Form **990-EZ**

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)

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2013 calendar year, or tax year beginning July 1 , 2013, and ending	June	30 , 20	14				
В	Check if ap	pplicable: C Name of organization D	Employer	r identification num	ber				
	Address o			33-0680747					
	Name cha	ange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telephone	e number					
	Initial retur	. 18042 Taft Avenue		714-319-9201					
Section of Section 2	Terminate Amended	City or town, state or province, country, and ZIP or foreign postal code	Group E	xemption					
		on pending Villa Park, CA 92861-4148	Number	▶					
G	Account	ting Method: ☐ Cash	eck 🕨 🗓	if the organization	on is not				
1 1	Nebsite	rec	quired to	attach Schedule B					
JT	ax-exen	npt status (check only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Fo	rm 990, 9	990-EZ, or 990-PF	7).				
		organization: Other Association Other							
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as							
(Pa	rt II, coli	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	\$	82,568				
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structio	ns for Part I)					
		Check if the organization used Schedule O to respond to any question in this Part I .			. 🗆				
	1	Contributions, gifts, grants, and similar amounts received			70,259				
	2	Program service revenue including government fees and contracts	. 2		5,660				
	3	Membership dues and assessments	. 3		0				
	4	Investment income	. 4		4				
	5a	Gross amount from sale of assets other than inventory 5a							
	b	Less: cost or other basis and sales expenses							
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c							
	6	Gaming and fundraising events							
മ	а	Gross income from gaming (attach Schedule G if greater than							
Ž		\$15,000)							
Revenue	b	Gross income from fundraising events (not including \$ 5,241 of contributions							
B		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b							
			,361						
	C	Less: direct expenses from gaming and fundraising events 6c 1 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	,361						
	d	line 6c)							
	7.0			1	0				
	7a b		,284 ,827						
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			(543)				
	8	Other revenue (describe in Schedule O)			(343)				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9		75,380				
-	10	Grants and similar amounts paid (list in Schedule O)	. 10		0				
	11	Benefits paid to or for members	. 11		0				
S		Salaries, other compensation, and employee benefits	-		0				
186	13	Professional fees and other payments to independent contractors		3	0				
Expenses	14	Occupancy, rent, utilities, and maintenance		,	0				
EX	15	Printing, publications, postage, and shipping	-	5	0				
	16	Other expenses (describe in Schedule O)			57,521				
	17	Total expenses. Add lines 10 through 16		,	57,521				
(f)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		3	17,859				
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w							
ASS		end-of-year figure reported on prior year's return)	. 19		14,319				
et	20	Other changes in net assets or fund balances (explain in Schedule O)			0				
Show	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21		32.178				

Form	990-EZ (2013)					Page 2
Pa	rt II Balance Sheets (see the instruc	tions for Part II)				
	Check if the organization used Sch	nedule O to respond to a	iny question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			28,049	22	87,347
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) .			0	24	0
25	Total assets			28,049	25	87,347
26	Total liabilities (describe in Schedule O)			13,730	26	55,169
27	Net assets or fund balances (line 27 of c	column (B) must agree wit	h line 21)	14,319		32,178
Par	III Statement of Program Service A	ccomplishments (see the	ne instructions for F			Eveneses
ECHOMOSO MA	Check if the organization used Sch	nedule O to respond to a	ny question in this	Part III	(Rega	Expenses aired for section
What	is the organization's primary exempt purpo				1)(3) and 501(c)(4)
	ribe the organization's program service acc	***************************************				izations and section
as m	neasured by expenses. In a clear and concens benefited, and other relevant information	cise manner, describe th			4947(for ot	a)(1) trusts; optional hers.)
28	Sponsor events for 90 aquatics athletes and the	neir families including tour	nament travel, team m	eals, senior		
	scholars field trip, and awards banquets.					
	(Grants \$) If this ar	mount includes foreign gra	ants, check here .	🕨 🗌	28a	20,878
29	Purchase equipment such as new water polo of					
	t-shirts.					

