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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

nte	rnal Revenue	Service	► The organization may have to use a copy of this return to satisfy state repo	rting require	ments	Inspection
A.	For the 200	9 calendar yea	r, or tax year beginning 06/01/09 , and ending 05/31/10			
3	Check if applica		C Name of organization		D Emple	oyer identification number
	Address change	use IRS	CHS ATHLETIC BOOSTER ASSOC, INC.		•	•
╡	_	label or print or	Doing Business As		58-	-2323830
ᆜ	Name change	type.		m/suite		none number
	Initial return	See	9310 SCOTT ROAD	ilusuite		0-650-4230
	Termination	Specific				
=		instruc-	City or town, state or country, and ZIP + 4 ROSWELL GA 30076	ŀ	G Gross reco	eipts \$ 586,335
닉	Amended return					
╝	Application pen	ding F Name	and address of principal officer		-	a group return for
					affiliat H(b) Are al	Laffiliates
					includ	ed? Yes No
		(75)			If "No,	" attach a list. (see instructions)
<u>1</u>	Tax-exempt		501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
<u>J_</u>	Website:	72-7			H(c) Group	exemption number
K_	Type of organiz		oration Trust Association Other ► L Year of	formation		M State of legal domicile
F	Part I	Summar				
	1 Brief	ly describe the	e organization's mission or most significant activities			
0	S	UPPORT A	LL HIGH SCHOOL ATHLETIC PROGRAMS			
alc						
Ë						
Š	2 Chec	ck this box	If the organization discontinued its operations or disposed of more than 25% of its	s net assets		
S	3 Num	ber of voting	nembers of the governing body (Part VI, line 1a)		3	
SS	4 Num	_	ndent voting members of the governing body (Part VI, line 1b)		4	
ij	5 Tota	•	nployees (Part V, line 2a)	•	5	0
Ę	1		ilunteers (estimate if necessary)		6	
4	7a Tota		ed business revenue from Part VIII, column (C), line 12		7a	
4		_	ness taxable income from Form 990-T, line 34		7b	0
	-	2.11 0.01.00	and the state of t	Prior Year		Current Year
	■ 8 Cont	ributions and	grants (Part VIII, line 1h)	36	,460	32,105
Ž	9 Prog		evenue (Part VIII, line 2g)	297	7,433	210,968
) X	10 Inve		e (Part VIII, column (A), lines 3, 4, and 7d)		755	1,081
Æ	11 Othe		rt VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	240	,438	255,553
ž	12 Tota		d lines 8 through 11 (must equal Part VIII, column (A), line 12)		,086	499,707
Expenses SCANINE Revenue	13 Gran		amounts paid (Part IX, column (A), lines 1-3)		,000	4,500
Ä	14 Bene	efits paid to or	for members (Part IX, column (A), line CEIVED			
Ŭχ	15 Sala	Annual Contract of the Contrac				
Ses	16a Profe	essional fundr	single food (Bort IV column (Million 1951)			
Ded	b Tota	l fundraising e	xpenses (Part IX, column (D), line 25) ▶		7	
X	17 Othe	•	Part IX, column (A), lines 11a 11d, 114-240	447	7,092	519,009
	18 Tota	l expenses A	dd lines 13-17 (must equal Part IX, Column AF, line 25)		,092	523,509
			enses Subtract line 18 from line 12		,994	-23,802
ъ:	S 1/6/6	vine lega exh		ginning of Curr		End of Year
ets	20 Tota	l assets (Part			,806	728,581
Net Assets or	21 Tota	l liabilities (Pa	·		,621	392,198
ž	22 Net		balances Subtract line 21 from line 20		,185	336,383
	Part II	Signatur	·			
	<u> </u>			tements, and t	to the best of	of my knowledge
		and belief, it is	es of perifiny I declare that I have examined this return, including accompanying schedules and state htrue; correct, and approper Declaration of preparer (other than officer) is based on all information	of which prep	arer has an	y knowledge
Si	gn		24/V			
	ere	Signature	of officer		Date	11
			JAMES A MALONE - PROSUMT			9/14/10
		Type or r	rint name and title		·	11
			Date	Check if		Preparer's identifying number
Pa	id	Preparer's signature		self-		(see instructions)
Pr	eparer's	Jignature	THOMAS B. MARSH 08/25/1	LO employe	1	P00389126
	e Only	Firm's name (TO THE TOTAL ALBERTAL DOSD CONTINUED OF	TITE 200	EIN	35-1476702
		if self-employe		TE 300	Phone	404 055 0455
		address, and			no	404-257-9475
			m with the preparer shown above? (see instructions)			X Yes No
Fo DA		ct and Papen	vork Reduction Act Notice, see the separate instructions.	1 1-	. 10	QQN (2009)
	• •			617	r18	1

