MB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Form Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public Do not enter social security numbers on this form as it may be made public Department of the Treasury Inspection Internal Revenue Service ► Go to www irs gov/Form990 for instructions and the latest information For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19D Employer identification number VOLLEYBALL WISCONSIN JUNIORS C Name of organization Check if applicable CLUB, INC Address change 39-1974917 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) 262-862-7294 11357 - 273RD AVENUE Initial return City or town, state or province country, and ZIP or foreign postal code Final return/ 1,469,978 TREVOR G Gross receipls\$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates' Application pending DONALD JAMES NEAVE, H(b) Are all subordinates included? If No attach a list (see instructions) X 501(c)(3) 501(c) () < (insert no) 4947(a)(1) or WWW.WISCONSINJUNIORS.COM H(c) Group exemption number Year of formation 1999 Form of organization X Corporation Trust M State of legal domicile Association 出Part]] 監 Summary 1 Briefly describe the organization's mission or most significant activities TO DEVELOP AND ENCOURAGE YOUTH TO COMPETE NATIONALLY IN THE SPORT OF Governance VOLLEYBALL. 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 5 0 Accounts & 3 Number of voting members of the governing body (Part VI, line 1a) 5 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 94 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) JAN 1 4 2020 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 7b SQANREPue FEB Current Year 8 Contributions and grants (Part VIII, line 1h) OGDE 1,458,093 496,496 9 Program service revenue (Part VIII, line 2g) 8 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 54,889 11,468 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 551,393 469,578 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits-paid to or for members (Part IX, column (A), line 4) 534,391 561,025 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) はいいいないとは、は、これとう 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 940,736 858,417 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 475,127 419,442 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 76,266 50,136 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 188,232 189,867 20 Total assets (Part X, line 16) 7,804 1.305 21 Total liabilities (Part X, line 26) 186,927 182,063 22 Net assets or fund balances Subtract line 21 from line 20 ..Part:II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign PRESIDENT DONALD JAMES NEAVE JR Here Type or print name and title PTIN Preparers signature Date Print/Type preparer's name Check Paid P01790562 BENJAMIN J JOHNSON, CPA 12/16/19 self-employed BENJAMIN J JOHNSON, CPA Preparer 83-1438958 SCL CPA PC Firm's EIN ▶ Firm's name Use Only 16 EXECUTIVE CT STE 2 866-725-9824 60010 BARRINGTON ILFirms address May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

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ZForm 990 (2018)

Form 990 (2018)	WISCONSIN JU	<u>JNIORS VO</u>	LLEYBALL	<u> 39-1974917</u>		Page 2
	Statement of Progra			dina in this Dort III		
1 Briefly desc	cribe the organization's machine the organization's machine the critical cr	ission	ponse or note to any JTH TO COMPET		IN THE SPO	RT OF
prior Form 9 If "Yes," de	990 or 990-EZ? scribe these new services	s on Schedule O	services during the year v		the	Yes X No
services?	anization cease conductir scribe these changes on		cant changes in how it cor	nducts, any program		Yes X No
expenses S	-	(c)(4) organization	hments for each of its threads are required to report the arm service reported		· ·	
) (Expenses \$ MENT OF LOCA PRT OF VOLLEY		5 including grants of \$ COMPETE AT	A REGIONAL		.,460,461) L LEVEL IN
4b (Code N/A) (Expenses \$		including grants of\$) (Revenue \$	
		•				
4c (Code N/A) (Expenses \$		including grants of \$) (Revenue \$)
-	am services (Describe in	•		\ /D		`
(Expenses S 4e Total program	m service expenses ▶	including gran 1,352	,135) (Revenue \$		
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Yes No

ADDL

*Partily Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"
	complete Schedule A

- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- **d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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	11b		x
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	11d		X
	11e	-	Х
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	12a		X
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	13 14a		$\frac{\Lambda}{X}$
	14a		
	14b		x
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	17		<u>x</u>
	18		x
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ļ	20a		X
j	20b		
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	21		<u>X</u>
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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 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	22 23 24a 24b 24c 24d	Yes	X
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a take-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23 24a 24b 24c 24d		х
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	252		<u> </u>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	252]	
	234	<u> </u>	X
was and that the transporter has not been secreted as any of the assessment and area. Forms 000 as 000 F70			
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	}	}	
If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
current or former officers, directors, trustees, key employees, highest compensated employees, or	ľ	ĺ	Í
disqualified persons? If "Yes," complete Schedule L, Part II	26	ļ	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		j	
substantial contributor or employee thereof, a grant selection committee member or to a 35% controlled			١,,
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
Was the organization a party to a business transaction with one of the following parties (see Schedule L,		100	
Part IV instructions for applicable filing thresholds, conditions, and exceptions)	90	<u> </u>	V
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	205	İ	x
Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		<u> </u>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "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	1	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		1
conservation contributions? If "Yes," complete Schedule M	30		x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
complete Schedule N, Part II	32	ĺ	x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34 Was the organization related to any tax-exempt or taxable entity? If "Yes " complete Schedule R. Part II. III			
or IV, and Part V, line 1	34		Х
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ĺ
related organization? If "Yes," complete Schedule R, Part V, line 2	36_		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
19? Note. All Form 990 filers are required to complete Schedule O	38	X	
Part V Statements Regarding Other IRS Filings and Tax Compliance			\Box
Check if Schedule O contains a response or note to any line in this Part V			ᆜ
		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1	,,		, , , , , , , , , , , , , , , , , , ,
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ر. د وج
e Did the organization comply with backup withholding rules for reportable payments to vendors and	المتشقون		الخنوان
reportable gaming (gambling) winnings to prize winners?	1c	X	(2018)

Pá	art.V. Statements Regarding Other IRS Filings and Tax Compliance (co.	ntınue	ed)			
	•				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			,		,
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	94			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)			Γ.	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul	le O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er auth	nority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	cial acc	count)?	4a_	[X
b	If "Yes," enter the name of the foreign country ▶			1 () () () () () () () () () (利益	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Acco	ounts (FBAR)	رو ، شخفی	44 ()	
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 trans-	action	?	5h		X
С	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				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions o	or		1	
	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	r good	ds .			
	and services provided to the payor?			7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	↓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				
	required to file Form 8282?		•	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>7</u> d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		act?	7e		<u> </u>
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			7f	ļ	
g	If the organization received a contribution of qualified intellectual property, did the organization file f			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, a			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining donor advised funds.	ined b	by the			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			00		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a_		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	100				
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		-		
р 11	Section 501(c)(12) organizations. Enter	Lion				
ii a	Gross income from members or shareholders	11a				*
b	Gross income from other sources (Do not net amounts due or paid to other sources	110				
	against amounts due or received from them)	11b		36.5		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		1412	12a	A STATE OF THE PERSON NAMED IN	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12ь	/ - 1	6	3833	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13.6		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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			14.3	£165	
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13ь				
С	Enter the amount of reserves on hand	13c		الآير[100	The state of
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur		n 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 investme	nt inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O		 			<u>47</u>
				Form	990	(2018)

Form 990 (2018) WISCONSIN JUNIORS VOLLEYBALL 39-1974917 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 in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 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 in Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 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 supervision of officers, directors, or 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? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 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 The governing body? X Each committee with authority to act on behalf of the governing body? 8b 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? b 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 X 14 14 Did the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official 15b 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 with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ WI 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in 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 > 20 JOSHUA PRICE 11357 - 273RD AVENUE,

