Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2014

OMB No. 1545-1150

Open to Public Inspection

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

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	2014 calenda	ar year, or tax year beginning July 1 , 2014, a	and ending		June 30	, 20 15		
В	Check if a	applicable:	C Name of organization		D Emp	loyer identifi	cation number		
	Address of	change	Villa Park High School - Aquatics Education Program			33-06	30747		
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Tele	phone numbe	r		
H	Initial retu	urn ırn/terminated	18042 Taft Avenue			714-31	9-9201		
H	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exemptio	on		
		on pending	Villa Park, CA 92861-4148		Nur	mber 🕨			
G	Account	ting Method:	☐ Cash	Н	Check	✓ if the	organization is not		
1	Website	e: > www.	villaparkaquatics.com			d to attach S			
JI	Tax-exen	mpt status (che	ck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or	527	(Form 9	90, 990-EZ,	or 990-PF).		
K	Form of	forganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m						
(Pa	ırt II, col	lumn (B) belov	y) are \$500,000 or more, file Form 990 instead of Form 990-EZ			\$	132,155		
2	art I		e, Expenses, and Changes in Net Assets or Fund Balance						
		Check if	the organization used Schedule O to respond to any question in	n this Part I					
	1	Contributio	ns, gifts, grants, and similar amounts received			1	115,675		
	2	Program se	ervice revenue including government fees and contracts			2	6,615		
	3		p dues and assessments			3	0		
	4		income			4	4		
	5a		unt from sale of assets other than inventory 5a						
	b		or other basis and sales expenses						
	С		s) from sale of assets other than inventory (Subtract line 5b from lind fundraising events	ne 5a)	5c				
	6	_							
0	a		ome from gaming (attach Schedule G if greater than						
2									
Revenue	D		me from fundraising events (not including \$ 1,326 of asing events reported on line 1) (attach Schedule G if the	contribution	S				
ď			n gross income and contributions exceeds \$15,000) 6b						
	С		expenses from gaming and fundraising events 6c						
			e or (loss) from gaming and fundraising events (add lines 6a and	6h and sub	tract				
						6d	0		
	7a		of inventory, less returns and allowances		9,861		V		
	b		of goods sold		8,488				
	1		t or (loss) from sales of inventory (Subtract line 7b from line 7a) .			7c	1,373		
	8		uue (describe in Schedule O)			8	0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	123,667		
	10		similar amounts paid (list in Schedule O)			10			
	11	Benefits pa	id to or for members			11			
es	12		ner compensation, and employee benefits			12			
Expenses	13	Professiona	I fees and other payments to independent contractors			13			
dy	14		, rent, utilities, and maintenance			14			
ш			blications, postage, and shipping			15			
			nses (describe in Schedule O)			16	145,635		
	17	Total expe	nses. Add lines 10 through 16		. ▶	17	145,635		
ts			deficit) for the year (Subtract line 17 from line 9)			18	(21,968)		
sse			or fund balances at beginning of year (from line 27, column (A))		1				
A	1		figure reported on prior year's return)		1	19	32,178		
Net Assets	1		ges in net assets or fund balances (explain in Schedule O)			20	-		
-	21	NAT ASSATS	or fund balances at end of year. Combine lines 18 through 20		-	21	40 040		