1	Briefly describ	e the organization's missing ALL HIGH SCHO	on			
2	the prior Form	990 or 990-EZ?		ervices during the year which were not list	ted on	Yes X No
3		ibe these new services or zation cease conducting, (nt changes in how it conducts, any progra	ım	
	services?	-	•			Yes X No
4	Describe the e Section 501(c)	(3) and 501(c)(4) organiz	ents for each of the ations and section	ne organization's three largest program so a 4947(a)(1) trusts are required to report to any, for each program service reported		
4a	(Code) (Expenses \$		including grants of \$) (Revenue \$)
				• •	•	
				•		
		••			, ,	
		•				
					,	
				•	•	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
		•••		•		
				·		•
			•			
4c	(Code ⁻) (Expenses \$		including grants of \$) (Revenue \$)
				• • •		, •
	•					
		·				
						•
4d		n services (Describe in Sc				
4 -	(Expenses \$	481,02 m service expenses ▶		nts of \$ 4,500) (F 1,020	Revenue \$)
40	rotal prograf	ii agi vica aybatisas	70	±, 040		Form 990 (2009)

<u> Pa</u>	IT IV Checklist of Required Schedules	———		
			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•	Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D. Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		1	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part il	18	X_	<u>L_</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u>L</u> .	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		F	- 001	(2000)

	n 990 (2009) CHS ATHLETIC BOOSTER ASSOC, INC. 58-2323830		Р	age 4
<u> </u>	art IV Checklist of Required Schedules (continued)	 		
21	Did the ergonization report more than \$5,000 of grants and other excitators to converse and an excitators.		Yes	No
- '	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	34		v
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		X
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	33		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	. 22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a		23		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		x
b		24b		
C		1245		
_	to defease any tax-exempt bonds?	24c		
d		24d		
25a		1270		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	. 202		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	100		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u></u> -		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	,, =:		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			_
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		<u> </u>
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	1 1		
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part Vi	37	ı İ	Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

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Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a				! .
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table		7		`
	gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	?		2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	у				Ė
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	•				ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					Ė
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Balland Financial Accounts	nk			1	ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	2		5a		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi		•	5b		
·	Prohibited Tax Shelter Transaction?	"'y		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			100		
	organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or	•			
	gifts were not tax deductible?			6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				į
	and services provided to the payor?			7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	1 1		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
ө	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal			1	É
	benefit contract?			7e		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract. For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•		7f		
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			7g		
"	required?	•		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			///		
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	1	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	1	,
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter				Ï	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	···			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter			[i
а	Gross income from members or shareholders	11a		_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b		_	 	<u>:</u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1 1		12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			990	(0000
				rom	・ココリ	(2009)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 4 X Did the organization become aware during the year of a material diversion of the organization's assets? 5 X Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X b 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X Яa X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Does the organization have local chapters, branches, or affiliates? X 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done X 12c X 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply igsqcup Own website igsqcup Another's website igsqcup Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization > JOAN SCHIMELMAN 225 VIDAULAN COURT

678-461-0057

GA 30022

ALPHARETTA

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
 List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per			(chec		hat ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DAVE NABORS PRESIDENT	8.00			x				0	0	
TONY MALONE	-	<u> </u>								
V. PRESIDENT DAVID WARE	5.00	 -	_	X				<u> </u>	0	
TREASURER	4.00	ļ		x				0	o	
KATHY PACHMAN SECRETARY	3.00			x				0	0	

Part VII - Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C)

(E)

(D)

(F)

	Name and Title	Average hours per		_			hat ap		Reportable compensation	Reportable compensation		sumated	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	cor or ar	imount of other mpensation from the ganization nd related ganization	on n
				_			ited						
				_	_	ļ							
													
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				-									
					<u> </u>	-	_						
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	•									-			
	•											-	
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				-									
1b	Total	<u>}.</u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>			•		
2	Total number of individuals (inc	-			ose	liste	d abo	ve)	who received more than \$1	00,000 in			
	reportable compensation from	the organization		0								Ye	es No
3	Did the organization list any for							loye	ee, or highest compensated				X
4	employee on line 1a? If "Yes," For any individual listed on line	1a, is the sum o	f rep	ortab	le co	ompe	ensat				-	3	1
	the organization and related or individual	_							•	ıch		4	x
5	Did any person listed on line 1a services rendered to the organ											5	х
	tion B. Independent Contracto												
1 	Complete this table for your five compensation from the organizers	ation	nsate	ed inc	depe	nder	nt cor	ntrac					
	Name and	(A) I business address							Descrip	(B) tion of services		Compe	C) ensation
			_										
											<u></u>		
			_										
								-					
2	Total number of independent c	ontractors (inclus	line !	hut n	ot lin	nited	l to th	050	listed above) who received			,,	·
	more than \$100,000 in comper		-									0	
DAA												Form 9	90 (2009)

