## 990

## **Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

This Form is Open to Public Inspection

A	For t	the 1996 caler	ndar ye	9 , 19				
В	Chec	k if:	Please	C Name of organization			D Emp	loyer identification number
X		i i	use IRS	WORLD T.E.A.M. SPORTS, INC.			- 8	1827893
Ä	Initial return				reet address)	Room/sulte		e registration number
님	Final re		type. See	2108 SOUTH BOULEVARD		101	626	
H			Specific nstruc-	City, town, or post office, state, and ZIP+4	1 101			
Ц	(require State re	ed also for eporting)	tions.	CHARLOTTE, NC 28203			F Che	Is pending
G	Type	of organization	n—▶ <u>[X</u>	Exempt under section 501(c)( 3 ) ◀ (insert num	ber) OR ▶	section 4	1947(a)(	1) nonexempt charitable trust
				pt organizations and 4947(a)(1) nonexempt charitabl	e trusts MU	ST attach a	comple	ted Schedule A (Form 990).
H(a)	Is thi	s a group return f	filed for	affiliates? 🗌 Yes 🗓 N	o I If o	elther box in l	ls chec	ked "Yes," enter four-digit group
					exe	emption numbe	r (GEN) 🕨	► <u>N/A</u>
(b)	if 'Ye	s," enter the num	nber of a	affillates for which this return is filed:. • N/A	J Acc	ounting metho	d: 🗌	Cash X Accrual
_(c)	Is thi	s a separate retu	urn flied	by an organization covered by a group ruling? 🔲 Yes 🛛 N	<u> </u>	Other (specify	) <b>&gt;</b>	
K	Chec	k here ▶ 🔲 if	the orga	anization's gross receipts are normally not more than \$25,000.	The organizati	on need not f	le a retui	n with the IRS: but If it received
_	a For	rm 990 Package I	In the π	nall, it should file a return without financial data. Some states	require a cor	nplete return.		a man me me, but it it leadings
No	te: For	rm 990-EZ ma	ay be u	sed by organizations with gross receipts less than \$10	0,000 and t	otal assets le	ess than	\$250,000 at end of year.
P	art I			enses, and Changes in Net Assets or Fund				
	1			grants, and similar amounts received:				1 5 7
	а	Direct public	suppo	ort	I	859,789		
	b	Indirect publ	lic supp	oort				
	С	Government	contrib	outions (grants) 1c			1	
	d			through 1c) (attach schedule of contributors)			1	
		(cash \$		6,340 noncash \$ 63,449 )	SCH.	/	1d	859,789
	2	Program sen	vice re	venue including government fees and contracts (from	 Part VII li	ne 93).	2	210,880
	3	Membership		3	210,880			
	4			4				
	5	Dividends and interest from securities						
	6a							
	Ь			-				
	l	Less: rental (		6c				
đ	C	Net rental income or (loss) (subtract line 6b from line 6a)						944
ž	7	Other invest	ment i			)	7	
Revenue	8a			m sale of assets other (A) Securities	(B) (	Other		
щ	١.		-	8a			-	
	b			basis and sales expenses . 8b			1	
	°			ch schedule) 0 8c		0	-	
	d			ombine line 8c, columns (A) and (B))	* * ×	x x x x x	8d	0
	9	Special even						
	a			t including \$ of	T.			