Total Control of the last	990-EZ (2014)	(D 11)				Page 2
Pai	Balance Sheets (see the instructions			David II		
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			87,347	22	9,260
23	Land and buildings				23	3,200
24	Other assets (describe in Schedule O)				24	95(
25	Total assets			87,347	_	10,210
26	Total liabilities (describe in Schedule O)			55,169		((
27	Net assets or fund balances (line 27 of column			32,178		10,210
Part	t III Statement of Program Service Accom	plishments (see t	ne instructions for			
	Check if the organization used Scheduk	e O to respond to a	ny question in this	Part III 🗸		Expenses
What	t is the organization's primary exempt purpose?	Support interschola	stic aquatics progra	ms.		quired for section (c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompl	ishments for each of	of its three largest p	orogram services,	orga	anizations; optional for
as m	neasured by expenses. In a clear and concise n	nanner, describe th	e services provide	d, the number of	othe	ers.)
	ons benefited, and other relevant information for e					
28	Sponsor events for 100 aquatics athletes and their for	amilies including tou	nament travel, team	meals, senior		
	scholars field trip, and awards banquets.					
	/Cropto C	includes foreign av	note about boys		00-	
20		includes foreign gr			28a	68,417
	Purchase equipment such as new water polo caps, t	eam competition sur	s, team polo snirts, i	ano team		
	t-shirts.					
	(Grants \$) If this amount	includes foreign gr	ants, check here	▶ □	29a	19,704
	Purchase facilities equipment such as timing system					- 10,76
	shades.		10.10.0000 00.0000000000000000000000000			
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗌	30a	42,218
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗌	31a	15,296
CONTRACTOR OF THE PARTY OF	Total program service expenses (add lines 28a				32	4 4 5 4 5 5 5
Part			n one even if not com			7.0,000
	Check if the organization used Schedule				nstru	ctions for Part IV)
		O to respond to a	ny question in this	Part IV	nstru	ctions for Part IV)
		(b) Average	y question in this (c) Reportable compensation	Part IV (d) Health benefits, contributions to employe	nstrucee (e)	ctions for Part IV)
	(a) Name and title		ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employed benefit plans, and	ee (e)	ctions for Part IV)
Canti	(a) Name and title	(b) Average hours per week	y question in this (c) Reportable compensation	(d) Health benefits, contributions to employed benefit plans, and	ee (e)	ctions for Part IV)
	(a) Name and title Carbaugh	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstrucee (e)	ctions for Part IV)
Memb	(a) Name and title Carbaugh ser	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
Memb Willia	(a) Name and title Carbaugh per m (Doug) Elliott	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
Memb Willia Presid	(a) Name and title Carbaugh er m (Doug) Elliott	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstrucee (e)	ctions for Part IV)
Memb Willia Presid Joe G	(a) Name and title Carbaugh per m (Doug) Elliott dent reenwald	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	0	ctions for Part IV)
Memb Willia Presic Joe G Treasi	(a) Name and title Carbaugh per m (Doug) Elliott dent reenwald	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	ctions for Part IV)
Memb Willia Presic Joe G Treas Ami H	(a) Name and title Carbaugh per Im (Doug) Elliott Ident Ireenwald Iurer Ierberg	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	ctions for Part IV)
Memb Willia Presic Joe G Treas Ami H Memb	(a) Name and title Carbaugh per Im (Doug) Elliott Ident Ireenwald Iurer Ierberg	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruction of the contract of	ctions for Part IV)
Memb Willian Presic Joe G Treasi Ami H Memb Jason	(a) Name and title Carbaugh ber m (Doug) Elliott dent reenwald urer lerberg	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruction of the contract of	ctions for Part IV)
Memb Willian Presic Joe G Treasi Ami H Memb Jason Vice P	(a) Name and title Carbaugh per m (Doug) Elliott dent reenwald urer lerberg per i Johnson	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruc · · · · · · · · · · · · · · · · · · ·	ctions for Part IV)
Memb Williar Presic Joe G Treasi Ami H Memb Jason Vice P Mike M	(a) Name and title Carbaugh per m (Doug) Elliott dent reenwald urer lerberg per i Johnson President Moore	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruc · · · · · · · · · · · · · · · · · · ·	ctions for Part IV)
Memb Williar Presic Joe G Treasi Ami H Memb Jason Vice P Mike M	(a) Name and title Carbaugh per m (Doug) Elliott dent reenwald urer lerberg per i Johnson President Moore	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
Memb Willian Presid Joe G Treasi Ami H Memb Jason Vice P Mike M	(a) Name and title Carbaugh per m (Doug) Elliott dent reenwald urer lerberg per i Johnson President Moore	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
Memb Willian Presic Joe G Treasi Ami H Memb Jason Vice P Mike M	(a) Name and title Carbaugh per m (Doug) Elliott dent reenwald urer lerberg per i Johnson President Moore	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
Memb Willian Presic Joe G Treasi Ami H Memb Jason Vice P Mike M	(a) Name and title Carbaugh per m (Doug) Elliott dent reenwald urer lerberg per i Johnson President Moore	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
Memb Willian Presic Joe G Treasi Ami H Memb Jason Vice P Mike M	(a) Name and title Carbaugh per m (Doug) Elliott dent reenwald urer lerberg per i Johnson President Moore	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
Memb Willian Presid Joe G Treasi Ami H Memb Jason	(a) Name and title Carbaugh per m (Doug) Elliott dent reenwald urer lerberg per i Johnson President Moore	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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 c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		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	35c		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a Did the organization file Form 1120-POL for this year?	37b		1
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	40c reimbursed by the organization			
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed California	264.00	0 0001	
42a		714-28		\$
b	Located at ► 6134 E. Shenandoah Ave, Orange, CA At any time during the calendar year, did the organization have an interest in or a signature or other authority over	92867	Yes	No
Ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	163	✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
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		. •	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
	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		✓
d	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	1
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		-/

