COVID-19

For Paperwork Reduction Act Notice, see the separate instructions. DAA

Form

(Rev January 2020) Department of the Treasury

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.lrs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

| | | For the 2010 | calendar year, or tax year beginning | , and en | | est imormation. | 1.0 | |
|----------|-------------------------|---|---|--------------------------------------|---------------------------------------|--------------------|----------------------|------------------------------|
| | | Check if applicable | | BIRMINGHAM YOUTH | | | D Employe | r Identification number |
| 1 | \Box | • | ASSOCIAT | | | | 1 | |
| | 씜′ | Address change | Doing business as | TON | | | ⊢ 63-1 | 247691 |
| | יו | Name change | Number and street (or P O box if mail is not del | livered to street address) | · · · · · · · · · · · · · · · · · · · | Room/suite | E Telephon | |
| | П۰ | nitial return | P.O. BOX 43973 | | | <u> </u> | 205- | 823-5551 |
| | | inal return/ | City or town, state or province, country, and ZIP | or foreign postal code | | | | |
| | $\overline{}$ | erminated | BIRMINGHAM | G Gross red | peipts \$ 219,025 | | | |
| | ፵ <i>"</i> | Amended return | F Name and address of principal officer | | | | | |
| | $\bigsqcup '$ | Application pending | CHRIS DICKINSON | | | H(a) Is this | a group return for : | subordinates? Yes X No |
| | | | | | _ | H(b) Are at | subordinates inc | luded? Yes Mo |
| | | | } | | | 11 | "No," attach a list | (see instructions) |
| | 1 | Tax-exempt status | X 501(c)(3) 501(c) () | ◀ (insert no) 4947(a)(1) | or 527, | 77 | | |
| | J | Website | WWW.GBYLA.ORG | | , 177 | H(c) Group | exemption number | er 🕨 |
| | ĸ | Form of organization | X Corporation Trust Association | Other - | | Year of formation | 1999 | M State of legal domicale AL |
| | | | ummary | | 1 | | | |
| | | | escribe the organization's mission or mo | ost significant activities | • | | | |
| | اه | _ | DEVELOP AND SUPPORT YOUT | _ | AMS IN THE | GREATER I | BIRMINGH | AM. |
| | Ĕ | MET | ROPOLITAN AREA | | | | | |
| | Governance | | | | • | | | |
| | ŏ | 2 Check t | nis box | nued its operations or dispo | sed of more than | 25% of its net | assets | |
| | 8 | | of voting members of the governing bod | · | | | . 3 | 9 |
| | S | | of independent voting members of the g | | 16) RECE | =IVF: | 4 | 9 |
| | Activities | | mber of individuals employed in calenda | | | | 5 | 1 |
| | [달 | | mber of volunteers (estimate if necessar | • | 101 | 9 2020 | 6 | 245 |
| | ^ | | related business revenue from Part VIII, | • • | E NOV 1 | 3 2020 | 7a | 0 |
| | | | elated business taxable income from For | , ,, | <u> </u> | TAI LIT | - 7b | 0 |
| | \neg | | TOTAL | | OGDI | Prior | Year | Current Year |
| | | 8 Contribu | tions and grants (Part VIII, line 1h) | | | | 950 | 750 |
| | Revenue | 9 Progran | service revenue (Part VIII, line 2g) | | | 2 | 35,806 | 218,275 |
| | e | 10 Investm | ent income (Part VIII, column (A), lines 3 | 3, 4, and 7d) | | | | 0 |
| | ا تع | 11 Other re | venue (Part VIII, column (A), lines 5, 6d, | 8c, 9c, 10c, and 11e) | | | | 0 |
| - | | 12 Total re | venue – add lines 8 through 11 (must eq | ual Part VIII, column (A), lin | e 12) | 2 | 36,756 | 219,025 |
| SCANNED | | 13 Grants | and similar amounts paid (Part IX, colum | n (A), lines 1-3) | | | | 0 |
| 3 | | 14 Benefits | paid to or for members (Part IX, column | | | 0 | | |
| Ź | ္ဖ | | , other compensation, employee benefits | | 5–10) | | | 47,064 |
| Z | JSe | 16a Profess | onal fundraising fees (Part IX, column (A | A), line 11e) | | | - | 0 |
| Ш | Expenses | b Total fu | ndraising expenses (Part IX, column (D), | line 25) ▶ | 0 | | | |
| U | ω̈ | 17 Other e | penses (Part IX, column (A), lines 11a- | 11d, 11f-24e) | | 2 | 33,053 | 198,060 |
| 9 | | | penses Add lines 13-17 (must equal Pa | | | 2 | 33,053 | 245,124 |
| CT | | | e less expenses Subtract line 18 from lin | | | | 3,703 | -26,099 |
| <u> </u> | 58 | | | | | | Current Year | End of Year |
| OT. | A Assets or id Balances | 20 Total as | sets (Part X, line 16) | | | | 82,972 | 386,574 |
| | 罚 | 21 Total lia | bilities (Part X, line 26) | | | 2 | 97,139 | 326,840 |
| 2021 | 뫮 | 22 Net ass | ets or fund balances Subtract line 21 fro | m line 20 | | | <u>85,833</u> | 59,734 |
| | | | ignature Block | <u> </u> | | | | |
| | Un | ider penalties o | perjury, I declare that I have examined this recomplete. Declaration of preparer (other than | elum, including accompanying | schedules and state | ements, and to the | e best of my kr | nowledge and belief, it is |
| | tru | e, correct, and | complete Declaration of preparer (other than) | officer) is based on all information | tion of which prepai | er has any know | edge | |
| | | | | | | | | 16.2020 |
| | Sig | n 🌠 | Signature of officer | | | | Date | |
| | Her | e L | GAVIN POOLE | | TREA | SURER | | |
| | | | Type or print name and title | | | | | |
| | | 1 1 | pe preparer's name | Preparer's signature | | Date | Check | If PTIN |
| | Paid - | D. BE | N CORK, CPA | D. BEN CORK, CPA | | 11/ | 16/20 self-em | |
| | • | parer Firm's r | | | | | Firm's EIN | 63-1169871 |
| | Use | Only | 2100 SOUTHBRI | | 530 | | | |
| | | Firm's a | ddress BIRMINGHAM, | AL 35209 | | | Phone no | 205-879-3292 |
| , | Мау | the IRS disci | ss this return with the preparer shown a | bove? (see instructions) | | | | X Yes No |
| • | For I | Paperwork Rec | uction Act Notice, see the separate instruc | ctions. | | | | Form 990 (2019) |