				ed on line 1a) 9a		3,400	1	
	b			es other than fundraising expenses 9b		71,791		
	C			) from special events (subtract line 9b from line 9a) .	1000		9c	(68,391)
	10a			ntory, less returns and allowances 10a	1			
	b							
	С			) from sales of inventory (attach schedule) (subtract lin			10c	0
	11	Other revenue (from Part VII, line 103)						5,908
_	12	Total revenu	ıe (add	lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,009,130
10	13			rom line 44, column (B))		¥ ¥ % 30	13	568,715
Expenses	14	Management		14	192,442			
ber	15	Fundraising (from line 44, column (D))						. 94,115
Щ	16	Payments to		16				
	17	Total expens		17	855,272			
इ	18			or the year (subtract line 17 from line 12)			18	153,858
SSE	19			balances at beginning of year (from line 73, column			19	(148,156)
Net Assets	20			et assets or fund balances (attach explanation)			20	(18,107)
_	21	Net assets or		21	(12,405)			
For	Paper			Notice, see page 1 of the separate instructions.		MGA		Form 990 (1996)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 13.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$)	22				
3	Specific assistance to individuals (attach schedule)	23				
4	Benefits paid to or for members (attach schedule)	24				
5	Compensation of officers, directors, etc	25	122,292	103,948	18,344	0
6	Other salaries and wages	26	203,278	91,394	46,770	65,114
7	Pension plan contributions	27			-	
8	Other employee benefits	28	00.005	40.000	4 504	77525
9	Payroll taxes	29	22,805	13,683	4,561	4,561
0	Professional fundraising fees	30				
1	Accounting fees	31				
2	Legal fees	32	12,440	0	12,192	248
3	Supplies	33	14,277	0	12,192	1,607
4 5	Telephone	34 35	14,277		12,070	1,007
5 6	Postage and shipping	36	15,739	0	15,739	0
7	Equipment rental and maintenance	37	10,700		10,100	
8	Printing and publications	38				
9	Travel	39	271,410	264,425	0	6,985
0	Conferences, conventions, and meetings	40	=:,,			5,666
1	Interest	41				
2	Depreciation, depletion, etc. (attach schedule).	42	15,857	15,540	317	0
3	Other expenses (itemize): a INSURANCE	43a	41,258	41,258	0	0
ь	PUBLIC RELATIONS & MARKETING	43b	59,901	0	52,411	7,490
c	PROFESSIONAL FEES	43c	20,549	12,439	0	8,110
d	TELEVISION PRODUCTION	43d	22,583	22,583	0	0
e	MISCELLANEOUS	43e	32,883	3,445	29,438	0
	T-4-1 fra-4-1					
	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 rting of Joint Costs.—Did you report in column	<b>44</b> (B)	855,272 (Program services)	568,715 any joint costs fr	192,442 om a combined	94,115
epc duc "Ye	completing columns (B)-(D), carry these totals to lines 13-15  rting of Joint Costs.—Did you report in column ational campaign and fundraising solicitation?	(B) 	(Program services)	any joint costs fr	om a combined ▶ to Program services	☐ Yes 🗶 No
lepo duc "Ye	completing columns (B)-(D), carry these totals to lines 13-15  rting of Joint Costs.—Did you report in column ational campaign and fundraising solicitation? .  s," enter (i) the aggregate amount of these joint costs amount allocated to Management and general \$ N	(B)  \$	(Program services)	any joint costs fr 	om a combined ▶ to Program services to Fundraising \$ N	☐ Yes
duc "Ye iii) ti Par	completing columns (B)-(D), carry these totals to lines 13-15  rting of Joint Costs.—Did you report in column ational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint costs are amount allocated to Management and general \$ N till Statement of Program Service Accor	(B) \$ I/A nplis	(Program services) N/A; (ii) th ; and (iv) tr	any joint costs fr 	om a combined ▶ to Program services to Fundraising \$ N	\$ \$ N/A I/A 6.)