							Yes	No
46	Did the organization engage, directly or i							
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I			46		1
Part	VI Section 501(c)(3) organization: All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	ns must answer que			ete the tab	oles fo	or line	es
							Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio			47		✓
48	Is the organization a school as described i	n section 170(b)(1)(A)(i)? If "Yes," complete	Schedule E ,		48		1
49a	Did the organization make any transfers t		-			49a		✓
b	If "Yes," was the related organization a se					49b		
50	Complete this table for the organization's employees) who each received more than							d ke
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employees and decompensation	its, ployee (e) Es	stimated er com	d amou	
None								
f	Total number of other employees paid ov	or \$100,000						
51	Complete this table for the organization \$100,000 of compensation from the organization	s five highest compe	ensated independent	contractors who	each rece	eived	more	thar
	(a) Name and business address of each independ	dent contractor	(b) Type of servi	ice	(c) Comp	ensatio	n	
None								
d	Total number of other independent contra	actors each receiving	over \$100,000					
52	Did the organization complete Schedu completed Schedule A	o .	5 (5)	nizations must a	attach a	Yes	□ N	lo
	nalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer other than							
	Lot Mountil			8/2/	/15			
Sign Here	Signature of officer Joe Greenwald, Treasurer			Date				
	Type or print name and title							

Preparer's signature

Print/Type preparer's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name ▶

Paid

Preparer Use Only

Yes No

PTIN

Check if self-employed

Firm's EIN ▶

Date

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.

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization		Employer identification number
Villa Park High School - Aquatics Education Program		33-0680747
Line 16:		
Purchase equipment such as polo caps, lights, lane lines, etc.	\$43,608	
Pay taxes and fees (such as insurance, web hosting, etc)	\$1,050	
Provide awards and gifts	\$11,808	
Provide travel and cover other expenses associated with tournaments	\$54,066	
Provide team attire such as competition suits, polo shirts, and t-shirts	\$18,314	
Provide team meals	\$2,885	
Provide promotions (such as posters) and advocacy for aquatics	\$2,140	
Host banquets for swimming, boys water polo, and girls water polo	\$11,466	
Line 24:		
Includes pre-paid items at EOY 2014 (\$450 for banquet deposit; \$500 event hosting fee)		
Line 26:		
Included EOY 2013 accrual (\$12,000) for commitment to pay for portable trailer serving as te	am room; a	also included accounts payable
(\$43,000) recognizing payments received for team trip in FY'14.		
Line 31:		
Other program services inloudes items such as awards, gifts, meals, and promotions.		
Line 35b:		
Unrelated income was generated from apparel sales to athletes and families. Expenses were	e greater th	an 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.