6.28

| Form 990 (2019 | GREATER BIRM | INGHAM YOUTH | LACROSSE | 63-12476 | <u> </u> | Page 2 |
|----------------|---|------------------------------|----------------------------|-------------------|---------------------------|---------------|
| Part III | Statement of Progra | | | | | |
| 4 5 5 | Check if Schedule O | | or note to any line ir | this Part III | | |
| | scribe the organization's reTLOP AND SUPP | | ים מפדי מפרכם: | AMC TAT T | ינים רספיגיינים מ | TDMTNOUAM |
| | OLITIAN AREA | ORI TOUTH LAC | ROSSE PROGRA | THO IN I | ne Greater b | IRMINGHAM |
| MILIKOF | OHIIIM AKEA | | | | | |
| | | | | | | |
| 2 Did the o | rganization undertake any s | significant program services | during the year which | were not listed o | on the | |
| pnor Form | n 990 or 990-EZ? | | | | | Yes X No |
| If "Yes," o | describe these new service: | s on Schedule O | | | | |
| | rganization cease conductir | ng, or make significant cha | nges in how it conducts, | any program | | |
| services? | | | | | | Yes X No |
| | lescribe these changes on | | for each of its three larg | 0.01 program 0.01 | nunce or moreured by | |
| | the organization's program Section 501(c)(3) and 50° | · · | - | · - | • | |
| | expenses, and revenue, if a | | | dit of grants at | id allocations to others, | |
| | ,,,po.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | my, for basis program con- | oo roporton | | | |
| 4a (Code |) (Expenses \$ | | cluding grants of \$ | |) (Revenue \$ | 218,275) |
| | EATER BIRMING | | | | | NG AND FALL |
| LACROS | se seasons an | D SUMMER CLIN | IICS FOR BIR | MINGHAM | YOUTH | |
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| | | | | | | |
| 4b (Code |) (Expenses \$ | ın | cluding grants of \$ | |) (Revenue \$ |) |
| N/A | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | _ | |
| 4c (Code |) (Expenses \$ | in | cluding grants of \$ | |) (Revenue \$ |) |
| N/A | | | | | | |
| | | | | | | |
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| | | | | | | |
| 4d Other pro | gram services (Describe or | Schedule O) | <u> </u> | | | |
| (Expenses | | including grants of \$ | |) (Revenue | \$ |) |
| 4e Total prog | ram service expenses ▶ | 241,51 | 0 | | | |

