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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 08-01-2019 , and ending 07-31-2020

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
BEE ATHLETIC BOOSTERS CLUB  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
6380 MILL ROAD  
City or town, state or province, country, and ZIP or foreign postal code  
BRECKSVILLE, OH 44141

F Name and address of principal officer:  
BRIAN KIRIN  
6380 MILL RD  
BRECKSVILLE, OH 44141

D Employer identification number  
51-0159235  
E Telephone number  
G Gross receipts \$ 92,728

H(a) Is this a group return for subordinates?  
H(b) Are all subordinates included?  
H(c) Group exemption number

I Tax-exempt status:  
J Website:  
K Form of organization:  
L Year of formation:  
M State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
PROVIDE FUNDING TO SUPPORT HIGH SCHOOL AND MIDDLE SCHOOL ATHLETICS FOR BRECKSVILLE-BROADVIEW HEIGHTS SCHOOLS.  
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  
3 Number of voting members of the governing body (Part VI, line 1a)  
4 Number of independent voting members of the governing body (Part VI, line 1b)  
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)  
6 Total number of volunteers (estimate if necessary)  
7a Total unrelated business revenue from Part VIII, column (C), line 12  
b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)  
9 Program service revenue (Part VIII, line 2g)  
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )  
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

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)  
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  
16a Professional fundraising fees (Part IX, column (A), line 11e)  
b Total fundraising expenses (Part IX, column (D), line 25)  
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  
19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)  
21 Total liabilities (Part X, line 26)  
22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

Under penalties of perjury, 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 Here

\*\*\*\*\*  
Signature of officer  
CHRISTOPHER LABAS TREASURER  
Type or print name and title

2020-12-09  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name  
Firm's address  
Preparer's signature  
Date  
Check ☐ if self-employed  
PTIN  
Firm's EIN  
Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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