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.

Open to Public Inspection Employer identification number

Name	of the organization					Employer identification	n number	
The second second second	Willa Park High School - Aquatics Education Program Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
CONTRACTOR OF							ons.	
	organization is not a private found							
1	A church, convention of chur			nbed in s	ection 1	(U(D)(1)(A)(I).		
2	☐ A school described in sectio☐ A hospital or a cooperative has			in coatio	n 470/h)/	4\/A\/;;;\		
3	A medical research organizat						(iii) Enter the	
7	hospital's name, city, and sta		onjunouon wan a noo	pital doo	onbod iii		(iii)i Zilloi tilo	
5	An organization operated for section 170(b)(1)(A)(iv). (Cor	the benefit of a	college or university	owned (or operate	ed by a governmen	tal unit described in	
6 7	☐ A federal, state, or local gove ✓ An organization that normally described in section 170(b)(receives a sub	stantial part of its sup				n the general public	
8	☐ A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An organization that normally receipts from activities relate support from gross investmacquired by the organization	receives: (1) mo ed to its exempt ent income and	ore than 331/3% of its functions—subject to unrelated business	support o certain taxable	exceptio income (ns, and (2) no more less section 511 ta	e than 331/3% of its	
10	An organization organized an							
11	An organization organized and one or more publicly supported the box in lines 11a through 1	ed organizations	described in section 5	09(a)(1)	or section	509(a)(2). See sect	ion 509(a)(3). Check	
а	☐ Type I. A supporting organithe supported organization organization. You must contain the properties of the propert	s) the power to r	egularly appoint or ele					
b	□ Type II. A supporting organ control or management of t organization(s). You must o	he supporting or	ganization vested in th			j. 3		
С	Type III functionally integree its supported organization(s						y integrated with,	
d	☐ Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The organ	ization generally must	satisfy a	distributi	ion requirement and		
е	 Check this box if the organi functionally integrated, or T 						II, Type III	
f	Enter the number of supported	organizations .						
g	Provide the following information	n about the sup	ported organization(s).	•				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in yo	organization ur governing ment?		(vi) Amount of other support (see instructions)	
			(000 1110110110))	Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

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) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 55.041 54,769 78,062 70,259 115,675 373,806 revenues levied for organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. . . . 55,041 54,769 373,806 78,062 70,259 115,675 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4. 373,806 Section B. Total Support (a) 2010 (b) 2011 (d) 2013 Calendar year (or fiscal year beginning in) (c) 2012 (e) 2014 (f) Total 7 Amounts from line 4 55,041 54,769 78,062 70,259 115,675 373,806 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 carried on (474)(1,908)(543)1,373 (1,552)Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 63,628 6,001 31,860 13,492 5,660 6,615 Total support. Add lines 7 through 10 11 435,890 Gross receipts from related activities, etc. (see instructions) 12 62,084 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 85.76 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2014. 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 10%-facts-and-circumstances test - 2013. 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

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

(Complete only if yo	ou checked the box	on line 9 of Part I or if the organization	failed to qualify under Part II.
If the organization fa	ails to qualify under	the tests listed below, please complete	Part II.)

Sect	ion A. Public Support			, I			
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
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						
7a	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons .						
L.							
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						
•	Add lines 7a and 7b						
8 8	Public support (Subtract line 7c from						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(a) 2010	(6) 2011	(0) 2012	(4) 2010	(6) 2014	(i) Total
10a	Gross income from interest, dividends,						
100	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first second	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop her						
Section	on C. Computation of Public Support					300 300 300	
15	Public support percentage for 2014 (line 8			3, column (f))		15	%
16	Public support percentage from 2013 Sch					16	%
Section	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (li			/ line 13, colun	nn (f))	17	%
18	Investment income percentage from 2013	Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests-2014. If the organization	zation did not	check the box	on line 14, an	d line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organization	on . 🕨 🗌
b	331/3% support tests-2013. If the organization	ation did not c	heck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this b	ox and stop h	ere. The organi	zation qualifies	as a publicly su	upported organi	zation 🕨 🗌
20	Private foundation. If the organization did	not check a	hox on line 14	19a or 19h c	heck this hox :	and see instruc	tions >