Form 990 (2019) GREATER BIRMINGHAM YOUTH LACROSSE

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," | | 100 | 110 |
| | complete Schedule A | _1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | <u> </u> |
| 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 | | <u>X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | 1.5 |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4_ | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | _ | | x |
| _ | 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 | 1 | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | 6 | | x |
| 7 | "Yes," complete Schedule D, Part I 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| • | complete Schedule D, Part III | 8 | | X |
| 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 | | X |
| 0 | 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 | | _X_ |
| 1 | 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," | ١ | 1.7 | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | 446 | i | v |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| Ç | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | 11c | | x |
| а | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 110 | | |
| d | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X | 11e | х | |
| | 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 | | X |
| 2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | _X_ |
| 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 | | X |
| 3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | <u>X</u> |
| 4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | X |
| 5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 15 | | x |
| 6 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | - | |
| 0 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | <u> </u> | | |
| • | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | х |
| 8 | 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 | | X |
| 9 | 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 |
| 0a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 1 | 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 19 If "Yes," complete Schedule I, Parts I and II | 21 | | X |

Checklist of Required Schedules (continued) Yes No 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 Х 22 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 X 23 employees? If "Yes," complete Schedule J 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 X 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 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 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? X 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% X 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 X 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) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X "Yes." complete Schedule L. Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X "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 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 19? Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 12 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

| Pa | nt'V Statements Regarding Other IRS Filings and Tax Compliance (continu | ıed) | | | | |
|----------|---|--------|-----------------|----------|-------|-------------|
| | | | | r—- | Yes | <u>No</u> |
| 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 | _1 | — ,, | | v |
| þ | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | | 2b | | <u> </u> |
| ٥- | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | , | | 3a | | x |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 0 | | 3b | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a | | ty over | 35 | | |
| 4a | a financial account in a foreign country (such as a bank account, securities account, or other financial | | | 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 A | ccoun | its (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 transact | tion? | | 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 | е | | | | |
| | organization solicit any contributions that were not tax deductible as chantable contributions? | | | 6a | | _X_ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns 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 g | oods | | | | |
| | 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 | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | s | | | | |
| | required to file Form 8282? | 1 | | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | — , | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | | 7e 7f | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | 00 as required? | 7g | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file For | | | 79 7h | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained | | | - ''' | | |
| 8 | sponsoring organization have excess business holdings at any time during the year? | J Dy u | ic | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | i | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | |
| | against amounts due or received from them) | 11b | | | | |
| 12a | , , , , | | 7 | 12a | | |
| | 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. | | | 13a | | |
| 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 | 13b | | | | |
| _ | the organization is licensed to issue qualified health plans Enter the amount of reserves on hand | 13c | | | | |
| с 14а | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | x |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | e O | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunei | | or | | | |
| . • | excess parachute payment(s) during the year? | | | 15 | | X |
| | 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 | ıncom | ie ⁹ | 16 | L | X |
| | If "Yes," complete Form 4720, Schedule O | | | | | |
| | | | | For | m 990 | (2019) |

Form 990 (2019) GREATER BIRMINGHAM YOUTH LACROSSE 63-1247691 Page 6 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 on Schedule O See instructions $|\mathbf{x}|$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 committee, explain on Schedule O 9 Enter the number of voting members included on line 1a, above, who are independent 1b ь Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 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 X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X 8a a The governing body? X **8**b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 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 chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official X 15h Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

P.O. BOX 43973

AL 35243

SUSIE MARGOTTA

BIRMINGHAM

| Form 990 (2 | 019) GREATER | BIRMINGHAM | YOUTH : | LACROSSE | 63-12476 | 91 | ige |
|-------------|-------------------|--------------------|-------------|-----------------|------------------|----------------------------|-----|
| Part VII | Compensation of | f Officers, Direc | tors, Trust | ees, Key Emp | oloyees, Highest | Compensated Employees, and | |
| | Independent Co | ntractors | | | | | _ |
| | Check if Schedule | e O contains a res | sponse or n | ote to any line | in this Part VII | | Ш |

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

| per week bu | | | | Pos check ess pe | more rson i | than or s both or/truste | an e) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and |
|------------------------|--|--------------------------------|-----------------------|------------------------|----------------|---------------------------------|----------|--|---|--|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-210394MI3C) | (**21033-11100) | related organizations |
| (1) CHRIS DICKINSON | | | | | | П | | | | |
| | 0.00 | | | | | | | | | 0 |
| PRESIDENT | 0.00 | ┢ | <u> </u> | X | _ | \vdash | | 0 | | 0 |
| (2) MICKEY WRIGHT | 0.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | | | x | | | | o | 0 | 0 |
| (3) GAVIN POOLE | 0.00 | | \vdash | - | | | | | | |
| (0) 0111 111 1 0 0 1 1 | 0.00 | | | | | | | | | |
| TREASURER | 0.00 | | | x | | | | O | 0 | 0 |
| (4) KIMBERLY RUDOLPH | | | | | | | | | | |
| | 0.00 | | Ì | | | | | | | |
| SECRETARY | 0.00 | <u> </u> | <u> </u> | X | | Ш | | 0 | 0 | 0 |
| (5) RANDY NACE | | | | | | | | | | |
| | 0.00 | | l | | | | | | | |
| DIRECTOR | 0.00 | X | \vdash | _ | _ | | | 0 | 0 | 0 |
| (6) CAROLYN GARRITY | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | o | 0 | 0 |
| (7) CLARK VINES | 0.00 | ^ | | <u> </u> | | ╂╌╌╂ | | | | |
| (i) CIMICK VINED | 0.00 | l | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | 0 |
| (8) BRIAN LUCAS | | | | | | | | | | |
| | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) KYLE NEWELL | | | ŀ | | | | | | | |
| | 0.00 | l | | | | | | | | |
| DIRECTOR | 0.00 | X | | - | _ | \vdash | | 0 | 0 | 0 |
| (10) | | | | | | | | | | |
| (11) | | - | <u> </u> | | | $\vdash \vdash$ | | | | |