262-862-7294

WI 53179

TREVOR

Form 990 (2018) WISCONSII	N JUNIOR	RS	VC	LL	ΕY	BAL	L	39-197		Page 7
Part VIII Compensation		Dire	cto	rs,	Tru	ustee	es,	Key Employees, H	ighest Compensate	d Employees, and
Independent Co									4 V (II)	
								to any line in this Pai of Compensated Employ		
Section A. Officers, Directors,1a Complete this table for all perso organization's tax year										
List all of the organization's compensation Enter -0- in columns List all of the organization's columns	(D), (E), and (F	=) if r	no co	ompe	ensa	tion w	as	paid		t of
 List the organization's five cu who received reportable compensal organization and any related organ 	irrent highest co	ompe	ensa	ted e	lqme	ovees	(ot	ther than an officer, director	or, trustee, or key employe	ee)
 List all of the organization's for \$100,000 of reportable compensations 									s who received more than	
 List all of the organization's forganization, more than \$10,000 of List persons in the following order 	reportable com individual truste	pens es o	atior	ı fro	m th	e orga	anız	zation and any related org	anizations	e
compensated employees, and form	•		alata	d 05	2001	zation	201	managed any current off	icar director or trustee	
(A) Name and Title	(B) Average hours per	ĺ		(e Pos	C) ition	than or		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any	box	c, unle	ess pe	rson	is both a or/truste	an	from the	related organizations	other compensation
	hours for related	요표	3	Officer	κ ey	ag E	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	Individual or director	Institutional	E	employee		mer	;		and related organizations
	line)	trustee	al trustee		loyee	compensated				
COOPE MADEE			e			ē				
(1) SCOTT MARITA	40.00									
DIRECTOR	0.00	x						56,210	0	0
(2) JOSHUA PRICE										
DIDECTOR	40.00	X						45,394	o	0
OIRECTOR (3) KELLY LEHMAN	0.00	1				\vdash		43,394	0	
• •	40.00									_
VICE PRESIDENT	0.00			X		\vdash		48,315	0	0
• •	AVE, JR. 40.00									_
PRESIDENT	0.00	ļ	<u> </u>	X			_	40,922	0	0
(5) JAMIE NEAVE	20.00									
SECRETARY	0.00			x				18,568	o	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)		-								
DAA										Form 990 (2018)

DAA

₽a	irt.VII; Section	on A. Officer	s, Directo	ors, T	rust	ees,	Key	Em	ıploy	ees	, and Highest Compens	ated Employees (continu	ued)
	(A) Name and to	tle	(B) Average hours process (list and hours)	oer : าง	bo	k, unle	Pos check ess pe	rson (than on the state of the state	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
			related organizat below do line)	d ions otted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(w2 luss-inise)	organization and related organizations
		1											
	- 1					-							
					-								
1b c	Sub-total Total from controlal (add lines		eets to Pa	ırt VII,	Sec	ction	Α.			* * *	209,409		
2		ındıvıduals (ır					tho	se lis	sted	abo	ve) who received more that	an \$100,000 of	L
3	Did the organiza employee on line For any individual organization and	tion list any for a 1a? If "Yes," al listed on lin	ormer office " complete le 1a, is th	cer, di Sche e sum	recto dule	or, or J fo	<i>r suc</i> table	ch in e coi	ndivio mper	<i>lual</i> nsatı	oloyee, or highest compen on and other compensatio complete Schedule J for s	n from the	Yes No 3 X 4 X
5	for services rend	lered to the o	organizatioi								iny unrelated organization J for such person	or individual	5 X
1		ble for your fi	ve highest								tractors that received more		
	- Compensation in		(A) business addi		omp	ensa	ition	ior <u>c</u>	ne c	alen	dar year ending with or w Descript	(B) ion of services	(C) Compensation
									_				
		<u> </u>											

2	Total number of received more th	independent (contractors	inclu	uding	but m th	not	limit	ed to	the	se listed above) who	0	
DAA			32		3								Form 990 (2018)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (B) Related or (C) (A) Total revenue exempt husiness under sections function 512-514 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, , and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Revenue Busn Code 1,091,722 1,091,722 611600 2a FEES 242,738 242,738 611600 b HOSTED TOURNAMENT FEES Program Service 60,735 60,735 TRYOUTS 611600 30,576 30,576 611600 CAMPS 17,426 17,426 611600 PERSONAL TRAINING 14,896 611600 14,896 f All other program service revenue 1,458,093 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or floss Net rental income or (loss) 7a Gross amount from (i) Secunties (II) Olher sales of assets other than invento b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ · of contributions reported on line 1c) 9,500 See Part IV, line 18 400 b Less direct expenses c Net income or (loss) from fundraising events 9,100 9,100 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses ▶ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 611600 2,368 2,368 11a MISCELLANEOUS b d All other revenue 2,368 Total. Add lines 11a-11d 1,469,578 1,460,461 9,117 Total revenue. See instructions

Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (Λ) Check if Schedule O contains a response or note to any line in this Part IX							
			T	T (5)				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
٠1	Grants and other assistance to domestic organizations			SEARCH SEARCH	The state of the s			
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals See Part IV, line 22	4						
. 3	Grants and other assistance to foreign	30.10						
*	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	209,408	188,467	20,941				
· 6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	Ì						
7	Other salaries and wages	300,797	270,717	30,080				
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	j	}					
9	Other employee benefits							
10	Payroll taxes	50,820	45,738	5,082				
11	Fees for services (non-employees)			7.552				
a	Management	į	}					
b	Legal							
c	Accounting	1,982	1,784	198				
d	Lobbying							
-	Professional fundraising services See Part IV, line	7						
f	Investment management fees		STEPS STORY AND AS BARBANA AND STANDARD COMMAND	Ber (Ber Sent Heller Ber Ber Ber Sent Heller Ber Ber Ber Ber Ber Ber Ber Ber Ber B				
q	Other (If line 11g amount exceeds 10% of line 25, column							
9	(A) amount, list line 11g expenses on Schedule O)	121,564	121,564					
12	Advertising and promotion	2,209						
13	Office expenses	15,077	13,569					
14	Information technology	13,077	13/303	1,300				
15	Royalties	<u></u>						
16	Occupancy	1						
17	Travel	51,857	46,671	5,186				
18	Payments of travel or entertainment expense		40,071	3,100				
,0	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	1874.						
20	Interest	<u></u>	·					
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance	10,980	9,882	1,098				
24	Other expenses Itemize expenses not covered	10,000mm24	775 CANT 775 PARTY NO. 2015	STANTANTON DO MINISTER	Expression (C) - Springs			
24	above (List miscellaneous expenses in line 24e If							
	line 24e amount exceeds 10% of line 25, column							
-	COURT RENTAL	245,687	245,687	Mender Market Market				
a b	APPAREL	155,772	155,772		<u> </u>			
C	TOURNAMENT ENTRY FEES	99,083	99,083					
d	HOST TOURNAMENTS	84,966	84,966		 			
		69,240	66,026	3,214	L			
е 25	All other expenses	1,419,442	1,352,135	67,307	0			
<u>25</u> 26	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	1,413,442	1,332,133	01,301				
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation Check here ► I if following SOP 98-2 (ASC 958-720)	 - -			error op M			

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 134,502 136,121 Cash-non-interest bearing 1 53,730 53,746 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a 3,381 other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 11 11 Investments—publicly traded securities Investments-other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 188,232 189,867 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,305 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 1,305 804 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 28 Temporanly restricted net assets 28 Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here X and ŏ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 182,063 186,927 Zet 32 Retained earnings, endowment, accumulated income, or other funds 186,927 182,063 33 Total net assets or fund balances 33 188,232 189,867 Total liabilities and net assets/fund balances

Form	990 (2018) WISCONSIN JUNIORS VOLLEYBALL 39-1974917			Pag	ge 12
Pa	Reconciliation of Net Assets	_			
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,40	69,5	578
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,4	19,4	142
3	Revenue less expenses Subtract line 2 from line 1	3		50,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		36,9	
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 in Schedule O)	9		55,0	<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	18	32,0)63
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		公開		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		200		
	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				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			2.6	
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			323	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of 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 in				
	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 Single Audit Act and OMB Circular A-133?		3a		X
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 in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

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
2018

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

Open to Public,

Name of the organization

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

 WISCONSIN JUNIORS
 VOLLEYBALL

Employer identification number

INC. CLUB, 39-1974917 Reason for Public Charity Status (All organizations must complete this part) See instructions 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) 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 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) 6 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) 8 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 10 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. 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 I, 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) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

