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

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

2013

Open to Public

Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2013 calendar year, or tax year beginning January , 2013, and ending	Dece	ember	, 20 13
B	Check if ap	oplicable C Name of organization D	Employe	er identification	number
$\Box$	Address c	United States of America Deaf Basketball, Inc.		48-1138210	)
	Name cha		Telephor	ne number	
$\overline{}$	initial retui		608-234-479	7	
=	Terminate Amended	Group	Exemption		
=		m pending McFarland, WI 53558	Numbe	er ▶	
G /	Account	ting Method:   ☐ Cash ☐ Accrual Other (specify)   ☐ H Ch	eck ▶	If the organ	nization is not
I V	Vebsite			attach Sched	
J T	ax-exen		•	, 990-EZ, or 99	
		organization ☐ Corporation ☐ Trust ☐ Association ☑ Other			
LA	dd line:	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets		
(Pai	rt II, coli	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ .	. ▶	\$	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	struction	ons for Part	1)
		Check if the organization used Schedule O to respond to any question in this Part I.			
	1	Contributions, gifts, grants, and similar amounts received		1	23,985
	2	Program service revenue including government fees and contracts	.   7	2	0
	3	Membership dues and assessments	.   3	3	164,039
	4	Investment income		4	,
	5a	Gross amount from sale of assets other than inventory   5a	0		
	b	Less: cost or other basis and sales expenses			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5	 ic	o
	6	Gaming and fundraising events			
ē	а	Gross income from gaming (attach Schedule G if greater than \$15,000)			
Revenue	Ь	Gross income from fundraising events (not including \$ 0 of contributions			
ě	-	from fundraising events reported on line 1) (attach Schedule G if the			
<u> </u>		sum of such gross income and contributions exceeds \$15,000)   6b		İ	
	c	Less: direct expenses from gaming and fundraising events 6c	<del>-</del>		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act		
		line 6c)	. 6	<del>-</del>	
	7a	Gross sales of inventory, less returns and allowances	٥		<u> </u>
	b	Less: cost of goods sold			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<del>"</del> ,	'c	0
	8	Other revenue (describe in Schedule O)	. <del>  </del>		6,108
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
	10	Grants and similar amounts paid (list in Schedule O)	. 1		<u>194,132</u> 0
	11	Benefits paid to or for members	.   1		0
es	12	_		2	
Se	13	Salaries, other compensation, and employee benefits		3	8,611
Expense	14	Occupancy rent utilities and maintenance	(1	<del>,</del>	110,107
찣	15	Printing, publications, postage, and shipping	, jä		
	16	Printing, publications, postage, and shipping	-10		58,470
	17	Total expenses. Add lines 10 through 16	<b>→</b> [4]		29,013
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		<del>*                                    </del>	206,201
e	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w		<del>*  </del>	(12,069)
SS		end-of-year figure reported on prior year's return)		<u>.</u>	20 274
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	2		20,374
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 2		<u>0</u> 8,305
_			-   4	•	0,303