epoduc "Ye ii) ti Par hat	completing columns (B)-(D), carry these totals to lines 13-15  rting of Joint Costs.—Did you report in column ational campaign and fundraising solicitation? .  s," enter (i) the aggregate amount of these joint costs amount allocated to Management and general \$ N	(B)  \$    /A   mplis   SEE S     ose a	(Program services)  N/A; (ii) th ; and (iv) th hments (See Sichedule 4 chievements. State measurable. (Sections)	any joint costs from the amount allocated pecific Instruction the number of ion 501(c)(3) and	om a combined  to Program services to Fundraising \$ Nons on page 16 clients served, (4) organizations	Yes X N  \$ N/A  I/A  5.)  Program Servic  Expenses
epoduce "Yes"   Yes   Part	rting of Joint Costs.—Did you report in column ational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint costs are amount allocated to Management and general \$ Note III Statement of Program Service Accordists the organization's primary exempt purpose? It is the organization's primary exempt purpose actions issued, etc. Discuss achievements that are 4947(a)(1) nonexempt charitable trusts must also be applied to the program of the p	(B)  \$ I/A  mplis SEE S  se not enter  SPORT	(Program services)   N/A ; (ii) th ; and (iv) th hments (See Secondary) CHEDULE 4 chievements. State measurable. (Secondary) The amount of grammers (WTS) MANAGE LANTA. MORE THATTHE TORCH.	any joint costs from the amount allocated pecific Instruction the number of ion 501(c)(3) and ints and allocations DTHE 10-DAY	om a combined  to Program services to Fundraising \$ Nons on page 16 clients served, (4) organizations	Yes X No  \$ \$ N/A  I/A  5.)  Program Servic  Expenses (Required for 501(c)(3) a (4) orgs., and 4947(a)( trusts; but optional for others)
epoduce "Yes" (hat lind a lind lind lind lind lind lind lind lind	rting of Joint Costs.—Did you report in column ational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint costs a amount allocated to Management and general \$ Note 1111 Statement of Program Service According to the organization's primary exempt purpose?  is the organization's primary exempt purpose?  Pagalizations must describe their exempt purpose their exempt pu	(B)  \$ I/A  nplis SEE S SEE A SE NOT  FORT  ORS A  IR RA  NDIVIE	(Program services)  N/A ; (ii) th ; and (iv) th thments (See Sected Sect	any joint costs from the amount allocated pecific Instruction to the number of ion 501(c)(3) and ints and allocations DTHE 10-DAY AN 900  \$ ING TEAM OF 18 DUCT SPECIAL OUT	om a combined to Program services to Fundraising \$ N ons on page 16 clients served, (4) organizations to others.)  ISABLED & ABLE- REACH CLINICS	Yes X N  S N/A  N/A  S.)  Program Service Expenses (Required for 501(c)(3) a (4) orgs., and 4947(a) trusts; but optional to others.)
epoduce "Yes" (hat lile of the	rting of Joint Costs.—Did you report in column ational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint costs he amount allocated to Management and general \$ Note III Statement of Program Service According to the organization's primary exempt purpose? It is the organization of the organiza	(B)  \$ IVA INDISSEE S SEE S SE	(Program services)  N/A; (ii) th ; and (iv) th hments (See Section Sec	any joint costs from the amount allocated the amount allocated pecific Instruction of the number of	om a combined to Program services to Fundraising \$ N ons on page 16 clients served, (4) organizations to others.)  ISABLED & ABLE- REACH CLINICS	Yes X N  S N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A