Total

	•					ı	
	Support Schedule for (Complete only if you chi	ecked the box	Described in on line 5, 7, o	n Sections 17 or 8 of Part I o	70(b)(1)(A)(iv) r if the organiza	ation failed to qu	
	Part III. If the organization	n fails to quali	ty under the te	ests listed belo	ow, please com	nplete Part III)	
	ction A. Public Support	·		γ		, , , , , , , , , , , , , , , , , , , 	
ale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues leviled for the organization's benefit and either paid to or expended on its behalf	,					/ `
3	The value of services or acilities furnished by a governmental unit to the organization without charge						e ·
4	Total. Add lines 1 through 3						
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)						
6_	Public support. Subtract line 5 from line 4						
	tion B. Total Support			<u> </u>			
ale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				1		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						,
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		X				
1	Total support. Add lines 7 through 10					The state of the s	
2	Gross receipts from related activities, etc		,			12	
3	First five years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	. —
•	organization, check this box and stop he						
	tion C. Computation of Public S						
4	Public support percentage for 2018 (line 6	` ' /		imn (t))		14	%
5 c.	Public support percentage from 2017 Sch	/		- 40 44	20 1/20/	15	%_
6a	33 1/3% support test—2018. If the orga	,			is 33 1/3% or mor	e, cneck this	. □
L	box and stop here. The organization qua	, , ,			45 - 22 4/20/ -	bl-	
D	33 1/3% support test—2017. If the orga	/			1e 15 is 33 143% of	r more, cneck	▶ □
7 a	this box and stop here The organization 10%-facts-and-circumstances test—2	/	-		162 05 164 25	lino 14 is	P [
7a	/	,				\	
	10% or more, and if the organization meets the "						
	Part VI how the organization meets the "	iacis-and-circumsta	ances test the C	ayanızatlon qualif	ies as a publiciy s	apported	▶ □
h	organization 10%-facts-and-circumstances test—20	017 If the organize	ation did not chool	k a hov on line 13	l 16a 16b or 17a	and line	
J	15 is 10% or more, and if the organization Explain in Part VI how the organization m	n meets the "facts	-and-circumstance	es" test, check this	s box and stop he	re.	
	Explain in Fact VI now the Jorganization if	icets the lacts-all	น-ผูเบนการเลกเบียร	toot The Organiza	anon quannes as a	publicity	. .

Schedule A (Form 990 or 990-EZ) 2018

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

18

instructions

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

(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)

	. If the organization lans to	y quality diluci	tile tests listee	DCIOW, picus	c complete i a		
_	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	32,640	35,615	20,300	_11,341	9,500	109,396
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	1,406,964	1,511,465	1,625,671	1,540,744	1,460,461	7,545,305
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	1,439,604	1,547,080	1,645,971	1,552,085	1,469,961	7,654,701
7a	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						
С	Add lines 7a and 7b	الى د چېلوموسو وولو	to the series are a control design.				
8	Public support. (Subtract line 7c from		(S)				
<u></u>	line 6)	300000000000000000000000000000000000000					7,654,701
	tion B. Total Support				4 11 22 12		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,439,604	1,547,080	1,645,971	1,552,085	1,469,961	7,654,701
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1	3	6	8	17	35
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1	3	6	8	17	35
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)	49,854	12,186	12,908	58,872		133,820
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	1,489,459	1,559,269	1,658,885	1,610,965	1,469,978	7,788,556
14	First five years. If the Form 990 is for the	•	st, second, third, to	ourth, or fifth tax ye	ear as a section 50	01(c)(3)	, _
<u></u>	organization, check this box and stop he						
	tion C. Computation of Public S				<u> </u>	1 4 7	
15	Public support percentage for 2018 (line 8		•	mn (f))		15	98 28 %
16 Soo	Public support percentage from 2017 Sch					16	98.06%
	tion D. Computation of Investm			121 (0)	 	- 147	
17	Investment income percentage for 2018 (•	•	3, column (I))		17	<u>%</u>
18 10a	Investment income percentage from 2017					28/	%_
19a	33 1/3% support tests—2018. If the org						▶ X
b	17 is not more than 33 1/3%, check this b		=				P (A)
n	33 1/3% support tests—2017. If the org line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation If the organization di	•	-			_	
	- Trivate Touridation in the organization of		Or inc 11, 100, 0	. 130, CHCCK (115 D	on and see instruc		

Page 4

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 Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 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
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5) or (6)? If "Yes," answer 3a (b) and (c) below
- 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
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12h in Part I, answer (b) and (c) below
- 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
- 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
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 by one or more of its supported organizations, or (iii) 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
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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
- 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
- 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
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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)

