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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

Cory All Sports Booster Club

D Employer identification number

04-3376226

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

E Telephone number

27 Meadow Road

5

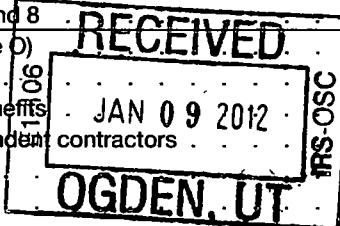
207-623-2700

City or town, state or country, and ZIP + 4

Augusta, Maine 04330

F Group Exemption Number ►**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ►**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	600.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2.84
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 65531.11 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	17569.85	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	47961.26	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	33743.91
	b	Less: cost of goods sold	7b	13348.97
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	20394.94
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68959.04
	10	Grants and similar amounts paid (list in Schedule O)	10	55992.39
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	1085.28
	17	Total expenses. Add lines 10 through 16	17	57077.67
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11881.37
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	26243.232	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	38125.00	



g-a 12

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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 ▶		
e 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
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 ▶ 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a 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)	45a	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

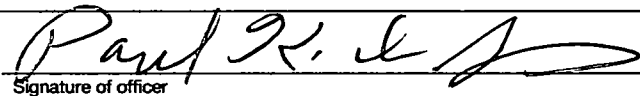
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date <u>1/4/11</u>
	Paul K. DeSchamp Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

Cony All Sports Booster Club

04 3376226

Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 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).**
- 4 ☐ 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: _____
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ 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.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ 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).
- f 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 ☐
- g 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) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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	NA	NA	NA	NA	NA	NA
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
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.)	NA	NA	NA	NA	NA	NA
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3760	2491	2491	12910	600	22252
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	95595	99403	99517	94247	99275	488037
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	99355	101894	102008	107157	99875	510289
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	99355	101894	102008	107157	99875	510289
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	99355	101894	102008	107157	99875	510289
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	293	115	115	12	3	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	293	115	115	12	3	538
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)	99648	102009	102123	107169	99878	510840
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.7 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.00003 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.2 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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. Also complete this part for any additional information. (See instructions).

Cony Account Balances Report - As of 7/31/2011

(Includes unrealized gains)

As of 7/31/2011

1/3/2012

Page 1

Account	7/31/2011 Balance
ASSETS	
Cash and Bank Accounts	
Checking	32,829.57
Gardiner Checking	304 87
TOTAL Cash and Bank Accounts	33,134.44
Other Assets	
Pioneer Serv	4,990 64
TOTAL Other Assets	4,990.64
TOTAL ASSETS	38,125.08
LIABILITIES	
	0.00
OVERALL TOTAL	38,125.08

Cony Boosters Summary

8/1/2010 through 7/31/2011

1/3/2012

Page 1

Category	8/1/2010- 7/31/2011
INCOME	
Uncategorized	750 00
BaseInc	1,400 00
BaskboysInc	160 00
Basktour	1,500 00
Burns	1,500 00
HOOP	1,200 00
AD	6,475 00
Gate	7,216 00
TOTAL HOOP	14,891 00
TOTAL Basktour	17,891 00
BoySocInc	-490 00
CheerInc	1,315 00
Christmas Trees	1,800 00
Concession Income	
Alumni	19,178 25
Cony	11,057 42
Field Hockey	32 90
Girls Soccer	894 00
Lacrosse	254 00
Softball	167 34
TOTAL Concession Income	31,583 91
Crossinc	508 00
Dividend	0 47
Donaton	
Don_Business	600 00
TOTAL Donaton	600 00
Fifty Fifty	300 00
Foot	
Celebrty Dinner	2,782 16
TOTAL Foot	2,782 16
Gasping Gobbler	4,999 00
Hock	521 00
Golf Tournament	6,912 00
Advertizers	125 00
TOTAL Golf Tournament	7,037 00
TOTAL Hock	7,558 00
Int Inc	2 84
LaxGirls	4,020 00
Other Inc	150 00
Pro_Fall_ad	
2010	2,925 00
TOTAL Pro_Fall_ad	2,925 00
Red cards	10,975 00
Rent_a_Ram	1,305 00
Road Race	500 00
Script Card	390 95
Spaghett	1,400 00
Stadium Seats	360 00
TENINC_B	40 00

