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## Form 990-EZ

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Internal Revenue Service

# Short Form 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)

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

OMB No 1545-1150

2011

Open to Public Inspection

Form 990-EZ (2011)

Α	For the	2011 calendar year, or tax year beginning , and ending			
В	Check if	applicable C Name of organization	D	Emplo	yer identification number
	Address				0.60000
X	Name ch	AMERICAN SPORTS COUNCIL  Number and street (or P O box, if mail is not delivered to street address)  Room/suite	₩		-3670707
	Initial retu	E Telephone number			
	Terminate		1		0-557-9828
	Amended		F		Exemption
		n pending WASHINGTON DC 20009-9356		Numb	
G		ting Method X Cash  Accrual Other (specify) ► H Check		-	organization is not
1.	Websi				chedule B
7	_				or 990-PF)
K	Check				
		re than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be requ	iirea (	see ins	structions) But if
	•	anization chooses to file a return, be sure to file a complete return			
L		s 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	25,340
	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions		
'	GIT I	Check if the organization used Schedule O to respond to any question in this Part I	onor i	3 101 1	<b>X</b>
	1	Contributions, gifts, grants, and similar amounts received		1	25,340
	2	Program service revenue including government fees and contracts	İ	2	
3	3	Membership dues and assessments	İ	3	
2013	4	Investment income	İ	4	
<b>6</b>	5a	Gross amount from sale of assets other than inventory 5a			
<b>e</b>	b	Less cost or other basis and sales expenses 5b	$\neg$	1	
=	c	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		1	
AND Revenue		\$15,000) 6a		1	
SCANNED Revenue	b	Gross income from fundraising events (not including \$ of contributions		1	
8		from fundraising events reported on line 1) (attach Schedule G if the		1	
		sum of such gross income and contributions exceeds \$15,000) 6b		1	
0,0	c	Less direct expenses from gaming and fundraising events  6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		1	
		line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances 7a		- 1	
	b	Less cost of goods sold		_ 1	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	ŀ	7c	
	8	Other revenue (describe in Schedule O)		8	25,340
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 10	25,540
	10	Grants and similar amounts paid (list in Schedule O)  Benefits paid to or for members	ł	11	
	1 42		ŀ	12	
ses	13	Salanes, other compensation, and employee benefits  Professional fees and other payments to independent contractors  DEC 0 5 2012	ŀ	13	3,555
Expenses	. 14	Occupancy, rent, utilities, and maintenance	ľ	14	
Ä	15	Printing, publications, postage, and shipping	Ì	15	
	16	Other expenses (describe in Schedule O)	1	16	26,848
	17	Total expenses. Add lines 10 through 16	▶	17	30,403
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	$\neg$	18	-5,063
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	1		
<b>4</b> 55		end-of-year figure reported on pnor year's return)	I	19	8,358
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	[	20	
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶ [	21	3,295

AMERICAN SPORTS COUNCIL 04-3670707 Page 3 Part V Other Information (Note the Schedule A and personal benefit contract 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 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a X 33 detailed description of each activity in Schedule O 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 X change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business X 35a activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, X reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets X during the year? If "Yes," complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were X any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter 39a a Initiation fees and capital contributions included on line 9 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 0 \_\_\_\_\_\_ , section 4912 ▶ \_\_\_\_\_ O , 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 40b X 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 All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes." complete Form 8886-T 40e NONE 41 List the states with which a copy of this return is filed 42a The organization's books are in care of ▶ ERIC PEARSON Telephone no 345 SOUTH ELM DRIVE, #204, APT. 208 90212 Located at **BEVERLY HILLS** ZIP + 4Yes No 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)? X 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the US? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No X 44a completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b completed instead of Form 990-EZ 44c Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be

explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45a

X

As Dot the organization reagae, directly or indirectly, in pollect campagin advives on behalf of or in opposition   46	Form	990-E	Z (2011)	AMERICAN	SPORTS	COUN	CIL	0	4-36/0707			F	Page 4
to candidates for public office?   Yes_complete Schedule C. Part I Part VI Scalotin S01(Q/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 0 to respond to any question in the Part VI  47 Dot the organization eagend in bobbyng activates or have a section 50(b) election in effect during the tax yea? If Yes, complete Schedule C. Part II 48 Is the organization as shoot as described in section 170(b)(1)(A)(a)? If Yes, complete Schedule E 49a D If Yes, was the related organization a section section 627 organization?  10 If Yes, was the related organization as section 527 organization?  10 If Yes, was the related organization as section 527 organization?  10 If Yes, was the related organization as section 527 organization?  10 If Yes, was the related organization as section 527 organization?  10 If Yes, was the related organization as section 527 organization?  10 If Yes, was the related organization of the response of the section 527 organization?  10 If Yes, was the related organization of the related organization of there is not organization?  10 If Yes, was the related organization of the related organization of there is not organization? If yes as exercise of the related organization of the related organization of the related organization of the related organization of the related organization of the related organization of the related organization of the related organization of the related organization of the related organization organiz		٠,										Yes	No
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b   if "Yes," was the related organization a section 527 organization?  Occomplete 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 engloyee paid over \$100,000  (b) Total an average to compensation from the organization of the paid more han \$100,000 of compensation from the organization of the paid more han \$100,000 of compensation from the organization of the paid more han \$100,000 of compensation from the organization of the paid more han \$100,000 of compensation from the organization of the paid more interest.  (a) Name and address of each independent contractors each receiving over \$100,000	48	Is the	organızatı	on a school as des	cribed in section	170(b)(1)	(A)(II)? If "Yes," co	mplete Schedule E			48		X
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f Total number of other employees paid over \$100,000  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  Did the organization complete Schedule A? Note All section \$501(c)(3) organizations and 4947(a)(1)  monexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a						e 		hours per week	compensation	contributions to employee benefit plans, and deferred	11.		
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(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  NONE  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  Under penalties of penjur, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Pendid Pendid Pendid Port officer  Sign Sign Signature of officer  Furn's name SIEGFRIED & LUKE, INC.  Furn's address > 3525 PIEDMONT RD NE, BLDG 5, STE 200  ATLANTA, GA 30305-1509  May the IRS discuss this return with the preparer shown above? See instructions		Compl	ete this ta	ble for the organiza	ition's five highe:	st compen		t contractors who e	ach received more	than			
d Total number of other independent contractors each receiving over \$100,000  Dut 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? Note All section 501(c)(3) organizations and 4947(a)(1)  Inder penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  PRESIDENT  PRESIDENT  Propagar's signature  Propagar's s								(b) 1	Type of service	(c) Co	mpensati	on	
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 chantable trusts must attach a completed Schedule A Dider penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is ruce, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print Type or print name and title  Print Signature of officer  LEO KOSHER  Print Si	NO						,			1	· · · · · · · · · · · · · · · · · · ·		
Date Preparer    Print/Type preparer's name   Preparer													
Date Preparer    Print/Type preparer's name   Preparer													
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Date Preparer    Print/Type preparer's name   Preparer				<del></del>				-		-			
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Date Preparer    Print/Type preparer's name   Preparer							<del></del>		·- <u>-</u> -				
Date Print/Type or print name and title  Print/Type preparer's name  ELLEN J. SIEGFRIED  Firm's address P SIEGFRIED & LUKE, INC.  Paid  ELLEN J. SIEGFRIED  Firm's address P SIEGFRIED & LUKE, INC.  Print/Type and title Print/Type preparer's name  ELLEN J. SIEGFRIED & LUKE, INC.  Firm's address P SIEGFRIED & LUKE, INC.  May the IRS discuss this return with the preparer shown above? See instructions  P May the IRS discuss this return with the preparer shown above? See instructions													