	(Grants \$) If this ar	mount includes foreign gra	ants, check here .	🕨 🗌	29a	20,268
30	Purchase facilities equipment such as team ro			NAME OF TAXABLE PARTY OF TAXABLE PARTY.		
	(Grants \$) If this ar	mount includes foreign gra	ants, check here .	•	30a	6,709
31	Other program services (describe in Schedu					
		mount includes foreign gra			31a	9,665
32	Total program service expenses (add lines				32	57,521
Part					struct	
	Check if the organization used Sch					<u>Ó</u>
	-	(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		stimated amount of ner compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		iei compensation
Scott	Carbaugh					CONTRACTOR OF THE PARTY OF THE
Presid		6 hrs/wk	0		0	0
	Elliott	V 311 37 4711			-	
	President	6 hrs/wk	Ω		3	0
-	reenwald	0 10 37 988	0			V
Treas		6 hrs/wk	0	4	3	0
-	Campau	O ()) SHANK	V	-		· ·
	nunications	6 hrs/wk	0		1	0
	Moore	U 18 SFWK			+	
Facilit	SCACI C					0
1 63773333	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	& hre link	n	1	3	
Emil in	lies	6 hrs/wk	0	4)	
	lies Abato (partial year)					
JoLin Secre	lies Abato (partial year)	6 hrs/wk	0	(0
	lies Abato (partial year)					
	lies Abato (partial year)					
	lies Abato (partial year)					
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	lies Abato (partial year)					

Par				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	1	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		V
04	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	1	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
00	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			- 4
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	+		
100	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
· ·	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed California		William Street Company	
42a		714-28		3
h	Located at ► 6134 E. Shenandoah Ave., Orange, CA 92867 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	92867		N.I.
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	IAO
	If "Yes," enter the name of the foreign country: ▶	720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
4.0	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year	T	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44-1		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	700		٧
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

Form 9	90-EZ (2	2013)						F	age 4
				and a saliment of the planty could be expected by the saliment of a property of the saliment and the saliment				Yes	No
46		the organization engage, directly or in andidates for public office? If "Yes," o							,
Part	SCORES -	Section 501(c)(3) organizations		, rarti			46		√
9 -1119		All section 501(c)(3) organization		estions 47–49b a	nd 52. and co	mplete the	tables f	or line	es
		50 and 51.			,				
		Check if the organization used Sc	hedule O to respond	to any question	in this Part VI				
								Yes	No
47		the organization engage in lobbying							
	- C	? If "Yes," complete Schedule C, Par					-		1
48 49a		e organization a school as described in he organization make any transfers t					48 49a		1
45a b		es," was the related organization a se					49b		V
50		plete this table for the organization's						es an	d key
	empl	oyees) who each received more than	\$100,000 of compe	nsation from the or	ganization. If the	nere is none,	, enter "N	lone."	
			(b) Average	(c) Reportable	(d) Health contributions		(e) Estimate	ed amoi	int of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MI)	benefit plans,	and deferred	other con		
					comper	ISAUOTI			
None_									
f	Total	number of other employees paid over	er \$100,000	. ▶					
51		plete this table for the organization' ,000 of compensation from the orga			ent contractors	who each	received	more	thar
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c) C	Compensatio	on	
None									
							4.00		Reference and the second

d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. >				
52		ne organization complete Schedule A xempt charitable trusts must attach a			ons and 4947(a		Yes		lo
	enalties	of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and state			wledge and	belief, i	t is
		be Mulle		, [-
Sign Here		Signature of officer	Treasurer		Date	8/10/	114		
	and the same of th	Type or print name and title	v. vusua er						
Paid		Print/Type preparer's name	Preparer's signature		Date	Check it			

Preparer

Use Only Firm's name

Firm's address
May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Firm's EIN ▶

Phone no.

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.

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization Villa Park High School - Aquatics Education Program 33-0680747 Line 16: Events such as field trip, tournament travel, team meals, clinic \$20,877 Purchase equipment such as polo caps, competition suits, team apparel \$20,268 \$8,668 Recognition such as awards, coach gifts, volunteer gifts, patches Facilities improvements including team room, new polo goals, timing system equipment \$6,709 \$997 Operating expenses such as web site, government fees, bank fees, insurance Line 26: Accrual carryover from continuing commitment for relocation of classroom trailer serving as team room: \$12,000 Accounts payable recognizing payments received for team trip taking place in FY'14: \$43,169 Line 31: Other expenses include awards, gifts, web site, insurance, fees and other miscellaneous expenses. Line 35b: Unrelated income was generated from apparel sales to athletes and families. Expenses were greater than income.

