Employer identification number 27-3370352
	Number and street (or P. O. box, if mail is not delivered to street address) Room/suite N72 W24702 GOOD HOPE RD	E Telephone number (414) 517-5295
	City or town, state or province, country, and ZIP or foreign postal code SUSSEX, WI 53089	F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ WWW.BALLCHARTS.COM/HAMILTONBASKETBALL

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 120,058

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	111,899
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	8,143	
b Less: cost of goods sold	7b	3,602	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	4,541	
8 Other revenue (describe in Schedule O)	8	16	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	116,456	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	16,263
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	66,540
17 Total expenses. Add lines 10 through 16 ▶	17	82,803	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	33,653
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	36,030
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-27,722
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	41,961

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. [X]

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed. WI
42a The organization's books are in care of MELISSA DOLNEY Telephone no. (414) 517-5295
Located at N72 W24702 GOOD HOPE RD SUSSEX, WI ZIP + 4 53089

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] and enter the amount of tax-exempt interest received or accrued during the tax year 43

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

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ 0

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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.

***** Signature of officer	2020-10-15 Date
MELISSA DOLNEY TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CHLOE CHIUMINATTO	Preparer's signature	Date 2020-10-13	Check <input type="checkbox"/> if self-employed	PTIN P01924323
	Firm's name ▶ WIPFLI LLP			Firm's EIN ▶ 39-0758449	
	Firm's address ▶ 10000 INNOVATION DRIVE SUITE 250 MILWAUKEE, WI 532264837			Phone no. (414) 431-9300	

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

Additional Data

Software ID:

Software Version:

EIN: 27-3370352

Name: HAMILTON HOOPS LTD

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 DIRECT AND SPONSOR BASKETBALL SKILLS CAMPS, TRAINING CAMPS AND LEAGUES. (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	65,006

**TY 2019 Transfers Personal Benefits
Contracts Declaration**

Name: HAMILTON HOOPS LTD

EIN: 27-3370352

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)**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

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
HAMILTON HOOPS LTD

Employer identification number

27-3370352

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME: GROSS RECEIPTS: 8,143. RETURNS AND ALLOWANCES: 0. LESS COST OF GOODS SOLD: 3,602. GROSS PROFIT: 4,541. COST OF GOODS SOLD: INVENTORY AT BEGINNING OF YEAR: 0. MERCHANDISE PURCHASED: 3,602. COST OF LABOR: 0. MATERIALS AND SUPPLIES: 0. OTHER COSTS: 0. INVENTORY AT END OF YEAR: 0. COST OF GOODS SOLD: 3,602.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION: OTHER INCOME. AMOUNT: 16.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: BANK CHARGES. AMOUNT: 664. DESCRIPTION: INSURANCE EXPENSE. AMOUNT: 774. DESCRIPTION: LEAGUE EXPENSES. AMOUNT: 6,720. DESCRIPTION: MISCELLANEOUS PROGRAM EXPENSES. AMOUNT: 3,000. DESCRIPTION: OFFICE & ADMINISTRATIVE EXPENSES. AMOUNT: 1,388. DESCRIPTION: PROGRAM SUPPLIES EXPENSE. AMOUNT: 35,422. DESCRIPTION: TOURNAMENT EXPENSES. AMOUNT: 18,572. TOTAL TO FORM 990-EZ, LINE 16: 66,540.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION: RECLASSIFICATION OF NET ASSETS. AMOUNT: -27,722.