nonexempt charitable trusts must attach a completed Schedule A  Under penalties of penjury, 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  LEO KOSHER  PRESIDENT  Propager's signature  Print/Type or print name and title  Print/Type preparer's name  Preparer  Firm's name > SIEGFRIED & LUKE, INC.  Firm's address > 3525 PIEDMONT RD NE, BLDG 5, STE 200  ATLANTA, GA 30305-1509  May the IRS discuss this return with the preparer shown above? See instructions  No Nother States of my knowledge and belief, it is return including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, including accompanying schedules and to the best of my knowledge and belief, it is return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is return, correctly and statements, and to the best of my knowledge and belief, it is return, correctly and statements, and to the best of my	d	Total r	number of	other independent	contractors each	n receiving	over \$100,000	<b>&gt;</b>					
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 rule, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer   LEO KOSHER   PRESIDENT	52	Did the	e organiza	tion complete Sche	edule A? Note A	II section	501(c)(3) organıza	tions and 4947(a)(	1)		<b>.</b>		
Firm's name > SIEGFRIED & LUKE, INC.  Firm's address > 3525 PIEDMONT RD NE, BLDG 5, STE 200  May the IRS discuss this return with the preparer shown above? See instructions  Signature of officer Date  PRESIDENT  PRESIDENT  Date  PRESIDENT  Date  Check   f  PTIN  Check   f  PTIN  Firm's EIN > 27-4439756  Phone no 404-389-1706													<u>No</u>
Sign Here    Signature of officer	Under	penaltie	s of perjun	<ul> <li>I declare that I have be Declaration of pre-</li> </ul>	e examined this ret	um, includii fficer) is ba:	ng accompanying sc sed on all information	hedules and statemer	its, and to the best of	my knowledge and bel	ief, it is		
Here  LEO KOSHER Type or print name and title  Print/Type preparer's name  ELLEN J. SIEGFRIED  Firm's name  SIEGFRIED & LUKE, INC.  Firm's saddress  SIEGFRIED & LUKE, INC.  Firm's sedir-employed  Po0154489  Po0154489  Firm's address  ATLANTA, GA 30305-1509  May the IRS discuss this return with the preparer shown above? See instructions  Name of the preparer in the preparer shown above? See instructions  Print/Type preparer's name  Date  Check in f  PTIN  Print/Type preparer's name  11/28/12 self-employed  Po0154489  Po0154489  Phone no 404-389-1706		Zireot, a	III GOITIPIO	Decided and the pro-	Jon -		- ()01	TO WINDS PROPERTY NO	11/27	9/201	<del>)</del>		
Here  LEO KOSHER Type or print name and title  Print/Type preparer's name  ELLEN J. SIEGFRIED  Firm's name  SIEGFRIED & LUKE, INC.  Firm's saddress  SIEGFRIED & LUKE, INC.  Firm's sedir-employed  Po0154489  Po0154489  Firm's address  ATLANTA, GA 30305-1509  May the IRS discuss this return with the preparer shown above? See instructions  Name of the preparer in the preparer shown above? See instructions  Print/Type preparer's name  Date  Check in f  PTIN  Print/Type preparer's name  11/28/12 self-employed  Po0154489  Po0154489  Phone no 404-389-1706	Sign	,	Sign	ature of officer		/   <i>0</i>	CH !		Date	11000			
Paid Preparer Promot/Type preparer's name  Promot/Type preparer's name  Promot/Type preparer's name  Promot/Type preparer's name  Promot/Type preparer's name  Promot/Type preparer's name  Promot/Type preparer's name  Promot/Type preparer's name  Promot/Type preparer's name  Date  11/28/12 self-employed P00154489  Prim's EIN > 27-4439750  Prim's address > 3525 PIEDMONT RD NE , BLDG 5 , STE 200  ATLANTA , GA 30305-1509  May the IRS discuss this return with the preparer shown above? See instructions  Name of the promotion of the p		l l			<b>(</b> )	ı		PRES	IDENT				
Paid Preparer Firm's name > SIEGFRIED & LUKE, INC.  Use Only  ATLANTA, GA 30305-1509  May the IRS discuss this return with the preparer shown above? See instructions    Check   f			Туре	or print name and title									
Preparer Use Only  ATLANTA, GA 30305-1509  May the IRS discuss this return with the preparer shown above? See instructions  SIEGFRIED & LUKE, INC.  Discuss Firm's EIN → 27-443975  STE 200  Phone no 404-389-170  X Yes I			Print/Type p	reparer's name		P	eparer's signature	8:	Date	Check f	PTIN		
Use Only Firm's address > 3525 PIEDMONT RD NE, BLDG 5, STE 200 ATLANTA, GA 30305-1509  May the IRS discuss this return with the preparer shown above? See instructions    X Yes   I	Paid		ELLEN J	. SIEGFRIED			Ullu J.	Burkun	11/	28/12 self-employed	P001	5448	9
ATLANTA, GA 30305-1509  May the IRS discuss this return with the preparer shown above? See instructions  Phone no 404-389-170€  X Yes □ I	-		Firm's name					(W)		Firm's EIN > 27	-44	397	56
May the IRS discuss this return with the preparer shown above? See instructions	Use	Only	Firm's addr				•	5, STE 2	00	Phone no. 404-	389	-17	00
	Mav	the IRS	discuss t									_	No
							<del>-</del>		<u>-</u> .				