| Part V | Section A. Officers | , Directors, Tru | stee | s, K | ey E | mpl | oyee | s, a | and Highest Compensated | Employees (continued) | | | |
|--------------|--|---|----------|-------------------|------------------------|----------------|---|-------|---|---|-------------------------------|------------------|---------------|
| • | (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | bo | k, unte icer a | Pos check ess pe | rson i | than control Highest compensated employee | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | Estimater of compe from | the tion and | |
| | | | | • | | : | 8. | | | | | | |
| | | ,- | | | | | | | | | | | |
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| 4 | | | | | | | | | | 200 | | | |
| | | | ļ | | | - | | | | | | | |
| | | | - | | | | | | | | | | |
| 46 6.4 | | | | | | _ | | | | | | | |
| c Tot | ototal al from continuation shee al (add lines 1b and 1c) | | | | | o lie | tod s | bov | e) who received more than | \$100,000 of | | | |
| rep | ortable compensation from | the organization | <u> </u> | 0 | | | | | ee, or highest compensate | | | Yes | No |
| 4 For | oloyee on line 1a? If "Yes," any individual listed on lini anization and related organ vidual | e 1a, is the sum | of re | epor | table | con | npen | satic | on and other compensation complete Schedule J for su | from the | 3 | | x |
| 5 Did for | | rganization? If ") | | | | | | | ny unrelated organization or for such person | r individual | 5 | | x |
| 1 Cor | nplete this table for your fin pensation from the organi | ve highest comp | ensa | ited ensat | inde ion i | pend for th | dent one ca | conti | ractors that received more dar year ending with or with | than \$100,000 of hin the organization's tax ye (B) hion of services | | (C) Compensat | tion |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | al number of independent of elevent more than \$100,000 | | | | | | | | se listed above) who | 0 | | | |
| DAA | | | | | | | | | | | F | om 99 (| (2019) |