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization							Employer i	dentification	on number	
Villa Park High School - Aquatics Education Program 33-0680747										
		rity Status (All orga	THE PERSON NAMED IN POST OFFICE ADDRESS OF THE PERSON NAMED IN POST OFFI IN POST OF THE PERSON NAMED IN POST OFFI IN POST	THE RESIDENCE OF THE PERSON ASSESSMENT	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	CONTRACTOR OF STREET	instructi	ons.	
2 A school descort A hospital or A medical res	nvention of churc cribed in section a cooperative ho	ches, or association of a 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun	f churche ch Sched ation des	es describ dule E.) scribed in	ed in sec section	tion 170	(b)(1)(A)((A)(iii).)(iii). Enter the	
5 An organizati	on operated for o)(1)(A)(iv). (Com	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernmen	tal unit describe	ed in
7 An organizati	on that normally	nment or government receives a substantia (A)(vi). (Complete Pal	al part of					nit or froi	m the general po	ublic
8 A community	trust described i	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)					
receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. So	tions—su lated bu	bject to o	certain e xable ind	xceptions come (les	s, and (2) ss section) no mor	e than 331/3% o	of its
11 An organizati purposes of c 509(a)(3). Che a Type I e By checking t	11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated							etion ed sons		
f If the organiz	ation received a	a written determination	on from	the IRS	that it is	а Туре	I, Type	II, or Typ	oe III supporting	,
g Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	iny of the	9		Lancard .
		ndirectly controls, eithody of the supported of								No
15.00		on described in (i) abo							11g(ii)	
		a person described in on about the support						* * *	11g(iii)	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	Is the tion in col. zed in the S.?	(vii) Amount of monetary support	
			Yes	No	Yes	No	Yes	No		- Contractor
(A)										
(B)										
(C)										
D)		A STATE OF THE STA								
E)							The second secon			

Total

Par		ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
0 - 1	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
Manager School of Street, Stre	tion A. Public Support			·		y	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60 505	55.044	54700			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	68,585	55,041	54,769	78,062		326,710
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	
4	Total. Add lines 1 through 3	65,585	55,041	54,769	78,062	70,259	326,716
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	00,000	33,041	34,103	70,002	70,239	320,710
6	Public support. Subtract line 5 from line 4.						326,716
	ion B. Total Support						and the second s
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	68,585	55,041	54,769	78,062	70,259	326,716
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	4	4
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	(474)	(1,908)	(543)	(2,924)
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	9,043	6,001	31,860	13,492	5,660	66,056
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organization'	s first, second	l, third, fourth,	or fifth tax ye		
Cooki	organization, check this box and stop her						> _
	on C. Computation of Public Support			(0)			
14 15	Public support percentage for 2013 (line 6 Public support percentage from 2012 School					14	84 %
16a	331/3% support test—2013. If the organiz box and stop here. The organization quali	ation did not cl	heck the box o	on line 13, and	line 14 is 331/3		
b	331/3% support test—2012. If the organic check this box and stop here. The organize	ization did not	check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	13. If the organets the "facts-and-circun	nization did not nd-circumstan nstances" test	t check a box oces" test, check . The organiza	on line 13, 16a ck this box and tion qualifies a	stop here. Ex	kplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me	on meets the 'eets the 'facts-	"facts-and-circ and-circumsta	cumstances" t inces" test. Th	est, check this e organization	s box and sto qualifies as a	p here. publicly
18	supported organization	not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	. P []

-	orm 990 or 990-EZ) 2013	Page 3
Part III	Support Schedule for Organizations Described in Section 509(a)(2)	APPROXIMATION OF THE PARTY OF T
	(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part	11.
	If the organization fails to qualify under the tests listed below, please complete Part II.)	
Section A.	. Public Support	plant Salvery and particular in company
en 1 1		-

Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						The state of the s
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
Secti	on B. Total Support	n protesta territorio della	I manufacture of the same of t				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
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						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						and the state of t
14	First five years. If the Form 990 is for the organization, check this box and stop her	-				ar as a section	
Section	on C. Computation of Public Support	Percentage	9				and the state of t
15	Public support percentage for 2013 (line 8					15	%
16	Public support percentage from 2012 Scho				* * * * *	16	%
the same of the sa	on D. Computation of Investment Inc						
17	Investment income percentage for 2013 (li					17	%
18 19a	Investment income percentage from 2012 331/3% support tests—2013. If the organiz 17 is not more than 331/3%, check this box a	zation did not	check the box	on line 14, an	d line 15 is m		
b	331/3% support tests-2012. If the organization	tion did not ch	neck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
00	line 18 is not more than 331/3%, check this b		-				-
20	Private foundation. If the organization did	HOLCHECK A	oux on line 14.	198. OF 190. C	DECK THIS DOX 8	and see instruc	tions >