lepoduce "Yes"   Pair   I   I   I   I   I   I   I   I   I	rting of Joint Costs.—Did you report in column ational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint costs are amount allocated to Management and general \$ Note IIII Statement of Program Service Accordists the organization's primary exempt purpose?   is the organization to describe their exempt purpose?   is the organization's primary exempt purpose?   is the organization of the organization	(B)  \$ I/A  nplis SEE S	(Program services)  N/A ; (ii) th ; and (iv) th hments (See S CHEDULE 4 chievements. State measurable. (Sect the amount of gra TS (WTS) MANAGE LANTA. MORE THA THE TORCH. s and allocations N AMATEUR CYCL CING, THEY COND DUALS. MORE THA s and allocations NT CONSISTING O TER BANKS OF NOI ERVICED APPROXI s and allocations ED A TEAM FOR TH OREGON. WORLD	any joint costs from the amount allocated the amount allocated pecific Instruction of the number of	om a combined to Program services to Fundraising \$ N ons on page 16 clients served, (4) organizations to others.)  ISABLED & ABLE- REACH CLINICS	Yes X N/A  S. N/A  J/A  S.)  Program Service Expenses (Required for 501(c)(3) a (4) orgs., and 4947(a) trusts; but optional for others.)  290,555
lepoduce "Yes"   Par   I   I   I   I   I   I   I   I   I	rting of Joint Costs.—Did you report in column ational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint costs he amount allocated to Management and general \$ Note 111 Statement of Program Service Accordists the organization's primary exempt purpose? It is the organization's purpose is the organization's primary exempt purpose? It is the organization's primary exempt purpose? It is the organization of the organization's primary exempt purpose? It is the organization of	(B)  \$ I/A  nplis SEE S  SEE S	(Program services)  N/A ; (ii) th ; and (iv) th hments (See S CHEDULE 4 chievements. State measurable. (Sect the amount of gra TS (WTS) MANAGE LANTA. MORE THA THE TORCH. s and allocations N AMATEUR CYCL CING, THEY COND DUALS. MORE THA s and allocations NT CONSISTING O TER BANKS OF NOI ERVICED APPROXI s and allocations ED A TEAM FOR THOREGON. WORLD	any joint costs from the amount allocated the amount allocated pecific Instruction of the number of	om a combined to Program services to Fundraising \$ N ons on page 16 clients served, (4) organizations to others.)  ISABLED & ABLE- REACH CLINICS	Yes X No  \$ N/A  I/A  5.)  Program Servic Expenses (Required for 501(c)(3) a (4) orgs., and 4947(a)(1) trusts; but optional for others)

## Part IV Balance Sheets (See Specific Instructions on page 16.)

N	ote: V	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash – non-interest-bearing	100,691	45	6,405
	46	Savings and temporary cash investments		46	
	70	Cavings and temporary cash invosations			
	479	Accounts receivable			
	47 a	Less: allowance for doubtful accounts	13,862	47c	0
	D	Less. allowance for doubtful accounts . ,			
	48a	Pledges receivable			
	40a b	Less: allowance for doubtful accounts		48c	o
	49			49	
	50	Receivables from officers, directors, trustees, and key employees			
	50	(attach schedule)		50	
	510	Other notes and loans receivable (attach			
	SIA	schedule)			
<u>ڇ</u>	_	Less: allowance for doubtful accounts 51b		51c	0
Assets	b	Less. allowance for doubtful accounts		52	
⋖	52	Inventories for sale or use		53	
	53	Prepaid expenses and deferred charges		54	
	54	Investments—securities (attach schedule)			
	55a	Investments—land, buildings, and			
		equipment. basis			
	b	Less: accumulated depreciation (attach schedule)		55c	0
				56	
	56	Investments—other (attach schedule)			
	57a	Larid, buildings, and equipment basis	5.		
	b	Less: accumulated depreciation (attach schedule)	35,028	57c	40,539
			00,020	58	10,000
	58	Other assets (describe >)		100	
	59	Total assets (add lines 45 through 58) (must equal line 74)	149,581	59	46,944
-			285,737	60	43,481
	60	Accounts payable and accrued expenses	200,101	61	10,101
	61	Grants payable		62	
	62	Deferred revenue		<u> </u>	
ijes	63	Loans from officers, directors, trustees, and key employees (attach schedule)	12,000	63	5,000
Liabilities			12,000	64a	0,000
=		Tax-exempt bond liabilities (attach schedule)	0	64b	10,868
		Mortgages and other notes payable (attach schedule) .SCH. 6.		65	10,000
	65	Other liabilities (describe		1	
	66	Total liabilities (add lines 60 through 65)	297,737	66	59,349
-		nizations that follow SFAS 117, check here ► 🗓 and complete lines	201,101		
	Orga	67 through 69 and lines 73 and 74.			
	67	Unrestricted	(148,156)	67	(12,405)
es	68	Temporarily restricted		68	
2	69	Permanently restricted		69	
Bala		anizations that do not follow SFAS 117, check here   and			
Net Assets or Fund Balances	Jiga	complete lines 70 through 74.			