| Pa | ırt V | 'III Stateme Check if | | f Revenue edule O conta | ains a | a respon | se or note | to any line in this | s Part VIII | | |
|--|-------|---|-----------------|--|-----------|-----------|---------------|----------------------|--|--------------------------------------|---|
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts si | 1a | Federated camp | aians | | 1a | | - | | - | | |
| rar | b | Membership due | - | | 1b | | | | | | |
| Ğ, | c | Fundraising eve | | | 1c | | · | | | | |
| ifts ar / | d | Related organiz | | | 1d | | - | | | | |
| Ξ,G | e | Government grants (or | | ne) | 1e | | | | | | |
| Sig | , | All other contributions, | | | | | | | | | |
| her | | and similar amounts no | | | 1f | | 750 | | | | |
| άğ | _ ا | Noncash contributions | inchided | in lines 12.1f | | \$ | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 9 | Total. Add lines | | | <u>'9</u> | ΙΨ | | 750 | | | |
| <u> </u> | -" | Total. Add lines | 10-11 | | | | Business Code | ,,,,, | ··· | | |
| _ | 2a | DD/17 CMD 3 MT/ | NT 121 | rec | | | 713990 | 218,275 | 218,275 | - | |
| Program Service Revenue | b | REGISTRATIO | JN FE | LES | | | 123330 | 220,275 | 220,270 | | |
| Se Se | C | | | | | | - | | | ., | |
| E | d | | | | | | | | | | |
| ğ | ű | | | | | | | | | | - |
| ď | | All other program | m con | uce revenue | | | | | | | |
| | | | | | | | | 218,275 | | | <u> </u> |
| _ | 3 | Investment incor | | | le inte | rest and | | 220,270 | | | |
| | ١ | other similar am | | | | | | | | | |
| | 4 | Income from inv | | | t bond | nroceeds | | | | | |
| | 5 | Royalties | 0000 | in or an exemp | | p. 000000 | | | | | |
| | | Noyalaco | | (ı) Real | | (u) | Personal | | | | 1 |
| | 6a | Gross rents | 6a | (,, | | · · · · | | | | | |
| | Ь | Less rental expenses | 6b | | | | | | | | |
| | ° | Rental inc or (loss) | 6c | | | | | | | | |
| | l . | • • | | loss) | | 1 | ▶ | | | | |
| | | d Net rental income or (loss) 7a Gross amount from (i) Securities | | | | fu | Other | | | | |
| | | sales of assets | 7a | (// | - | | | | | | |
| ø | ь | other than inventory Less cost or other | ـ '' | | | | | | | | |
| nue | ١ | basis and sales exps | 7b | | | | | | | | |
| ev | c | Gain or (loss) | 7c | | | <u> </u> | | | | | |
| Ē | ď | Net gain or (loss) | | ı | | | ▶ | | | | |
| Other Revenue | | Gross income from | - | aisino events | | 1 | | | | | |
| O | ٠ | (not including \$ | | sioning oronia | | | | | | | |
| | | of contributions rep | orted c | nn line 1c) | |] | | | | | |
| | | See Part IV, line 18 | | ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 8a | | | | | | |
| | l h | Less direct exp | | | 8b | | | | | | |
| | c | Net income or (I | | | | | ▶ | | _ | | |
| | t | Gross income from | | _ | | | | | | - | |
| | " | See Part IV, line 19 | - | .5 | 9a | | | | | | |
| | ь | Less direct exp | | | 9b | | | | | | |
| | | Net income or (I | | rom gaming acti | · | 1. | • | | | | |
| | | Gross sales of | | | | | · · · | | | | |
| | ''- | returns and allow | | | 10a | | | | | | |
| | ь | Less cost of go | | | 10b | | - | | | | |
| | | Net income or (I | | | | | • | | | | |
| _ | | 122 | | 12.00 07 | | | Business Code | - | · | | |
| Miscellaneous Revenue | 11a | | | | | | | | | | |
| ane | ь | | | | | | | | | | |
| eve | c | | | | | | | | | | |
| Ais. | d | All other revenue | е | | | | | | | | |
| = | | Total. Add lines | | 11d | _ | | > | | | | |
| | | Total revenue. | | | | | • | 219,025 | 218,275 | 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) Check if Schedule O contains a response or note to any line in this Part IX X (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV. lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 36,032 36,032 7 Other salaries and wages 8 Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 11,032 11,032 10 Payroll taxes 11 Fees for services (nonemployees) 6,400 6,400 Management b Legal С Accounting Lobbying Professional fundraising services See Part IV, line 17 e f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 18,768 18,768 (A) amount, list line 11g expenses on Schedule O) 690 690 12 Advertising and promotion 842 841 13 Office expenses 1,683 Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 264 264 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 1,297 1,297 22 Depreciation, depletion, and amortization 1,090 1,090 23 Insurance 24 Other expenses Itemize expenses not covered 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) 79,370 79,370 REFEREES 27,051 27,051 FALL LACROSSE b 22,343 22,343 EQUIPMENT & SUPPLIES С 12,579 12,579 GROW THE GAME EXPENSE 23,753 2,772 26,525 e All other expenses 241,510 3,614 0 245,124 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 ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 374,626 1 379,739 Cash-non-interest-bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 7,049 6,835 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 1,297 basis Complete Part VI of Schedule D 10a 1,297 1,297 b Less accumulated depreciation 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 382,972 386,574 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 297,139 321,913 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 4,927 25 of Schedule D 297,139 326,840 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ X Balances and complete lines 27, 28, 32, and 33. 85,833 27 59,734 27 Net assets without donor restrictions 28 Net assets with donor restrictions 28 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ò 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Set 85,833 59,734 32 32 Total net assets or fund balances 382,972 386,574 33 Total liabilities and net assets/fund balances

Form **990** (2019)

| <u>Form</u> | 990 (2019) GREATER BIRMINGHAM YOUTH LACROSSE 63-1247691 | | | Pa | ge 12 |
|-------------|---|----|------|-----|--------------|
| Pa | art XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 025 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | <u> 124</u> |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | <u>099</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 35, | <u>833</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 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 | | | | |
| | 32, column (B)) | 10 | 5 | 59, | <u>734</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Ш, |
| | | | | 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," explain in | | | | |
| | Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | _X_ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | 1 |
| | reviewed on a separate basis, consolidated basis, or both | | | | 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | 1 |
| | separate basis, consolidated basis, or both | | | | ĺ |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | ĺ |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | 1 1 | | 1 |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | 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 | | 1 1 | | |
| | Single Audit Act and OMB Circular A-133? | | 3a | | |
| 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 on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 990 | (2019) |

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 charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

GREATER BIRMINGHAM YOUTH LACROSSE ASSOCIATION

Employer Identification number 63-1247691

Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 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 university X 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). 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 12g 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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 II, Type III, 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) g (vi) Amount of (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary listed in your governing support (see other support (see (described on lines 1-10 organization instructions) above (see instructions)) document? instructions) No (A) (B) (C) (D) (E)