Cony Boosters Summary

8/1/2010 through 7/31/2011

1/3/2012

Page 2

Category	8/1/2010- 7/31/2011
TrackInc	325 00
Vet 5K	5,557 00
Volleyball	770 00
TOTAL INCOME	99,878.33
EXPENSES	
Uncategorized	503 53
Alumconexp	
Food	1,083 98
ice	-39 96
Soda	3,110 90
TOTAL Alumconexp	4,154 92
Awards	660 63
Awards_F	586 60
Awards_S	683 18
TOTAL Awards	1,930 41
Bank Chrg	27 00
Baseball	212 13
Baskboys	1,786 94
Baskgirls	1,290 29
Cheer	248 25
FallCheer	867 45
Winter_Cheer	494 87
TOTAL Cheer	1,610 57
Christmas Trees Exp	2,481 00
Concession Expenses	
Field Hockey	60 92
Softball	234 21
TOTAL Concession Expenses	295 13
Cony Con Exp	
Ice_Cream	593 04
Soda	2,819 35
Supp	2,502 00
TOTAL Cony Con Exp	5,914 39
Cross	2,465 01
FH Field Exp	2,286 63
Field Hockey	1,173 94
Football	6,517 50
Equipment	8,027 59
TOTAL Football	14,545 09
Gasping Expense	1,154 90
Golfexp	501 25
Hockey	854 49
GolfTouexp	3,155 00
TOTAL Hockey	4,009 49
Lax_Boys	2,983 82
Lax_Girls	4,758 77
Misc	-1 305 51
Office	1,058 28
Pro_Fall	627 38
Pro_Spring	627 38

Cony Boosters Summary

8/1/2010 through 7/31/2011

1/3/2012

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Category	8/1/2010- 7/31/2011
Pro_Wint	627 38
RedCardEx	164 06
Soccer_Boys	1,142 42
Soccer_Girls	2,510 53
Softball	2,137 93
Stadium Seat Exp	522 00
SWIMexp	668 75
TenBoys	628 04
TenGirls	629 03
TourEXP	690 00
Burns	478 75
G&E	286 25
Hoop	10,777 65
Referees	1,994 00
TOTAL Hoop	12,771 65
TOTAL TourEXP	14,226 65
Track Indoor	158 00
TrackExp	2,686 01
TRKEQUIP	2,289 66
TOTAL TrackExp	4,975 67
Vet 5K EXP	775 00
Volley_girls	1,102 50
WREST_EXP	2,635 79
TOTAL EXPENSES	87,996.49
OVERALL TOTAL	11,881.84

Cony Boosters Tax Income 2010

	2006	2007	2008	2009	2010	Total (E)
1	\$3,760	\$2,491	\$2,491	\$12,910	\$600	\$22,252
2	\$95,595	\$99,403	\$99,517	\$94,247	\$99,275	\$488,037
3	\$0					\$0
4	\$0					\$0
5	\$0					\$0
Toatl 6	\$99,355	\$101,894	\$102,008	\$107,157	\$99,875	\$510,289
7A	\$99,355	\$101,894	\$102,008	\$107,157	\$99,875	\$510,289
7B	\$0					\$0
7C	\$99,355	\$101,894	\$102,008	\$107,157	\$99,875	\$510,289
Public Support Line 8	\$0	\$0	\$0	\$0	\$0	\$0
9	\$99,355	\$101,894	\$102,008	\$107,157	\$99,875	\$510,289
10A	\$293	\$115	\$115	\$12	\$3	
10B						
10C	\$293	\$115	\$115	\$12	\$3	\$538
11						
12						
13	\$99,648	\$102,009	\$102,123	\$107,169	\$99,878	\$510,840

Line 15 0%

16

17 0 11%

18

Cony Boosters Tax Income 2010

Line 6B	Line7B	Line 10	Line 11	Line 12	Line 13	Line 14	Line 15	Line 16
	\$503.53							
	\$4,154.92							
		\$1,930 41						\$27.00
		\$212.13						
		\$1,786 94						
		\$1,290.29						
		\$1,610.57						
	\$2,481 00							
	\$295 13							
	\$5,914 39							
		\$2,465 01						
		\$2,286 63						
		\$1,173 94						
		\$14,545 09						
		\$1,154 90						
		\$501.25						
		\$4,009 49						
		\$2,983.82						
		\$4,758 77						
		-\$1,305.51						\$1,058.28
\$627 38								
\$627.38								
\$627.38								
\$164 06								
		\$1,142 42						
		\$2,510 53						
		\$2,137 93						
\$522.00								
		\$668 75						
		\$628 04						
		\$629 03						
\$14,226 65								
		\$158.00						
		\$4,975 67						
\$775 00								
		\$1,102 50						
		\$2,635.79						
\$17,569.85	\$13,348.97	\$55,992.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0 00	\$1,085.28
Line 6B	Line7B	Line 10	Line 11	Line 12	Line 13	Line 14	Line 15	Line 16

Cony Boosters Tax Income 2010

Line		Line	
		1	\$600.00
		2	
		3	
		4	\$2.84
Line5A	\$0.00		
Line5B			
		5C	\$0 00
Line6A	\$65,531 11		
Line6B	\$17,569.85		
		6C	\$47,961.26
Line7A	\$33,743.91		
Line7B	\$13,348 97	7B	\$20,394.94
		8	
Total Revenue		9	\$68,959.04
		10	\$55,992 39
		11	
		12	
		13	
		14	
		15	\$0 00
		16	\$1,085.28
Total Expenses		17	\$57,077.67
Line 9 - Line 17		18	\$11,881.37
Start of Year		19	\$26,243 23
Adjustments		20	
Net Asset Balances		21	\$38,125