Pa	rt V	III Staten	nent of Reve	nue				<u>-</u>		
			,	٠,			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
				Т. Т				revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated can	npaigns	1a			I			
돈힘	b	Membership d	ues	1b			1	I		
S, C	С	Fundraising ev	ents	1c			I	1		
분위	đ	Related organi	zations	1d			1			
S,E	e	Government grants		1e			Ī			
e is	•	All other contribution		 " 			I	j		
F E	'	and similar amounts		1f		32,105	I	1		
흔히						32,105	1			
Out	g		ns included in lines 1a-	-1f \$	5	. 1		1		
	h	Total. Add line	s 1a–1f			<u> </u>	32,105			
Program Service Revenue						Busn. Code				
ven	2a	MEMBERS	HIP FEES				89,766	89,766		
Re	ь	PARENT	REIMBURSEMEN	TS			70,285	70,285		
<u>i</u>	С		HTS PROGRAM	•	E		50,917	50,917		
ē	d									
S L	•							• • • •		
la l		All ather areas							·	
Š,	T		am service rever	nue		<u> </u>	212 252			
<u>-</u>	<u>g</u>	Total. Add line				<u> </u>	210,968		Birden branch ded	· · · · · · · · · · · · · · · · · · ·
	3	Investment inc	ome (including o	lividend	ls, interes	t, and				
		other similar a	mounts)			▶ _	1,081	1,081		
	4	Income from ir	vestment of tax-	-exemp	t bond pro	oceeds 🕨 📙				
	5	Royalties .				▶				
		•	(ı) Real		(II) F	Personal				
	6a	Gross Rents					I			
							1			
	Ь	Less rental exps					I			
	С	Rental inc or (loss)					†			
		d Net rental income or (loss) 7a Gross amount from (1) Securition (1)			>					
	, a	sales of assets	I (I) Securities I (II			Other	I			
		other than inventory					1			
	b	Less cost or other					1			
		basis & sales exps				1				
	c	Gain or (loss)								
	d	Net gain or (lo	66)			•			·	
	8a	-	oo, om fundraising eve	nte [····		
ne	oa		•	11125		į				
e		(not including \$								
ě			eported on line 1c))			1			
F		See Part IV, line	18	а		209,752				
Other Reven	ь	Less: direct ex	penses	, b		86,628	1			
0	С	Net income or	(loss) from fund	raising	events	>	123,124	123,124		
	9a	Gross income fro	om gaming activitie	s [, , , , , , , , , , , , , , , , , , , ,
		See Part IV, line		а						
	<u>ہ</u>	Less direct ex		ь						
	l .			- (ution	▶				
	1		(loss) from gam	ing acti	villes					
	10a		inventory, less			i				
		returns and all		, a						
	b	Less cost of g	oods sold	b						
	<u> </u>	Net income or	(loss) from sale:	s of inv	entory	•				
	L	Misc	cellaneous Revenue	e		Busn. Code				
	11a	REG/UNIFO	ORM				59,154	59,154		
	ь	PARKING I					54,932	54,932		
	C		JAMBOREES			 	18,343	18,343		
	Ι.					 	20,343	20,343		
	d	All other rever				<u> </u>	132,429			
	е	Total. Add line				▶		468 600		
	12	Total Revenu	 e. See instructio 	กร		▶	499,707	467,602	0	1 0

Part IX Statement of Functional Expenses

Form 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	·			,
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	4,500	4,500		
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<u> </u>
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	· ·				
O	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)			•	
9	Other employee benefits				
10	Payroll taxes			······································	
	_				
11	Fees for services (non-employees)				
a	Management Legal				
b	-				
c d	Accounting Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees			· · · · · · · · · · · · · · · · · · ·	
g	Other				··· · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				 -
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	59,267	59,267		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		-		
20	Interest	15,496	15,496		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,592	39,592		· · · · · · · · · · · · · · · · · · ·
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)		,		
а	COACHING FEES/ATTIRE/CLIN	126,432	126,432		
b	UNIFORMS, EQUIPMENT, ATTI	97,098	97,098		
C	TEAM MEALS AND AWARDS	49,545	49,545		
d	TRAINING COSTS	47,969	47,969		
е	TEAM ADMINISTRATION COSTS	42,489		42,489	
f	All other expenses	41,121	41,121		
25	Total functional expenses. Add lines 1 through 24f	523,509	481,020	42,489	
26	Joint costs. Check here I if following	ļ			
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