Part IV **Supporting Organizations**

organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations	

0001	ion A. An oupporting 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		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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b 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	ron.	
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," 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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secu	on b. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	140
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Conti	on C. Type II Supporting Organizations	2		
Secu	on G. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	4		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstruc	ctions	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	tructio	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	01		
2		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the arganization base the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	itions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization.			
Section A - Adjusted Net Income		(A) Prior 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 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) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
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):			
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 prior 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-functionall	y-integ	rated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continued)		
Sect	ction D - Distributions			Current Year	
1	1 Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions				
7	7 Total annual distributions. Add lines 1 through 6.				
8	The state of the s				
	(provide details in Part VI). See instructions.				
9					
10	Line 8 amount divided by Line 9 amount	-			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014	
1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014:				
а					
b					
С					
d					
е	From 2013				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section D, line 7: \$				
	Applied to underdistributions of prior years				
a b	Applied to Underdistributions of prior years Applied to 2014 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see instructions).				
7	Excess distributions carryover to 2015 . Add lines 3j and 4c.				
8	Breakdown of line 7:				
а					
b					
С					
d	Excess from 2013				
е	Excess from 2014				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Other inco	ne includes proceeds from snack bar sales at water polo games and swim meets.

VILLA PARK HIGH SCHOOL - AQUATICS EDUCATION PROGRAM INCOME STATEMENT JULY 1, 2013 - JUNE 30, 2014

1000 Aquatics	
1100 Income	
1101 Contributions	4,904.00
1102 Spartan Classic	622.00
1103 Polo Balls	
1103.1 Income	5,000.00
1103.2 Expense	(1,285.20)
TOTAL 1103 Polo Balls	3,714.80
1104 Snack Bar	5,7255
1104.1 Income	5,430.33
1104.2 Expense	(2,174.35)
TOTAL 1104 Snack Bar	3,255.98
1105 Swim Signs	3)233.33
1105.1 Income	4,500.00
1105.2 Expense	(1,485.00)
TOTAL 1105 Swim Signs	3,015.00
1106 Banners	3,013.00
1106.1 Income	600.00
TOTAL 1106 Banners	600.00
1108 Pancake Breakfast	50.00
1109 Partner Programs	703.98
1130 CA HS Championships	2,122.00
1140 Bank Interest	4.31
TOTAL 1100 Income	18,992.07
1200 Expense	,
1205 Water Polo Caps	(1,390.08)
1210 Pool	
1211 Lane Lines	(736.24)
1212 Water Polo Goals	-
1213 Starting Blocks	(19,265.22)
1214 Timing System	(9,567.34)
1215 Team Room	10,599.02
1216 Storage	(286.84)
1217 Lights	(13,694.40)
1218 Weight Room	(706.85)
1219 Misc	(239.75)
12191 Bleachers	(7,284.74)
12192 Deck	(1,035.69)
TOTAL 1210 Pool	(42,218.05)
1223 Bank Fees	(162.52)
1224 Web Site	(118.87)
1225 Taxes and Govt Fees	(50.00)
1226 Insurance	(504.00)
1230 Misc Fundraising Expense	(40.00)
1250 Coach Gifts - Summer	(1,100.00)
1260 Events and Activities	