	Γ.	Yes	No .
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	3b	- "	20_1
	3с		
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	4b		, , , , , , , , , , , , , , , , , , ,
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	4c		
	5a		
	100		
	5b		
1	5c		
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	9b	,	 :
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E	10b	000	EZ) 2018
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

Parent of Supported Organizations Answer (a) and (b) below

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

2b

3a

3

11

1

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Ocheanie 7 (1 cm 330 cm 330 LZ) 2010 112 0 0 110 2 11 0 0 112 0 113 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
*Rart V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o) See
instructions All other Type III non-functionally integrated supporting organizations			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year	
Section A - Adjusted Net Income		(A) Phor real	(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		
		(A) Prior Year	(B) Current Year
Section B - Minimum Asset Amount		(A) Filol Teal	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see	7	ا دارورا در ایران در ایران در ایران در ای	17.17.17.18.19
instructions for short tax year or assets held for part of year)	1. 3.	" Example 1997 - " A Committee 1997 - The Committe	THE RESERVE AND ASSESSED.
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	1		The state of the s
factors (explain in detail in Part VI)	<u> </u>		Constitution of the second
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
A All All All All All All All All All A	1		
1 Adjusted net income for prior year (from Section A, line 8, Column A)		1	
2 Enter 85% of line 1	2	Take the second of the second	
3 Minimum asset amount for pnor year (from Section B, line 8, Column A)	3	**************************************	
4 Enter greater of line 2 or line 3	4	1 421, 21 A	
5 Income tax imposed in prior year	5	The second secon	-
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		The state of the s	
emergency temporary reduction (see instructions)	6	Oran Para Card 30	L
7 Check here if the current year is the organization's first as a non-functionally integral	ated Type	e III supporting organization	n (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 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 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions ∜ 9 Distributable amount for 2018 from Section C, line 6 <u>*</u> 10 Line 8 amount divided by line 9 amount (ı) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2018 Amount for 2018 * Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

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)

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 133,820

"7

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.

2018
Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number WISCONSIN JUNIORS VOLLEYBALL 39-1974917 CLUB, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of │ Yes │ No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

Schedule D (Form 990) 2018 WISCONSIN				39-1974		Page 2
Rart III Organizations Maintaining	Collections of	of Art, Histor	ical Treasure	es, or Other	Similar As	sets (continued)
3 Using the orgànization's acquisition, accessio collection items (check all that apply)	n, and other recor	ds, check any of	the following tha	it are a significa	nt use of its	
a Public exhibition	d 🗌	Loan or exchang	je programs			
b Scholarly research	е 🗌	Other				
c Preservation for future generations	_					
4 Provide a description of the organization's co	illections and expla	ain how they furth	er the organizati	on's exempt pu	rpose in Part	
5 During the year, did the organization solicit of	r receive donation	s of art, historical	treasures, or oth	ner sımılar		
assets to be sold to raise funds rather than to	o be maintained as	s part of the orga	nization's collecti	on?		Yes No
Rart W Escrow and Custodial Ar						
Complete if the organization 990, Part X, line 21.	answered "Ye	es" on Form 9	90, Part IV, lı	ne 9, or repo	orted an amo	ount on Form
1a Is the organization an agent, trustee, custodi	an or other intermi	ediary for contribu	itions or other as	sets not		
included on Form 990, Part X?		•				Yes No
b If "Yes," explain the arrangement in Part XIII	and complete the	following table				
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount on Fe	orm 990, Part X, III	ne 21, for escrow	or custodial acc	ount liability?		Yes No
b If "Yes," explain the arrangement in Part XIII	Check here if the	explanation has I	oeen provided or	Part XIII		
Part V. Endowment Funds.						
Complete if the organization	answered "Ye	s" on Form 9	90, Part IV, lı	1		
	(a) Current year	(b) Pnor year	(c) Two ye	ears back (d)	Three years back	(e) Four years back
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and						
losses		-				
d Grants or scholarships						
e Other expenditures for facilities and						
programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the curre		ice (line 1g, colun	nn (a)) neid as			
a Board designated or quasi-endowment	%					
b Permanent endowment > %	0/					
c Temporanly restricted endowment	%					
The percentages on lines 2a, 2b, and 2c sho 3a Are there endowment funds not in the posses		zation that are he	ald and administe	ared for the		
organization by	ssion of the organi	Zalion that are ne	ad and administe	ired for the		Yes No
(i) unrelated organizations						3a(ı)
(ii) related organizations						3a(II)
b If "Yes" on line 3a(ii), are the related organizations	ations listed as reo	uired on Scheduli	e R?			3b
4 Describe in Part XIII the intended uses of the						
ି Rait 🕷 Land, Buildings, and Equ						
Complete if the organization		s" on Form 99	90, Part IV, lir	ne 11a See	Form 990, F	Part X, line 10
Description of property	(a) Cost or other		st or other basis	(c) Accumu		(d) Book value
	(investment)		(olher)	depreciat		
1a Land				THE WAR	\$6.50 C.	
b Buildings						
c Leasehold improvements						
d Equipment			3,381		3,381	
e Other				1		/h
Total Add lines 1a through 1e (Column (d) must e	equal Form 990, Pa	art X, column (B),	line 10c)		•	
					Sched	ule D (Form '990) 2018