Form 990 (2009)

Par	t X	Balance Sheet					
					(A) Beginning of year		(B) End of year
İ	1 0	Cash—non-interest bearing .			100,217	1	-25,929
	2 S	Savings and temporary cash investments			172,679	2	139,169
	3 P	Pledges and grants receivable, net		[3	
-	4 A	Accounts receivable, net				4	
	5 R	Receivables from current and former officers, directors, tru	ustees, key	,			
	е	mployees, and highest compensated employees. Complete	ete Part II d	of			
	S	Schedule L				5	
	6 R	Receivables from other disqualified persons (as defined un	nder sectio	on [· / // // // //
-	4	958(f)(1)) and persons described in section 4958(c)(3)(B)) Complet	e			
	Р	Part II of Schedule L				6	
G[3	7 N	lotes and loans receivable, net		· [7	
Assets	8 Ir	nventories for sale or use		Γ		8	
⋖ 、	9 P	repaid expenses and deferred charges				9	
1	0a L	and, buildings, and equipment cost or	[Γ			
		ther basis Complete Part VI of Schedule D	10a	654,296			
i		ess accumulated depreciation	10b	43,205	4,027	10c	611,091
1		nvestments—publicly traded securities				11	
1		nvestments—other securities See Part IV, line 11		<u> </u>		12	
1	3 (r	nvestments—program-related See Part IV, line 11		<u> </u>		13	
1		ntangible assets		·		14	4,250
1		Other assets See Part IV, line 11	•	•	113,883	15	
1		otal assets. Add lines 1 through 15 (must equal line 34)	•	·	390,806	16	728,581
1		accounts payable and accrued expenses				17	
1		Grants payable		<u> </u>		18	· · · · · · · · · · · · · · · · · · ·
1		Deferred revenue		·	12,721	19	
2	0 T	ax-exempt bond liabilities	•	T T		20	······································
ပ္က 2		scrow or custodial account liability. Complete Part IV of S	Schedule D	, ·		21	 .
וש		ayables to current and former officers, directors, trustees			*************************************		, , , , , , , , , , , , , , , , , , , ,
		mployees, highest compensated employees, and disquali	-				•
덕		ersons Complete Part II of Schedule L		į		22	:
_ !		Secured mortgages and notes payable to unrelated third p	arties	<u> </u>		23	
2		Insecured notes and loans payable to unrelated third part		•	·	24	392,198
2		Other liabilities Complete Part X of Schedule D			17,900	25	332,230
2		otal liabilities. Add lines 17 through 25		· · ·	30,621	26	392,198
_		Organizations that follow SFAS 117, check here ▶	and		, , , , , , , , , , , , , , , , , , , ,		0,2,2,0
ပ္သ		omplete lines 27 through 29, and lines 33 and 34.	,				
E 2		Inrestricted net assets		Ī		27	
2 2		emporanly restricted net assets				28	
2 2		remanently restricted net assets	• • •			29	
5 3		Organizations that do not follow SFAS 117, check here	×X	· · · · · · · · · · · · · · · · · · ·			
-		nd complete lines 30 through 34.					
0 3		Capital stock or trust principal, or current funds		İ		30	
3		raid-in or capital surplus, or land, building, or equipment fu	ınd	<u> </u>		31	
Net Assets of Fund Balances		Retained earnings, endowment, accumulated income, or o		·	360,185	32	336,383
٦ ٢		otal net assets or fund balances		·	360,185		336,383
∺ 3:		The state of the s				JJ	

Form **990** (2009)

orm	990 (2009) CHS ATHLETIC BOOSTER ASSOC, INC. 58-2323830		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		_ 	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	1 <mark>990</mark>	(2009)

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.

Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CHS ATHLETIC BOOSTER ASSOC, INC.

Employer identification number 58-2323830

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of (described on lines 1-9 the organization in organization in col (i) listed in your organization in col support col (i) of your (i) organized in the above or IRC section governing document? support? US? (see instructions)) Yes No Yes Yes No No