631247691 11/16/2020 11 08 AM GREATER BIRMINGHAM YOUTH LACROSSE 63-1247691 Schedule A (Form 990 or 990-EZ) 2019 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2017 (a) 2015 (b) 2016 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2018 Schedule A Part II, line 14 15 15 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances/ test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2019

supported organization

instructions

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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 | tion A. Public Support | quality under ti | ie lesis listeu L | elow, please d | umpiete Part II | · <i>)</i> | |
|----------|--|------------------|----------------------|------------------------|--------------------|------------|---------------|
| | idar year (or fiscal year beginning in) | (5) 2015 | (h) 2016 | (=) 2047 | (4) 2019 | (a) 2040 | (D. Takal |
| | • • • • • | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 1,750 | 750 | 750 | _950 | 750 | 4,950 |
| 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 | 267,488 | 235,806 | 198,928 | 235,806 | 218,275 | 1,156,303 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 269,238 | 236,556 | 199,678 | 236,756 | 219,025 | 1,161,253 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | · |
| | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| 500 | tion B. Total Support | <u> </u> | | <u>_</u> | | 1 | 1,161,253 |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | (a) 2015 | 236,556 | 199,678 | 236,756 | 219,025 | (f) Total |
| | | 269,238 | 230,330 | 199,678 | 230,736 | 219,025 | 1,161,253 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | . — | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | 269,238 | 236,556 | 199,678 | 236,756 | 219,025 | 1,161,253 |
| 14 | First five years. If the Form 990 is for the | - | , second, third, fou | irth, or fifth tax yea | r as a section 501 | (c)(3) | . \square |
| ~ | organization, check this box and stop her | | | | | | |
| | tion C. Computation of Public St | | | | | | |
| 15 | Public support percentage for 2019 (line 8 | | = | ın (f)) | | 15 | 100.00 % |
| 16 | Public support percentage from 2018 Sche | | | | | 16 | 100.00% |
| | tion D. Computation of Investme | | | l solumn (f) | | 1 47 | % |
| 17 18 | Investment income percentage for 2019 (Investment income percentage from 2018 | | = | , column (1)) | | 17 | % |
| 19a | 33 1/3% support tests—2019. If the orga | • | | 14 and line 15 is | more than 33 1/39 | | |
| . 34 | 17 is not more than 33 1/3%, check this be | | | | | | ► X |
| b | 33 1/3% support tests—2018. If the orga | | | | | | . 🗀 |
| 20 | line 18 is not more than 33 1/3%, check the Private foundation . If the organization did | • | - | | | - | ▶ │ |
| | | | , | | | | |

Schedule A (Form 990 or 990-EZ) 2019

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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

| <u>Sect</u> | ion A. All Supporting Organizations | | | |
|-------------|---|-----------|-----|--|
| | | | Yes | No |
| 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 | 1 | | |
| 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) | 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 | 3a | | |
| 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 | 3b | | |
| С | 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 | 3с | | |
| 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 | 4a | | |
| 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 | 4b | | |
| С | 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 | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| Ja | 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) | 5a | | |
| h | Type I or Type II only. Was any added or substituted supported organization part of a class already | 1-0- | | |
| Ь | | 5b | | |
| _ | designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | <u> </u> |
| C | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | " | | - |
| 6 | | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | ļ | | |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or | 6 | | |
| | 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) | 7 | | |
| 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) | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | ļ |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | | | 1 |
| | In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | <u>9a</u> | | |
| 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. | 9b | | |
| С | 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. | 9c | | |
| 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 | 10a | | |
| 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) | 10b | L | l |

3a

trustees of each of the supported organizations? Provide details in Part VI.

b 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

| Schedule A (Form 990 or 990-EZ) 2019 GREATER BIRMINGHAM YOUTH LA | | | Page 6 |
|--|--------------|-------------------------------|-----------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization | <u>aniza</u> | tions | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov | | | ee |
| instructions. All other Type III non-functionally integrated supporting organizations must | t comp | olete Sections A through E | |
| Section A - Adjusted Net Income | | (A) Pnor Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | · |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | l | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Pnor Year | (B) Current Year (optional) |
| 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 secunties | 1a | | |
| b Average monthly cash balances | 1b | | |
| 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) | İ | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in pnor year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally integrated | <u> </u> | III supporting organization (| see |
| instructions) | | | |

Schedule A (Form 990 or 990-EZ) 2019

Breakdown of line 7
a Excess from 2015
b Excess from 2016
c Excess from 2017
d Excess from 2018
e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