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2013				
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions).	nd			
Other incor	me includes proceeds from snack bar sales at water polo games and swim meets.				
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Villa Park High School - Aquatics Education Program Income Statement 7/1/2013 through 6/30/2014

VDUC Appeal		
VPHS Apparel	F 204 00	
Receipts	5,284.00	
Expenses	5,826.39	- /5 40 20)
Total VPHS Apparel		(542.39)
VPUC A sussking		
VPHS Aquatics VPHS Aquatics Income		
Junior Olympics	E 202 00	
Bank Interest	5,283.96	
Tutto Fresco	3.91	
	225.00	
State Championships	1,364.00	
Spartan Classic Snack Bar	4,123.00	
	6,601.50	
Polo Balls Pancake Breakfast	4,315.00	
	310.00	
Kona Ice eWaste	83.69	
Donations	510.00	
Don Jose	1,063.00	
	202.24	
Cost of Banners/Polo Balls	(486.00)	
Chipotle Total Income	997.60	
rotar mcome	24,596.90	
VPHS Aquatics Expenses		
WP Caps	1,998.00	
Website	334.63	
Trailer Maintenance	388.18	
Tax and Filing Fees	55.00	
Swim Clinic	500,00	
Storage Containers	595.44	
Snack Bar - Food and Supplies	1,360.69	
Senior Scholars Field Trip	785.00	
Pool/Deck Improvements - Timing System	627.56	
Pool/Deck Improvements - Shed	51.50	
Pool/Deck Improvements - Misc.	763.96	
Polo Goals	4,282.44	
Misc	50.69	
Junior Olympics	1,889.01	
Insurance	519.00	
Bank Service Charge	37.50	
Bank Lost Items	_	
Total Expenses	14,238.60	
Total VPHS Aquatics		10,358.30
VIDIO D		
VPHS Boys Water Polo		
VPHS Boys Water Polo Income	2 700 00	
Tournaments	3,799.00	
Poster Sponsor	500.00	
DVD Sales	120.00	
Contributions	12,080.00	

Banquet	2,100.00	
Total Income	18,599.00	
Total meeme		
VPHS Boys Water Polo Expenses		
Tournament Expenses	3,999.05	
	1,383.79	
Team Meals	4,401.20	
Team Apparel	170.00	
Senior Day		
Posters	1,160.70	
Gifts	1,862.77	
Banquet	3,155.53	
Awards	588.48	
Alumni Game	179.07	
Total Expenses	16,900.59	
Total VPHS Boys Water Polo		1,698.41
VPHS Girls Water Polo		
VPHS Girls Water Polo Income	¥=0.00	
Posters	150.00	
DVD Sales	110.00	
Contributions	11,071.00	
Banquet	1,745.00	
Total Income	13,076.00	
VPHS Girls Water Polo Expenses		
Team Meals	669.00	
Gifts	1,388.80	
	200.00	
Coaching	2,483.35	
Banquet Awards	64.48	
	5,124.46	
Apparel	9,930.09	
Total Expenses	9,950.05	
Total VPHS Girls Water Polo		3,145.91
VPHS Swimming		
VPHS Swimming Income		
Contributions	19,196.00	
Banquet	1,815.00	
Total Income	21,011.00	
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VPHS Swimming Expenses		
Senior Gifts	577.50	
League Meet	170.70	
League Lunch	2,486.71	
Gifts	2,103.55	
Banquet	3,006.65	
Awards	722.15	
Apparel	8,744.72	
Total Expenses	17,811.98	
Total VPHS Swimming		3,199.02
Net Income (Loss)		17,859.25

Villa Park High School - Aquatics Education Program Balance Sheet As of 6/30/2014

Assets	
Wells Fargo Bank Banking	74,293.35
WFB Savings	13,053.91
Total Assets	87,347.26
Liabilities	
Hawaii Trip Accruals (net)	43,169.30
Reserve for Trailer Replacement	12,000.00
Total Liabilities	55,169.30
Operating Capital	32,177.96
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