Ţ	70	Capital stock, trust principal or current funds		70	
ō	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
ets		Retained earnings, endowment, accumulated income, or other funds		72	
Ass	72				
et	73	Total net assets or fund balances (add lines 67 through 69 OR lines			
Ž		70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	(148,156)	73	(12,405)
	74	equal line 21)	149,581	74	46,944
_			***************************************		

Par	t IV-A Reconciliation of Revenue Financial Statements with Return (See Specific Instru	Revenue	per	F		of Expenses p ments with Ex	
(2)				a Total expandited fina b Amounts in on line 17, (1) Donated seand use of the control of the con	penses and I ancial statements included on line Form 990: ervices of facilities \$ djustments in line 20, \$ corted on rm 990 . \$	osses per a a but not	N/A
C	Line a minus line b	С		<b>c</b> Line a minւ	us line <b>b</b>		
d	Amounts included on line 12, Form 990 but not on line a:			1	cluded on line 17 out not on line a:	,	
	Investment expenses not included on line 6b, Form 990 \$  Other (specify):	d		(1) Investment not include 6b, Form 9:  (2) Other (spective of the context of the	expenses d on line 90 \$  cify):  s  unts on lines (1  nses per line 17	, Form 990	
Par	(line c plus line d) ▶  It V List of Officers, Directors, Tr	ustees, a	nd Key		line d) each one even		ated; see Spec
	Instructions on page 18.)  (A) Name and address		(B) Title	and average hours per	(C) Compensation (if not paid, enter	(D) Contributions to employee benefit plans &	(E) Expense
STE	PHEN H. WHISNANT			devoted to position	-0)	deferred compensation	allowances
	SOUTH BLVD., CHARLOTTE, NC 28203		1	RS/WEEK	90,996	0	
	N J. MILLER			P. OFFICER			
SEE	SOUTH BLVD., CHARLOTTE, NC 28203 SCHEDULE 7 FOR NONCOMPENSATED RD OF DIRECTORS		60 HOU	RS/WEEK	31,296	0	(
	***************************************						
	######################################						

Pa	rt VI Other Information (See Specific Instructions on page 19.)		Yes	No No			
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity .	76	100	X			
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X			
	If "Yes," attach a conformed copy of the changes.						
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .						
b	If "Yes," has it filed a tax return on Form 990-T for this year?						
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		Х			
80a	Comment of the state of the sta						
L	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X			
b							
Q1 a	and check whether it is exempt OR nonexempt.  Enter the amount of political expenditures, direct or indirect, as described in the						
UIA	Sentence Process for the sentence of the sente						
b	Did the organization file Form 1120-POL for this year?	0.11					
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	81b		N/A			
	or at substantially less than fair rental value?	82a	<sub>x</sub>				
ь	If "Yes," you may indicate the value of these items here. Do not include this amount	UZU	^				
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in						
	Part III.)						
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	**********			
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		N/A			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions						
	or gifts were not tax deductible?	84b	22101211111	N/A			
85	501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by members?	85a		N/A			
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		N/A			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization						
С	received a waiver for proxy tax owed for the prior year.						
d	Dues, assessments, and similar amounts from members	-					
e	Section 162(e) lobbying and political expenditures	-					
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	1					
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable	3		.,,,,			
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A			
86	501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on						
	line 12						
b	Gross recelpts, included on line 12, for public use of club facilities 86b N/A						
87	501(c)(12) organizations,—Enter: a Gross income from members or shareholders 87a N/A						
Þ	Gross income from other sources. (Do not net amounts due or paid to other						
88	sources against amounts due or received from them.)	-					
00	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX			.,			
89a	501(c)(3) organizations.—Enter: Amount of tax paid during the year under:	88		X			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0						
b	501(c)(3) and 501(c)(4) organizations.—Did the organization engage in any section 4958 excess benefit	1					
	transaction during the year? If "Yes," attach a statement explaining each transaction	89b	**********	N/A			
C	Enter: Amount of tax paid by the organization managers or disqualified persons during the year under						
	section 4958			0			
d	d Enter: Amount of tax in 89c, above, reimbursed by the organization						
90	List the states with which a copy of this return is filed ▶ NEW YORK	20100002					
91	Telephone no. > (704)	370-6	3070				
	Located at ► 2108 SOUTH BOULEVARD, SUITE 101, CHARLOTTE, NC ZIP + 4 ► 2820	03		<u>-</u> -			
92	Section 4947(a)(1) nonexempt charitable trusts filling Form 990 in lieu of Form 1041—Check here			<b></b>			
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A			

Part VII	10.0	ctivities (See	Specific Instru	ictions on pa	ge 22.)	