Pa	t II	Balance Sheets (see the instructions f					
	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	Cas	h, savings, and investments		[	20,374		8,305
23		d and buildings				23	0
24		er assets (describe in Schedule O)				24	0
25		al assets	· · · · · · ·		20,374		8,305
26		al liabilities (describe in Schedule O)				26	0
27		assets or fund balances (line 27 of column			20,374	27	8,305
Par	ш	Statement of Program Service Accom	•				Expenses
A (1) /	4	Check if the organization used Schedule	<del></del>	<del></del>			quired for section
			Develop Basketball s		<del></del>		I(c)(3) and 501(c)(4) anizations and section
as m	easure	ne organization's program service accomplised by expenses. In a clear and concise manefited, and other relevant information for ea	anner, describe the				47(a)(1) trusts; optional others)
28		nal - Develop participation in local, regional and					
		6. According to Constitution 2.01-1a, USADB co					
		aments which then led to the achievement of de		- <b>-</b>			
	(Grant		includes foreign gra			28	a 52,383
29		- USADB stimulated Youth Deaf Basketball par	ticipants by develop	ng and hosting Dea	East/West High		
	Schoo	ol All-Stars.					<u> </u>
	(0	\ If ab: !					
20	(Grant		includes foreign gra			298	a 3,629
30		ational - Events include Pan-A, World Cup, U-2					
	ипеу е	merge annually. Participants are directly or inc	urecuy from Nationa	and Youth events a	s outlined above.		
	(Grant	te \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ıncludes foreign gra	nte chack hara		30a	150 100
21		program services (describe in Schedule O)			_ · · · <u> </u>	304	a 150,189
J 1	(Grant		includes foreign gra			31:	<u>_</u>
32						32	
Par							
Par			Employees (list each	one even if not com	pensated-see the II		
Par		List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and	nstru ee (e	uctions for Part IV)
	t IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to as (b) Average hours per week	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISO	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and	nstru ee (e	uctions for Part IV)
	t IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISO	pensated — see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e	uctions for Part IV)
Chris	tina Co	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated — see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e	ctions for Part IV)
Chris	tina Co	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  ostello - Commissioner	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV	ee (e	ctions for Part IV)
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Chris	t IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Distello - Commissioner  Ene-Kelly - Interim Deputy Commissioner	(b) Average hours per week devoted to position	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not pald, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e	e) Estimated amount of other compensation
Chris Parke	tina Coer Gree	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Distello - Commissioner  Ene-Kelly - Interim Deputy Commissioner	(b) Average hours per week devoted to position	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e	octions for Part IV)  Control Part IV)  Description of the compensation
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Chris Parke Jame Brian	tina Co er Gree s Pown	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  pstello - Commissioner  ene-Kelly - Interim Deputy Commissioner  ell - Secretary	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru eee (ee	ctions for Part IV)
Chris Parke Jame Brian	tina Co er Gree s Pown	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  pstello - Commissioner  ene-Kelly - Interim Deputy Commissioner  ell - Secretary	r Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru eee (ee	e) Estimated amount of other compensation  0  0
Chris Parke Jame Brian	tina Co er Gree s Pown	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  pstello - Commissioner  ene-Kelly - Interim Deputy Commissioner  ell - Secretary	r Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru eee (ee	e) Estimated amount of other compensation  0  0
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Chris Parke Jame Brian	tina Co er Gree s Pown	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  pstello - Commissioner  ene-Kelly - Interim Deputy Commissioner  ell - Secretary	r Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru eee (ee	exitions for Part IV)  Estimated amount of other compensation  0
Chris Parke Jame Brian	tina Co er Gree s Pown	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  pstello - Commissioner  ene-Kelly - Interim Deputy Commissioner  ell - Secretary	r Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not commy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru eee (ee	exitions for Part IV)

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
24	·	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>✓</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>√</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	]		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	ļ		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>√</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			·
42a	The organization's books are in care of ▶ Telephone no. ▶			
	and the second s			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b> </b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	<b>&gt;</b> 🗆
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>1</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		_

		•						Yes	No
46		he organization engage, directly or ır				of or in opposi	tion 🌉		
		ndidates for public office? If "Yes," of	<u> </u>	Part I			. 46		<b>∠</b> ✓
Part		Section 501(c)(3) organizations							
		All section 501(c)(3) organization	s must answer que	stions 47–49b an	id 52, and	I complete th	e tables	for lin	es
		50 and 51.							
		Check if the organization used Sci	hedule O to respond	to any question in	n this Part	<u> VI </u>	<u> </u>	<u></u>	<del>,                                    </del>
	<b>-</b>							Yes	No
47		he organization engage in lobbying		section 501(h) elec	tion in eff	ect during the	1		١.
	-	If "Yes," complete Schedule C, Par					. 47	-	<b>↓</b>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule						. 48	+	ľ
49a		he organization make any transfers t	<u>-</u>	•				-	1
<ul> <li>b If "Yes," was the related organization a section 527 organization?</li></ul>								<u> </u>	
50									
	empi	oyees) who each received more than	1 \$ 100,000 of comper	isation from the or			e, enter "	None."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estima other co		
					_				
f		number of other employees paid ov		. <b>&gt;</b>		_			
51	\$100	plete this table for the organization' ,000 of compensation from the orga	s five highest compo inization. If there is no	ensated´independe one, enter "None."	ent contrac	tors who eacl	n receive	d more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	(c	(c) Compensation			
									<del></del>
				1					
<del></del>									
				1					
				_					
			·						
	•					<del>-  </del>			
				1					
d	Total	number of other independent contra	actors each receiving	over \$100.000	. •	<u>l</u> .			
52		he organization complete Schedule	Ū	• •	ons and 49	47(a)(1)			
-		xempt charitable trusts must attach					► ✓ Ye	s 🗆 l	No
		of perjury, I declare that I have examined this id complete. Declaration of preparer (other than					nowledge ar	nd belief,	, it is
	<del>-                                    </del>	1 7 . =				0/	1111		
Sign		Signature of officer	7			Date Date	3/17		
Here		Name Brian Fruits, Treasurer							
		Type or print name and title			<del></del>				
D#:-!	——-	Print/Type preparer's name	Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date		PTIN		
Paid	0F2~	7,50 5,000				Check L self-emplo			
Prep		Firm's name				Firm's EIN ▶	·		
Use	Uniy	Firm's address >				Phone no			
May th	ne IRS	discuss this return with the prepare	r shown above? See	instructions			► □ Ye	s 🔲	No