GREATER BIRMINGHAM YOUTH LACROSSE

63-1247691

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DAA

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 2019

Open to Public Inspection

| | of the organization | Employer Identification number | | | |
|----|---|--|------------------------------|------|--|
| | REATER BIRMINGHAM YOUTH LACROSSE | | | | |
| A | SSOCIATION | 63-1247691 | | | |
| Pa | art I Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" on F | | Accounts. | | |
| | | (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 advisors in writing that | t the assets held in donor advised | | | |
| | funds are the organization's property, subject to the organization's excl | usive legal control? | ☐ Yes ☐ | No | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | writing that grant funds can be used | | | |
| | only for chantable purposes and not for the benefit of the donor or donor | or advisor, or for any other purpose | | | |
| | conferring impermissible private benefit? | | Yes | No | |
| Pá | art II Conservation Easements. | | | | |
| | Complete if the organization answered "Yes" on F | form 990, Part IV, line 7. | | | |
| 1 | Purpose(s) of conservation easements held by the organization (check | all that apply) | | | |
| | Preservation of land for public use (for example, recreation or educ | ation) Preservation of a historically | important land area | | |
| | Protection of natural habitat | Preservation of a certified hi | istonic structure | | |
| | Preservation of open space | | | | |
| 2 | | rvation contribution in the form of a cons | ervation | | |
| | easement on the last day of the tax year | | Held at the End of the Tax | Year | |
| а | Total number of conservation easements | | 2a | | |
| þ | Total acreage restricted by conservation easements | | 2b | | |
| C | Number of conservation easements on a certified historic structure inclu- | uded in (a) | 2c | | |
| d | Number of conservation easements included in (c) acquired after 7/25/0 | 06, and not on a | 1 1 | | |
| | historic structure listed in the National Register | | 2d | | |
| 3 | Number of conservation easements modified, transferred, released, ext | inguished, or terminated by the organiza | tton during the | | |
| | tax year ▶ | | | | |
| 4 | Number of states where property subject to conservation easement is le | ocated ► | | | |
| 5 | Does the organization have a written policy regarding the periodic mon | itoring, inspection, handling of | | 1 | |
| | violations, and enforcement of the conservation easements it holds? | | Yes | No | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling or | f violations, and enforcing conservation e | easements during the year | | |
| _ | | | | | |
| 7 | | ations, and enforcing conservation easer | ments during the year | | |
| | > \$ | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy t | the requirements of section 170(h)(4)(B)(| | l | |
| _ | and section 170(h)(4)(B)(ii)? | | ∐ Yes ∐ | NO | |
| 9 | In Part XIII, describe how the organization reports conservation easemed | | | | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements | organizations infancial statements that t | describes the | | |
| P | art III Organizations Maintaining Collections of Art, | Historical Treasures or Other | Similar Assets | | |
| • | Complete if the organization answered "Yes" on F | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to re | | ce sheet works | | |
| | of art, historical treasures, or other similar assets held for public exhibiti | | | | |
| | service, provide in Part XIII the text of the footnote to its financial stater | | · | | |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of | | | | |
| | art, historical treasures, or other similar assets held for public exhibition | | | | |
| | provide the following amounts relating to these items | · · · · · · · · · · · · · · · · · · · | | | |
| | (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, historical treasures, or | other similar assets for financial dain pro- | • • | | |
| _ | following amounts required to be reported under FASB ASC 958 relatin | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | 3 10 0.000 10.110 | ▶ s | | |
| | Assets included in Form 990. Part X | | > \$ | | |

| Part VII | Investments – Other Securities. Complete if the organization answered "Yes" of | on Form 990 Part IV line | 11h See Form 990 Pa | ut X line 12 |
|-------------------------------|---|----------------------------------|--------------------------|---------------------------------------|
| | (a) Description of security or category | (b) Book value | (c) Method of v | |
| | (including name of security) | (0, 200 | Cost or end-of-year | market value |
| (1) Financial | denyatives | | | |
| | eld equity interests | | | |
| (3) Other | 0.0 04-1.y 11.07000 | | - | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | 1 | · | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| | | | | |
| (H) | nn (b) must equal Form 990, Part X, col (B) line 12) | • | | |
| Part VIII | Investments – Program Related. | | | |
| rait viii | Complete if the organization answered "Yes" of | on Form 990 Part IV line | 11c See Form 990 Pa | rt X line 13 |
| | (a) Description of investment | (b) Book value | (c) Method of v | |
| | (a) bescription of investment | (5, 25515.55 | Cost or end-of-year | |
| (1) | | - | | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | - | |
| (9) | nn (b) must equal Form 990, Part X, col (B) line 13) | • | | |
| Part IX | Other Assets. | | | |
| I alt IX | Complete if the organization answered "Yes" of | on Form 990 Part IV. line | 11d See Form 990. Pa | art X. line 15. |
| | (a) Description | | | (b) Book value |
| (1) | | | | ·`· |
| (2) | | | | |
| (3) | | | | |
| (4) | <u> </u> | | | |
| (5) | | - | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | · · | | ` |
| | nn (b) must equal Form 990, Part X, col (B) line 15) | | | |
| Part X | Other Liabilities. | | | |
| · uit / | Complete if the organization answered "Yes" | on Form 990. Part IV. line | e 11e or 11f. See Form 9 | 990. Part X. |
| | line 25. | | | |
| 1. | (a) Description of liability | | | (b) Book value |
| | I income taxes | | | |
| (2) PSP | The way | | | 4,927 |
| (3) | | | | |
| (4) | | · | | |
| (5) | | | | · · · · · · · · · · · · · · · · · · · |
| (6) | | | | ····· |
| | | | | |
| (8) | | | | |
| (8) | | | | |
| (9) | nn (b) must equal Form 990, Part X, col (B) line 25) | | • | 4,927 |
| | r uncertain tax positions. In Part XIII, provide the text of the | footnote to the organization's f | | |
| | s liability for uncertain tax positions under FASB ASC 740 C | | | |
| J. Same and a contract of the | | | <u> </u> | |