		LLEYBALL	39-1974917	Page
SPärt\VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or	T		
•	(a) Description of security or category	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(4) [(including name of security)		Cost of end-of-year market	value
(1) Financial				·
	eld equity interests			
(3) Other				
(A)	•			
(B)	•			
(C)	•		99-70-90-00-00-00-00-00-00-00-00-00-00-00-00	
(D)	•			
(E)	· · ·		_	
(F)	· · · · ·			
(G)			-	
(H)	on the most agent Form 000. Part V. and (D) line 13.1 h			THE TANKS THE PERSON
	In (b) must equal Form 990, Part X, col (B) line 12) ▶		The substitution of the su	ETT. BETWEEN THE WAY
層Rart 》VIII	Investments—Program Related.	Form 000 Part IV	/ line 11c See Form 900 Pa	rt V lino 13
	Complete if the organization answered "Yes" or	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(b) Book value	Cost or end-of-year market	
(1)				
(1)				
(2)				
(3)				
(4)				
(5)			-	
(6)				
(7)				
(8)				
	m /h) must aqual Farm 000 Part V and /P) line 131			THE RESERVE OF THE PARTY OF THE
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) ► Other Assets.			A STATE OF THE PARTY OF THE PAR
Estat Clark	Complete if the organization answered "Yes" or	Form 990 Part IV	/ line 11d See Form 990 Par	rt X line 15.
	(a) Description	, , , , , , , , , , , , , , , , , , , ,		(b) Book value
(1)				
(2)				
(3)				· -
(4)	——————————————————————————————————————			
(5)			1000	
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		b	
》Part X的	Other Liabilities.			
WALL THE THE PARTY OF THE PARTY	Complete if the organization answered "Yes" or	Form 990. Part IV	/. line 11e or 11f See Form 9	90. Part X.
	line 25		,	
1.	(a) Description of liability	(b) Book value	Section of the sectio	\$58823 7373
	income taxes			
(2)	moonto taxos			
(3)				THE COLD
(4)				
(5)				
				5年17月1日
(6)				
(7)			The second contract of	* 1 T T T T T T T T T T T T T T T T T T
(0)				- Table 100
(8)				
(9)				
(9) Total (Columi	n (b) must equal Form 990, Part X, col (B) line 25) ▶			
(9) Total (Column 2. Liability for	n (b) must equal Form 990, Part X, col (B) line 25) ► uncertain tax positions. In Part XIII, provide the text of the foculability for uncertain tax positions under FIN 48 (ASC 740). Cl	- -	•	

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Pa	irt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	per Return.	
	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			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	_2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		"送家	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	127.5	
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Ŗá	Reconciliation of Expenses per Audited Financial Stat		es 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	1 1		
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	,		
а	Investment expenses not included on Form 990, Part VIII, line 7h	<u>4</u> a		
b	Other (Describe in Part XIII)	_4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

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

Part XIII Supplemental Information (continued)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