		ATHLETIC				-232383		Page 2
Pa	rt Support Schedule for O)(1)(A)(iv) and ⁻	170(b)(1)(A)	(vi)	
	(Complete only if you che	ecked the box of	on line 5, 7, or	8 of Part I.)				
	tion A. Public Support	, · · · · · · · · · · · · · · · · · · ·			- ,			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	ightharpoonup	(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	.,		l		ļ		
	tion B. Total Support	,						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	\dashv	(f) Total
7	Amounts from line 4						\dashv	
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	Total support. Add lines 7 through 10	L	<u> </u>	<u> </u>	.1	L		
12	Gross receipts from related activities, etc (<u> </u>	12	
13	First five years. If the Form 990 is for the o	-	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)		. —
500	organization, check this box and stop here tion C. Computation of Public Su		200				—	<u> </u>
				(6)		· · · · · · · · · · · · · · · · · · ·	44 T	D/
14	Public support percentage for 2009 (line 6,	• •	-	(1))		· -	14	<u> </u>
15	Public support percentage from 2008 Sche			0 10 44 1- 25	3.4/2.0/		15	<u> </u>
16a	33 1/3 % support test—2009. If the organi			s, and line 14 is so	o 1/3 % of filore, crit	ECK THIS DOX		▶ □
	and stop here. The organization qualifies a		•	40 45	22 4/2 6/			
b	33 1/3 % support test—2008. If the organi				115 33 1/3 % OF ITION	e, check this		▶ □
47-	box and stop here. The organization qualif		•					
17a		_						
	more, and if the organization meets the "fact		·	•	•	v now the		
l.	organization meets the "facts-and-circumst		•		-	no 15 to 100/ -	_	
b	10%-facts-and-circumstances test—200	-					1	
	more, and if the organization meets the "factoriganization meets the "facts-and-circumst				•	A LIONA (IIE		▶ □
18	Private foundation. If the organization did		-			nstructions		

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.)

Sec	tion A. Public Support		***	•			•
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	144,218	127,441	137,225	146,650	121,871	677,405
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	701,446	619,905	708,636	548,926	463,383	3,042,296
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	845,664	747,346	845,861	695,576	585,254	3,719,701
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received	Į					
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b		 				
8	Public support (Subtract line 7c from line 6)				,		3,719,701
	tion B. Total Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	845,664	747,346	845,861	695,576	585,254	3,719,701
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,373	7,251	8,948	755	1,081	23,408
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	5,373	7,251	8,948	755	1,081	23,408
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	851,037	754,597	854,809	696,331	586,335	3,743,109
14	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's first, s	econd, third, fourth	, or fifth tax year as	a section 501(c)(3	3)	▶ [
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column (f))		15	99.37%
16	Public support percentage from 2008 Scheo	* *	•	•		16	99.34%
Sec	tion D. Computation of Investmen	nt Income Perc	entage				
17	Investment income percentage for 2009 (lin	e 10c, column (f) di	vided by line 13, co	lumn (f))		17	1%
18	Investment income percentage from 2008 S		=			18	1%
19a	33 1/3 % support tests—2009. If the organ	ization did not ched	k the box on line 14	, and line 15 is mo	ore than 33 1/3 %, a	and line	
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	x and stop here. T	he organization qua	lifies as a publicly	supported organiza	ition	► <u>X</u>
	line 18 is not more than 33 1/3 %, check this						▶ [
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19b	, check this box ar	nd see instructions		

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** CHS ATHLETIC BOOSTER ASSOC, INC. 58-2323830 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2đ d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		IC BOOSTER A	ASSOC, IN	<u>c. </u>	58-2323	830	Page 2
Pa	rt III Organizations Maintaining (Collections of Art,	Historical Tre	asures, o	r Other Sim	ilar Assets	s (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the followi	ng that are a	significant use	of its	
а	Public exhibition	d 🗌 Loan	or exchange progr	rams			
b	Scholarly research	e Other					
c	Preservation for future generations	U Ounci					
4	Provide a description of the organization's collect	tions and explain how th	ey further the orga	ınizatıon's ex	empt purpose i	n	
5	Part XIV. During the year, did the organization solicit or re-	ceive donations of art, hi	stoncal treasures,	or other sımil	lar		
	assets to be sold to raise funds rather than to be						Yes No
₽a	art IV Escrow and Custodial Arrar		_		swered "Ye	s" to Form	990, Part
	IV, line 9, or reported an amo	ount on Form 990,	Part X, line 21	<u> </u>			
1a	Is the organization an agent, trustee, custodian of	or other intermediary for	contributions or otl	her assets no	ot		
	ıncluded on Form 990, Part X?						Yes No
þ	If "Yes," explain the arrangement in Part XIV and	complete the following	table				
							Amount
С	Beginning balance					1c	
d	Additions during the year		•			1d	
	Distributions during the year		•			10	
f	Ending balance	•	•			1f	
2a	Did the organization include an amount on Form	990 Part X line 212	•	•		L': 1	Vac 🗆 Na
	If "Yes," explain the arrangement in Part XIV	000, 1 dit 71, inic 211		·			☐ Yes ☐ No
	art V Endowment Funds. Comple	te if organization a	nswered "Yes"	to Form 9	990 Part IV	line 10	
	Endownione Fando. Compio	(a) Current year	(b) Prior year			Three years ba	ck (e) Four years back
4-	Decision of year balance	(a) Carrolle year	(b) i noi year	(0) 1110	years back (a	, Tince years ba	CK (e) I our years back
	Beginning of year balance		<u>. </u>				
	Contributions						
С	Net investment earnings, gains,						
	and losses						
	Grants or scholarships						
e	Other expenditures for facilities			:			
	and programs						
f	Administrative expenses		······································				
g	End of year balance	<u>l</u>					
2	Provide the estimated percentage of the year en	d balance held as:					
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %						
c	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	n of the organization tha	t are held and adn	ninistered for	the		
	organization by.	-					Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations		•				3a(ii)
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sched	dule R?				3b
4							<u> </u>
	rt VI Investments—Land, Buildin			90. Part X	Line 10.		
	Description of investment	(a) Cost or other basis	(b) Cost o		(c) Accumi	ilated	(d) Book value
	• • • • • • • • • • • • • • • • • • • •	(investment)	basis (of		deprecia		To be a server of the server o
1-	Land	· · · · · · · · · · · · · · · · · · ·	 				
			50	99,815		0,894	588,921
	Buildings	 	 	,,,,,,		0,007	300,321
	Leasehold improvements	<u> </u>		54,481		2,311	22 170
	Equipment		-	72,201	3	2,311	22,170
	Other	J. Co 000 D 4 V 1					611 001
ota	I. Add lines 1a through 1e (Column (d) must equa	ii rorm 990, Paπ X, colu	mn (B), line 10(c))	 	<u> </u>	611,091

