

CISDRXGC2D

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ 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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Cape Coast Volleyball Club

Employer identification number

59-3572816

I checked Box 7 on part 1 page 1. Section II says only to complete if checked box 5, 7, 8 in part 1.

Part III - Question 3 is NO

Part IX - Uniforms - The players are required by the organization to wear uniforms for competition.

CISDRXGC2D

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Oct. 21, 2014 LTR 2694C 0 R
59-3572816 201312 67

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CAPE COAST VOLLEYBALL CLUB
PO BOX 541472
MERRITT ISLAND FL 32954



DECLARATION

016811

Under penalties of perjury, I declare that I have
~~examined the return identified in this letter, including~~
any accompanying schedules and statements, and to the
best of my knowledge and belief, it is true, correct and
complete. I understand that this declaration will become
a permanent part of that return.



Signature of officer or trustee

12/29/14
Date

Director
Title