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization	_	<u>-</u>					Employer identification number		
United States of America Deaf Basketball, Inc.							48-1138210			
Par			rity Status (All orga			<del></del>	<u> </u>		instruction	ons.
1 2 3	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
5										
7	=									
	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A receives: (1) more that d to its exempt funct ent income and unre later June 30, 1975. So	an 33¹/₃% tions⊸su lated bu	% of its subject to of siness ta	upport fro certain ex xable inc	xceptions	s, and (2) ss sectio	no mor	e than 331/3% of its
	An organization purposes of control of the state of the s	on organized ar one or more pub ock the box that	d operated exclusively and operated exclusive blicly supported organ describes the type of	ely for th nizations supportir	he benefi describe ng organi	t of, to d in sect zation an	perform ion 509(a d comple	the funct a)(1) or so te lines 1	tions of, ection 50 1ethrou	9(a)(2). See <b>section</b> gh 11h.
е	a ☐ Type I☐ By checking the other than four or section 509	ndation manage	II c Type II that the organization ers and other than one	is not co	introlled o	irectly or	rindirectl	y by one	or more	tionally integrated disqualified persons din section 509(a)(1)
f			a written determination				a Type 	I, Type	II, or Typ	oe III supporting
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	)	_
			ndirectly controls, eithody of the supported							
			on described in (i) abo							11g(ii)
_			a person described in							11g(iii)
h		, . <del></del>	on about the support	<del>,                                      </del>						<del>,</del>
(1)	Name of supported (ii) EIN organization		(described on lines 1–9 above or IRC section (see instructions))	-9 in col. (i) listed in your the organization in governing document? col (i) of your		nization in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetary support	
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)		:								
							1			

Total

Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Sect	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
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.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	<u>-</u>					<del>                                     </del>
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 carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12 ear as a section	on 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor					<u> </u>	
14	Public support percentage for 2013 (line 6			1, column (f))		14	%
15	Public support percentage from 2012 Sch				· · · ·	15	%
16a	331/s% support test—2013. If the organization qual	lifies as a pub	licly supported	organization			▶ [
b	331/2% support test—2012. If the organicheck this box and stop here. The organi					9 15 is 33½% 	or more, ► [
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization memory supported organization in the companization in the companization in the companization is a supported organization in the companization in the companization is a supported organization in the compa	ion meets the eets the	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	nis box and st	i, and line top here. a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a			see

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

(Complete only if you checked the box on line 9 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	29,361	32,164	5,175	5,150	23,985	95,808
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	24,083	20,872	92,928	68,082	164,039	370,004
3	Gross receipts from activities that are not an unrelated trade or business under section 513	o	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	o	0	o	o	0	.0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	o	0	0	0	0
6	Total. Add lines 1 through 5	53,444	53,036	98,103	73,232	187,997	465,812
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	o	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 100 of the amount on line 12 for the year.						
	or 1% of the amount on line 13 for the year	24,083	20,872	92,928	68,082	164,039	370,004
8	Add lines 7a and 7b	24,083	20,872	92,928	68,082	164,039	370,004
Secti	on B. Total Support	l					95,808
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	53,444	53,036	98,103	73,232	187,997	465,812
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	36,103	0	187,337	403,612
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	o		0	o	0
С	Add lines 10a and 10b	0		0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	o	o	o	o	o	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	o	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	53,444	53,036	98,103	73,232	187,997	465,812
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, secon	d, third, fourth	, or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor				•		
15	Public support percentage for 2013 (line 8			3, column (f))		15	21 %
16	Public support percentage from 2012 Sch					16	49 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2013 (I			y line 13, colur	nn (f))	17	0 %
18 19a	Investment income percentage from 2012 331/3% support tests—2013. If the organi 17 is not more than 331/3%, check this box	zation did not and stop here.	check the box The organization	on line 14, ar on qualifies as a	nd line 15 is m a publicly suppo	orted organizati	on . ▶ 🗆
b 20	331/3% support tests—2012. If the organiz line 18 is not more than 331/3%, check this behavior. If the organization due	oox and stop h	<b>ere.</b> The organi	ization qualifies	as a publicly si	upported organ	ization 🕨 🌠

Schedule A (F	orm 990 or 990-EZ) 2013 Page 4
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number					
United States of America Deaf Basketball, Inc.	48-1138210					
Part 1. Line 8 - Other Revenue - returned fees, transfer of funds between accounts, refunds, booth space fees, program book ads						
and tshirt sales.						
Part 1. Line 16 - travel, lodging, bank fees, member fees, tourney costs - trophies, awards, referees; entertainment, accounting software,						
rait i. Line 10 - davel, lodging, bank lees, member lees, tourney costs - dopines, awards, reletees, en	tertainment, accounting software,					
webmaster service, food, bank and interest charges, committee work, prizes to champ teams and trave	el reimbursement to teams.					
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