Part VII Investments—Other Securities. See Form 990, Part X, line 12. (a) Description of security (b) Book value (c) Method of valuation Cost or and-of-year market value Financial derivatives Closely-rived equally interests Other Total. (Column (b) must equal Form 990, Part X, col. (8) line 12) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation Cost or and-of-year market value Total. (Column (b) must equal Form 990, Part X, col. (b) line 15. Total. (Column (b) must equal Form 990, Part X, col. (b) line 15. Part XIX Other Assets. See Form 990, Part X, col. (b) line 15. Total. (Column (b) must equal Form 990, Part X, col. (b) line 15. Part X Other Libilities. See Form 990, Part X, line 25. Total. (Column (b) must equal Form 990, Part X, col. (b) line 15. Part X Other Libilities. See Form 990, Part X, line 25. Total. (Column (b) must equal Form 990, Part X, col. (b) line 15. Part X Other Libilities. See Form 990, Part X, line 25. Total. (Column (b) must equal Form 990, Part X, col. (b) line 15. Part X Other Libilities. See Form 990, Part X, line 25. Total. (Column (b) must equal Form 990, Part X, col. (b) line 15. Part X Other Libilities. See Form 990, Part X, line 25. Total. (Column (b) must equal Form 990, Part X, col. (b) line 15.)	Schedule D (Form 990) 2009 CHS ATHLETIC BOOSTER	ASSOC, INC.	58-2323830	Page 3
(incident name of security) Financial derivatives Closely-held equity interests Other Total, (Column (b) must equal Form 990, Part X, col. (6) line 12) Part VIII Investments—Program Related, See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-disparal market value Cost or end-disparal market value Cost or end-disparal market value Total, (Column (b) must equal Form 990, Part X, col. (6) line 13) Part X Other Assets, See Form 990, Part X, line 15. (a) Description (b) Book value Total, (Column (b) must equal Form 990, Part X, col. (6) line 15) Part X Other Liabilities, See Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	Part VII Investments—Other Securities. See Form 990	0, Part X, line 12.		
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1 (a) Description of liability (b) Amount Federal income taxes		5.		
	1200 A 100 A			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	Federal income taxes		- 1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			7	
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Total. (Column (b) must equal Form 990, Part X, col (B) line 25)				
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the		zation's financial statement	ts that reports the	