VILLA PARK HIGH SCHOOL - AQUATICS EDUCATION PROGRAM INCOME STATEMENT JULY 1, 2013 - JUNE 30, 2014

1261 Scholar Athlete Field Trip	(422.99)
1265 Boat Parade	(287.23)
TOTAL 1260 Events and Activities	(710.22)
1290 Advocacy	(500.00)
1295 Miscellaneous	(100.52)
TOTAL 1200 Expense	(46,894.26)
TOTAL 1000 Aquatics	(27,902.19)
2000 VP Gear	
2100 Income	4,431.00
2200 Expense	(6,313.71)
TOTAL 2000 VP Gear	(1,882.71)
3000 Boys Water Polo	
3100 Income	
3110 Contributions	12,150.00
3120 Poster Sponsors	950.00
TOTAL 3100 Income	13,100.00
3200 Expense	
3201 Team Attire	(3,668.55)
3203 Team Meals	(964.96)
3205 Poster	(1,245.70)
3206 Awards	(244.48)
3207 Gifts	(1,550.00)
3208 Senior Recognition	(261.09)
3209 Senior Gifts	(1,520.64)
3211 Alumni Game	(309.08)
3290 Misc	(10.80)
TOTAL 3200 Expense	(9,775.30)
3300 Tournaments	
3310 Hawaii Receipts	28,293.78
3311 Hawaii Expenses	(28,234.99)
3320 North South Receipts	6,258.50
3321 North South Expenses	(6,297.10)
TOTAL 3300 Tournaments	20.19
3400 Banquet	
3410 Guest Income	2,310.00
3420 Dinner	(3,357.32)
TOTAL 3400 Banquet	(1,047.32)
TOTAL 3000 Boys Water Polo	2,297.57
4000 Ciula Matau Bala	
4000 Girls Water Polo	
4100 Income	11.050.00
4110 Contributions	11,058.00
4115 DVD Sales	80.00
4120 Poster Sponsors	300.00

VILLA PARK HIGH SCHOOL - AQUATICS EDUCATION PROGRAM INCOME STATEMENT JULY 1, 2013 - JUNE 30, 2014

TOTAL 4100 Income	11,438.00
4200 Expense	
4201 Team Attire	(6,957.17)
4203 Team Meals	(703.79)
4206 Awards	(689.59)
4207 Gifts	(2,100.00)
4209 Senior Gifts	(732.24)
4211 Alumni Game	(85.14)
4290 Misc	(12.96)
TOTAL 4200 Expense	(11,280.89)
4300 Tournaments	
4310 Hawaii Receipts	18,862.52
4311 Hawaii Expense	(18,823.34)
TOTAL 4300 Tournaments	39.18
4400 Banquet	
4410 Guest Income	1,925.00
4420 Dinner	(2,567.17)
TOTAL 4400 Banquet	(642.17)
TOTAL 4000 Girls Water Polo	(445.88)
5000 Swimming	
5100 Income	
5110 Contributions	21,990.00
TOTAL 5100 Income	21,990.00
5200 Expense	
5201 Team Attire	(7,688.16)
5203 Team Meals	(1,216.53)
5206 Awards	(967.07)
5207 Gifts	(2,100.00)
5208 Senior Recognition	(120.96)
5209 Senior Gifts	(421.70)
5211 Meet Management	(215.00)
5290 Misc	(133.72)
TOTAL 5200 Expense	(12,863.14)
5400 Banquet	
5410 Guest Income	2,380.00
5420 Dinner	(5,541.94)
TOTAL 5400 Banquet	(3,161.94)
TOTAL 5000 Swimming	5,964.92
NET INCOME (LOSS)	(21,968.29)

VILLA PARK HIGH SCHOOL - AQUATICS EDUCATION PROGRAM BALANCE SHEET YEAR ENDED JUNE 30, 2014

ASSETS	
Cash and Bank Accounts	
WFB Checking	1,101.45
WFB Savings	8,158.42
TOTAL Cash and Bank Accounts	9,259.87
Other Assets	
Pre-Paids	950
TOTAL Other Assets	950
TOTAL ASSETS	10,209.87
LIABILITIES	
TOTAL LIABILITIES	0