

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	120,013	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	120,013	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	120,013	27	0

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 PROVIDE YOUTH OF ALL AGES THE OPPORTUNITY TO LEARN AND PLAY THE SPORT OF LACROSSE			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RON TOWARD PRESIDENT	0.00	0	0	0
BRETT DUDEK MEMBER	0.00	0	0	0
JENNY ANDERSON TOURNAMENT DIRECTOR	0.00	0	0	0
JON PHERSON TREASURER	0.00	0	0	0
WILL GRIMMIUS VICE PRESIDENT - BOY	0.00	0	0	0
JEFF BARDON VICE PRESIDENT GIRLS	0.00	0	0	0
PETE BREIMHORST SECRETARY	0.00	0	0	0
CHRIS MCGUIRE WEB & REGISTRATION	0.00	0	0	0
JAMIE BULLIS EQUIP & FACILITY DIR	0.00	0	0	0