Sche	dule D (Form 990) 2009 CHS ATHLETIC BOOSTER ASSOC, II	VC.	58-23238	3.0	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to				rage 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	- Gar	ou i manoiai otatori	1	<u> </u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments	•		4	··· · <u></u> ·-
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments		•	7	<u> </u>
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
	rt XII Reconciliation of Revenue per Audited Financial Statemer	ate W	ith Revenue per Re		L
1	Total revenue, gains, and other support per audited financial statements	110 11	Mir Novellac per Ne	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•		
а	Net unrealized gains on investments	2a	1		
b	Donated services and use of facilities	2b		1 1	
c	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d		-	
e	Add lines 2a through 2d	<u></u>	<u> </u>	2e	
3	Subtract line 2e from line 1		••	3	
Δ	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	J	,	
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	40			
a	Other (Describe in Part XIV.)	4a 4b		-	
b	Add lines 4a and 4b	<u> 40</u>	L	ا ۱	
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•		4c	
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nte l	With Expenses per l		
1	Total expenses and losses per audited financial statements	11110	Titil Expenses per i	1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
- а	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b		1	
c	Other losses	2c		1	
d	Other (Describe in Part XIV.)	2d	_	-	
e	Add lines 2a through 2d		<u> </u>	2е	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
-	Other (Describe in Part XIV)	4b		-	
	Add lines 4a and 4b		J	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information		****	<u> </u>	L,,,,,,
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	1.4 Part IV lines 1h		
	b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines				
	art to provide any additional information				
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Pa	rt)	ΚIV		Sup	ple	eme	nta	ıl İn	for	ma	tior	(00	ontin	uec	I)																			

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SCHEDULE-G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate Instructions.

OMB No 1545-0047

Open To Public Inspection

CHS ATHLETIC BOOST	ER ASSOC,	IN	c.		58-23238								
Part 1 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.													
1 Indicate whether the organization raised funds through a				eck all that apply									
a Mail solicitations	e Solicitation	of nor	1-gove	ernment grants									
b Internet and email solicitations	f Solicitation												
c Phone solicitations	g Special fun												
d In-person solicitations			-										
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in	h any individual (inc i connection with pro	luding ofessio	office	ers, directors, trustees undraising services?		Yes No							
b If "Yes," list the ten highest paid individuals or entities (fur to be compensated at least \$5,000 by the organization	ndraisers) pursuant	to agr	eeme	ents under which the fund	draiser is								
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser (iv) Gross receipts or entity (fundraiser) (iv) Gross receipts (v) Amount paid to (or retained by) (or retained by) fundraiser listed in organization coll (i)													
		Yes	No		<u> </u>								
		 											
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		ļ			<u>.</u>								
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	<u> </u>												
Total			•										

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (d) Total events ALL OTHERS CONCESSION STAN NONE (add col (a) through (total number) col (c)) (event type) Revenue 153,509 56,243 Gross receipts 209,752 Less Chantable contributions Gross revenue (line 1 153,509 56,243 209,752 minus line 2) Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment 67,159 19,469 86,628 Other direct expenses 86,628 10 Direct expense summary. Add lines 4 through 9 in column (d) 123,124 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain b Does the organization operate gaming activities with nonmembers? 11 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 12 formed to administer chantable gaming?

Sche	edule G (Form 990 or 990-EZ) 2009 CHS ATHLETIC BOOSTER ASSOC, INC. 58-2	323830	Р	age 3
13 a b	Indicate the percentage of gaming activity operated in The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records	% %	Yes	No
	Name ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b				

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

CHS ATHLETIC BOOSTER ASSOC, INC.

Employer identification number 58-2323830

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS
THE CENTENNIAL HIGH SCHOOL ATHLETIC BOOSTER ASSOCIATION
PROVIDES FINANCIAL FUNDING FOR ALL HIGH SCHOOL ATHLETICS
FOR CENTENNIAL HIGH SCHOOL, LOCATED IN ROSWELL, GA INCLUDES BASKETBALL, BASEBALL, CROSS COUNTRY,
CHEERLEADING, FOOTBALL, GOLF, GYMNASTICS, LACROSSE,
SOFTBALL, SOCCER, SWIM AND DIVE, TRACK, TENNIS,
VOLLEYBALL, WRESTLING

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

	000	1	Special Events Schedule											
Form	990	For calendar year 2009,	or tax year beginning	06/01/09	, and ending 05	/31/10	2009							
Name							ntification Number							
CHS A	ATHLETI	C BOOSTER ASS	OC, INC.			58-2323	3830							
		(A)	(B)	(C)	Others		Total							
Gross rec		135,064	56,220	35,11			226,394							
	ntributions	135 064	<u> </u>		0	0	0							
Gross rev		135,064 s 75,910	56,220 1,288	35,11		0	226,394							
Net incom	rect expense:	59,154	54,932	16,76 18,34	/		93,965							
Net Incom	ie (1055)	39,134	34,332	10,34	= ======	<u> </u>	132,429							
Descriptio	on (A)	REG/UNIFOR	<u>M</u>											
	(B)	PARKING LO	r											
	(C)	CAMPS & JAI	MBOREES											
	(0)	<u> </u>												
	Other	s												
														
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Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

▶ See separate instructions.