▶ Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

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Employer identification number

Ivaille of the org	WISCONSIN JUNIORS CLUB, INC	S VOLLEYBALL					39-1	9749	17				
Part I	Excess Benefit Transact	tions (section 50	01(c)(3) section	n 50	1(c)	(4) and 501(c)(2							
, ,	Complete if the organization answ												
			nship between disq			T. T					(d)	Correc	ted?
1	(a) Name of disqualified person		organization	1			(c) Description of tra	ansactio	on		Yes		No
(1)													
(2)											ــــــ	\bot	
(3)											<u> </u>		
(4)											├	+	
(5)											<u> </u>	-	
(6)													
	he amount of tax incurred by the org	ganization manago	ers or disqualifi	ed p	ersc	ons during the ye	ar	> 9	£				
	section 4958 he amount of tax, if any, on line 2, a	hove reimbursed	by the organiz	atioi	1			▶ 9	Б Б				
O Linera	The difficulty of tax, it diffy, on the 2, a		o,o o.ga		•			•					
Part III	Loans to and/or From In	terested Pers	sons										
C. I CALLET	Complete if the organization answ			art V	. line	38a or Form 99	0, Part IV, line 2	6, or	ıf the				
	organization reported an amount												
	(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) L	oan to		(f) Balance due	(g) In default		fault? (h) Approved by board or		(i) Written agreement?	
		with organization	loan		m the	pnnopal amount					nittee?	agree	incin.
				То	From			Yes	No	Yes	No	Yes	No
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Total						▶ \$		100		ξωλ.	£28.	20,**	<u>,′</u>
' <u>Rartallis</u>	Grants or Assistance Be Complete if the organization answ					7							
	(a) Name of interested person	(b) Relations	ship between intere	sted	(c) Ar	mount of assistance	(d) Type of assistance		(e)	Purpose	e of ass	sistance	
		person a	and the organization	1									
(1)													
(2)					ļ								
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(5)	1911 1111							+					
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Schedule L (Form 990 or 990-EZ) 2018 WISCON		EIDWTT	33 13/431/	Fage Z
Part*IV Business Transactions Invo	living Interested Persons.	28a 28b or 28c		
(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?
	organization			Yes No
(1) JUNIOR DIGS LLC	OWNERS	144,913	······	X
(2)		<u> </u>		
(3)				
(3) (4) (5)				
(6)				
(7)				
(8) (9)				
(9)		=-		
10)				
Ranky Supplemental Information	senses to superiors on Schodule I	(coo instructions)		
Provide additional information for resp	onses to questions on Schedule L	(see instructions)		
SCHEDULE L, PART V - ADD	TTTONAT INFORMATI	ON		
SCHEDOLE I, PARI V - ADD	TITONAL INFORMATI	.014	-	
(A) NAME OF PERSON: JUNIO	OR DIGS LLC			
(1)		*******		
(B) RELATIONSHIP BETWEEN	INTERESTED PERSO	N AND ORGAN	IZATION: OWNERS	OF
JUNIOR DIGS ARE OFFICERS	OF WJVC			
(D) DESCRIPTION OF TRANS	ACTION: DIDCHACE	OF INITEODMS	AND FOLLT DMFNT	
(D) DESCRIPTION OF TRANS	ACTION. PURCHASE	OF UNIFORMS	AND EQUIPMENT	
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			Schedule L (Form 990 or 99	90-EZ) 2018
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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.

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► Attach to Form 990 or 990-EZ ▶ Go to www irs gov/Form990 for the latest information

Name of the organization WISCONSIN JUNIORS VOLLEYBALL

Employer identification number

CLUB, INC.

39-1974917

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

DONALD JAMES NEAVE, JR.

JAMIE NEAVE

PRESIDENT

SECRETARY

SPOUSES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 OFFICERS REVIEW FINANCIAL STATEMENTS AND SUBMIT THEM TO THE ACCOUNTANT WHO THE FORM 990 IS REVIEWED BY THE OFFICERS. PREPARES THE RETURNS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION \$ 0 INVESTMENT TRANSFER -55,000 \$ INVESTMENT TRANSFER -55,000 \$ TOTAL