	ss amounts unless otherwise	Unrelated b	usiness income	Excluded by se	ction 512, 513, or 514	(E) Related or
indicated.		(A)	(B)	(C)	(D)	exempt function
<b>93</b> Prog	gram service revenue:	Business code	Amount	Exclusion code	Amount	income
	EO SALES			04	201,500	9,380
b PRO	OCEEDS FROM TV SPOT			01	201,500	
c		-				<del>-</del>
		-				====
-	and analysis from sourcement opensis					
	s and contracts from government agencien bership dues and assessments.					
	rest on savings and temporary cash investmen					
	dends and interest from securities					
	rental income or (loss) from real estate:					
	t-financed property		WOVERED NOT DESCRIPTION			
	debt-financed property			16	944	
	rental income or (loss) from personal proper					
	er investment income					
<b>100</b> Gair	or (loss) from sales of assets other than invento	ry			(22.25.1)	
	income or (loss) from special events			01	(68,391)	
	ss profit or (loss) from sales of inventory					5,908
103 Othe	er revenue: a MISCELLANEOUS					5,908
				-		
e	otal (add columns (B), (D), and (E))	_	0		134,053	15,288
104 Subte	I (add line 104, columns (B), (D), and (E))					
Note: (Lin	e 105 plus line 1d, Part I, should equal the ar	nount on line 12,	Part I.)			
Part VI		Accomplishm	ent of Exemp	t Purposes	(See Specific Instru	ctions on page 23.)
Line No.	Evolain how each activity for which incom	e is reported in c	olumn (E) of Part	VII contributed	importantly to the	accomplishment
▼	of the organization's exempt purposes (or	ther than by prov	iding funds for s	uch purposes).		
93(a)	VIDEOS OF WORLD T.E.A.M. SPORTING E	VENTS WHICH D	ISSEMINATE IN	FORMATION R	ELATED TO THE C	PRGANIZATION'S
	EXEMPT PURPOSES					
103(a)	REVENUE RECEIVED IN THE COURSE OF	CONDUCTING T	HE ORGANIZATI	ON'S BUSINES	S	
				_		
-						
Part IX	Information Regarding Taxable S	Subsidiaries (	Complete this	Part if the "Y	es" box on line	88 is checked.)
	me, address, and employer identification	Percentage of		ure of	Total	End-of-year
		ownership interes	busines	s activities	income	assets
N/A		9	6			
		9	6			
			6			
			6			hest of my knowledge
Please	Under penalties of perjury, i declare that I have ex and belief, it is true, correct, and complete. Declar	amined this return, i ation of preparer (of	ncluding accompanyi her than officer) Is	ng schedules and based on all Infori	statements, and to the nation of which prepa	rer has any knowledge.
Sign	(See General Instructions on page 8.)	VED PAD	٧ .			
Here	Signature of officer	Date	l	Type or print na	me and title.	
-	Signature of officer	Date	Date		eck if Prepare	r's SSN
Paid	Preparer's signature		12 augu			1 1
Preparer	's Firm's name (or PRICE WATERHO	USE LI P	, custo	EI		3 5326270
Use Only	yours if self-employed) and address 1301 K STREET, N	100-100-00	N, D.C.	ZI		20005