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2009

Attachment

Name(s) shown on return Identifying number CHS ATHLETIC BOOSTER ASSOC, INC. 58-2323830 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 R 9 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 23,046 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 1,610 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method placed in (g) Depreciation deduction period service only-see instructions) 19a 3-year property ь 5-year property 7.023,045 200DB HY 3.292 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs Residential rental 27.5 yrs MM S/L property 27 5 yrs мм S/I 09/01/09 599,815 MM 10,894 Nonresidential real 39 yrs. S/L property ММ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs h 12-year S/L ММ S/L 40-year 40 yrs Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 38,842 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22

23

For assets shown above and placed in service during the current year, enter the

23

P	art V	Property use Note: For any ve	erty (Include and for entertail ehicle for which you through (c) of So	nment, re	creatio	n, or a	muse	ment.)	uctina les	•				•	s, and	
		Section A	—Depreciation a	and Other I	nformati	on (Cau	tion: Se	e the ins	tructions	for limit	s for pa	ssenger a	utomot	ules)		
24a	Do you ha	ive evidence to suppo					Yes	No				vidence v			Yes	No
	(a) of property vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or bas) other		(e) is for depi siness/inv use onl	reciation estment	(f) Recover period	y N	(g) lethod/ nvention	1	(h) Deprecial deduction	tion	(Elected	i) section cost
25		depreciation allowa	•					g the		-				•		
		and used more tha				e instru	ctions)				2	5			<u> </u>	
26	Property	used more than 5	0% in a qualified	business us	e				1		-					
			0,													
			%		-					-				,		
27	Property	used 50% or less	in a qualified bus	iness use					<u></u>			!			<u> </u>	
					•••											
			%			+			-	S/L	<u>-</u>					
			0/							S/L	_					
28	Add amo	ounts in column (h)	, lines 25 through	27 Enter h	ere and	on line 2	1, page	1		<u> </u>		8				
29		ounts in column (i),	=							•		- \		29		
				Sec	tion B	Informa	tion on	Use of '	Vehicles						-	
Com to you	plete this a plete this a	section for vehicles is, first answer the qu	s used by a sole prestions in Section C	proprietor, pa to see if you	artner, or meet an e	other "n xception	nore tha to comple	n 5% ow ting this s	ner," or re ection for t	elated po those veh	erson li icles.	f you prov	nded ve	hicles		
30	Total bu	siness/investment	miles driven		(;	3)	(b)	(0	;)	((d)	((e)	(f)
	dunng th	e year (do not inc	lude		Vehi	de 1	Veh	icle 2	Vehi	cle 3	Veh	nde 4	Veh	icle 5	Veh	cle 6
		ng miles)													_	
31		nmuting miles driv	• •						ļ							
32		er personal (nonco		driven					 			_				
33		es driven during th through 32	ie year. Add													
34		vehicle available f	or personal	•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		ng off-duty hours?										1	- 100	1.10	100	
35	Was the	vehicle used prima	anly by a													
	more tha	n 5% owner or rel	ated person?				ļ									
36	Is anoth	er vehicle available			<u> </u>			<u> </u>				<u> </u>		<u> </u>		<u> </u>
		questions to determ		an exception						-			ot			
		owners or related I								***						
37	Do you r	naintain a written p ployees?	oolicy statement ti	hat prohibits	all perso	nal use	of vehic	les, ınclu	ding com	imuting,	by				Yes	No_
38	Do you r	naintain a written p	oolicy statement th	hat prohibits	persona	l use of	vehicles	, except	commutii	ng, by yo	our					
		es? See the instru		•	-	officers,	directors	s, or 1%	or more o	wners						
39	•	reat all use of vehi		•		_			_							<u> </u>
40		provide more than t	•			ınforma	ation froi	n your e	mployees	about t	he					
41		e vehicles, and ret neet the requireme				emonstr	ation us	o2 (Soo	instructio	ne \					<u>-</u> .	
~ 1		your answer to 37,								•						
Pa	art VI	Amortization	•													
		(a) Description of costs	•	(b Date amo begi	rtization			(c) ortizable mount		(d) Cod secti	de	(e) Amortiza period percenta	or	Amortiza	(f) tion for th	is year
42	Amortiza	ition of costs that b	egins during you	r 2009 tax ye	ear (see	nstruction	ons)				<u>-</u>		<u>.</u>			
	OAN F															
					1/09			5	,000	2	48	5	.0		 .	750
43		ition of costs that b				_							43	-		
44	Total. A	dd amounts in colu	ımn (t) See the ir	nstructions fo	or where	to repor	t						44		AE/	750
														F	orm 430	32 (2009)