| Sche | edule D (Form 990) 2019 GREATER BIRMINGHAM YOUTH LAC | CROSSE | 63-124769 | <u> </u> | Page 4 | | | |
|------------|--|---------------|-----------------|----------|---------------|--|--|--|
| Pa | art XI Reconciliation of Revenue per Audited Financial Statem | nents With | Revenue per Ret | turn. | - | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 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 | | | T | <u> </u> | | | |
| а | Net unrealized gains (losses) on investments | | | | | | | |
| b | Donated services and use of facilities | | | | | | | |
| c | Recovenes of pnor year grants | 2c | | | | | | |
| 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 VIII, line 12, but not on line 1 | 1 1 | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | _ | | | | | |
| b | Other (Describe in Part XIII) | 4b | | | | | | |
| C | Add lines 4a and 4b | | 4c | | | | | |
| 5_ | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 5 | | | | |
| Pa | Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per 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 | Pnor year adjustments | 2b | | ł | | | | |
| C | Other losses | 2c | | | | | | |
| đ | Other (Describe in Part XIII) | | | | | | | |
| e | Add lines 2a through 2d | | | 2e | | | | |
| 3 | Subtract line 2e from line 1 | | <u> </u> | 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 | | | | | | |
| þ | Other (Describe in Part XIII) | | | | | | | |
| c | Add lines 4a and 4b | | | 4c | <u> </u> | | | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | | | | | |
| <u>P</u> a | Part XIII Supplemental Information. | | | | | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule Q (Form 990) 2019 GREATER BIRMINGHAM YOUTH LACROSSE 63-1247691

Page 5

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service

Name of the organization

GREATER BIRMINGHAM YOUTH LACROSSE ASSOCIATION

63-1247691

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS PREPARED AND PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW
PRIOR TO FILING THE FORM WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ALL INFORMATION IS AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S

OFFICE BY REQUEST

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

| | TOT/PROG | SERVICE | MGT & | GENERAL | FUNDRAISI | NG | |
|-------------------------|----------|---------|-------|---------|-----------|----|--|
| MISCELLANEOUS | | | | | | | |
| | \$ | 7,166 | \$ | 0 | \$ | 0 | |
| PAYROLL PROCESSING FEES | | | | | | | |
| | \$ | 2,171 | \$ | 2,172 | \$ | 0 | |
| TRYLAX EXPENSE | | | | | | | |
| | \$ | 4,028 | \$ | 0 | \$ | 0 | |
| CLINICS & CAMPS | | | | | | | |
| | \$ | 3,152 | \$ | 0 | \$ | 0 | |
| STORAGE FEES | | | | | | | |
| | \$ | 2,565 | \$ | 0 | \$ | 0 | |
| DUES & SUBSCRIPTIONS | | | | | | | |
| | \$ | 2,114 | \$ | 0 | \$ | 0 | |
| TOURNAMENT EXPENSE | | | | | | | |
| | \$ | 1,507 | \$ | 0 | \$ | 0 | |

| Schedule O (For | m 990 or 990-EZ) (2 | 019) | | | Page 2 | |
|-----------------------------------|---------------------|--------|-------------|----------------------|-------------|--|
| Name of the organ | ization | | | Employer Identificat | tion number | |
| GREATER BIRMINGHAM YOUTH LACROSSE | | | | 63-1247691 | | |
| TELEPHO | NE | | | | | |
| | \$ | 600 | \$ 600 | \$ | 0 | |
| FIELD E | EXPENSES | | | | | |
| | \$ | 450 | \$ 0 | \$ | 0 | |
| TO | TAL | | | | | |
| | \$ | 23,753 | \$ 2,772 | \$ | 0 | |