# 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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN SPORTS COUNCIL

Employer identification number 04-3670707

Pa	rt i	Reas	on for Public Charity	Status (All organizations	must co	molete	his na	rt ) Se	e instr	uction	9		
			<del></del>	it is (For lines 1 through 11, che			ino pu	11., 00	<u> </u>	4000011	<del>.</del>		
1	i yai			ociation of churches described in	_		A \/i\						
	Н	•	•		Section i	70(1)(1)(	,(ι).						
2	H		cribed in section 170(b)(1)(A		470/h	\/ <b>4</b> \/ <b>A</b> \/:::							
3	$\vdash$	•		e organization described in secti	•						4-8		
4	Ш		•	in conjunction with a hospital de	scribea in	section	1/(0)(1	)(A)(III).	Enter ti	ne nosp	itars name,		
_		city, and state				_							
5	Ш	-	•	f a college or university owned or	operated	by a gove	emmenta	il unit de	scnbed	ın			
	_	section 170(	b)(1)(A)(iv). (Complete Part	II )									
6	Ш	A federal, sta	te, or local government or go	vernmental unit described in sec	tion 170(	b)(1)(A)(v	/).						
7	X	An organizati	on that normally receives a s	ubstantial part of its support from	ı a govern	mental un	ut or fron	n the gei	neral pu	iblic			
		described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II )									
8	П	A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part II	l)								
9	П	An organizati	on that normally receives (1)	more than 33 1/3% of its suppor	rt from cor	ntributions	, memb	ership fe	es, and	gross			
		receipts from	activities related to its exemp	ot functions-subject to certain e	xceptions,	and (2) n	o more	han 33	1/3% of	ıts			
		support from	gross investment income and	d unrelated business taxable inco	ome (less	section 5	11 tax) fr	om busi	nesses				
	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	Н	•	•			•	,,,,	carry ou	t the				
	1 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												
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section</b> 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
				, <u> </u>		•	1	—ĭ		her			
	a Type I 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												
·	ш		· · · · · · · · · · · · · · · · · · ·	than one or more publicly suppo					-				
		or section 509	-	man one or more publicly suppe	nica organ	ii.Eutionio (	20001100	a 000t		(ω)(٠)			
				mination from the IRS that it is a	Tyne i Ty	nell or T	vne III s	unnortin	a				
f			check this box	initiation from the into that it is a	19001, 19	pc 11, 01 1	ype iii s	арронан	9				
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h			ollowing information about th		1				1				
(1)		e of supported	(iı) EIN	(iii) Type of organization	1 ' '	organization sted in your		ou notify nization in	(vi) organizat	s the		mount of	
	org	ganization		(described on lines 1–9 above or IRC section		document?	col (i)	_	(i) organi	zed in the	34	pport	
				(see instructions))	<u> </u>		sup	oort?	U	S?			
					Yes	No	Yes	No	Yes	No			
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Total													

Section A. Public Support

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.)

Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	44,864	32,713	26,126	23,826	25,340	152,869
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	44,864	32,713	26,126	23,826	25,340	152,869
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)						74,160
6	Public support. Subtract line 5 from line 4						78,709
_	tion B. Total Support			······			
-	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	44,864	32,713	26,126	23,826	25,340	152,869
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					152,869
12	Gross receipts from related activities, etc. (	•				12	
13	First five years. If the Form 990 is for the o	=	second, third, fourth	n, or fifth tax year as	s a section 501(c)(	3)	٠
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su	• •		<u> </u>		144	55 40 9/
14 15	Public support percentage for 2011 (line 6, Public support percentage from 2010 Scher		-	())		14	51.49% 40.17%
16a	33 1/3% support test—2011. If the organic			and line 14 is 33 1	/3% or more, chec		40.17/8
104	box and stop here. The organization qualif				7070 OF THOTE, ONCO	N 11110	<b>▶</b> 🗓
b	33 1/3% support test—2010. If the organization		-		33 1/3% or more.		• 🗀
-	check this box and <b>stop here</b> . The organization				•		▶ □
17a	10%-facts-and-circumstances test—201	1. If the organizatio	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	ıs	_
	10% or more, and if the organization meets	the "facts-and-circu	ımstances" test, ch	eck this box and st	t <b>op here</b> . Explain ii	า	
	Part IV how the organization meets the "fac	ts-and-circumstance	es" test. The organ	ization qualifies as	a publicly supporte	d	
	organization						▶ ∐
b	10%-facts-and-circumstances test—201	0. If the organizatio	n did not check a b	ox on line 13, 16a,	16b, or 17a, and lir	ne	
	15 is 10% or more, and if the organization r				=		
	Explain in Part IV how the organization mee	ets the "facts-and-cii	rcumstances" test	The organization qu	ualifies as a publicl	у	. —
	supported organization						▶ ∐
18	<b>Private foundation.</b> If the organization did instructions	not check a box on	line 13, 16a, 16b,	1/a, or 17b, check f	this box and see		▶ 🗆
	<del></del>						

### 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.)

Sec	tion A. Public Support	<b>4</b>					<del></del>
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
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						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b		ļ		·		
8	Public support (Subtract line 7c from	-	<b>!</b>				
500	line 6)	<u> </u>	<u> </u>	1		<u> </u>	
	tion B. Total Support  ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(a) 2007	(b) 2000	(0) 2009	(4) 2010	(6) 2011	(i) rotal
	Gross income from interest, dividends,					<del></del>	<del></del>
10a	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, four	th, or fifth tax year a	s a section 501(c)	(3)	▶ [
Sec	tion C. Computation of Public Su		tage		· · ·		
15	Public support percentage for 2011 (line 8,			(f))		15	%
16	Public support percentage from 2010 Sche	dule A, Part III, line	15			16	%
Sec	tion D. Computation of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2011 (lin	ne 10c, column (f)	divided by line 13, o	column (f))		17	%
18	Investment income percentage from 2010	Schedule A, Part II	I, line 17			18	%
19a	33 1/3% support tests—2011. If the organ						
	17 is not more than 33 1/3%, check this bo	•	-				▶ [_
b	33 1/3% support tests—2010. If the organine 18 is not more than 33 1/3%, check thi						▶ ┌─
20	Private foundation. If the organization did		=	•			<b>5</b>  -
	ato realisation il ale organization die	Gricon a box o	17, 10a, 01 1	G.100K 0113 DOX 0	Goo mondonone	<del></del>	······································

**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)

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

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN SPORTS COUNCIL

Employer identification number 04-3670707

FORM 990-EZ, PART I, LINE 16 -	OTHER EXPENSES	
DESCRIPTION	AMOUNT	
EXPENSES		
WEBSITE EXPENSE	\$ 4,:	100
MEDIA EXPENSES	\$ 15,0	000
MISCELLANEOUS	\$ 2,0	664
FUNDRAISING EXPENSES	\$ 2,8	319
INTEREST ON LOC	\$	150
BANK CHARGE	\$	60
FEES	\$	491
MAILINGS/POSTAGE	\$ 1,	564

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT PROMOTED THE PRESERVATION AND EDUCATIONAL IDEALS OF STUDENT-ATHLETE PARTICIPATION IN COLLEGE SPORTS AND PROMOTED THE INTEREST OF STUDENT ATHLETES AND COACHES. OFFER FORUM FOR EDUCATION ON WEBSITE AND THROUGH OTHER PUBLIC FORUMS.

TOTAL \$

26,848

File #: 221449

#### GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



### CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia NONPROFIT CORPORATION Act have been complied with and accordingly, this CERTIFICATE OF AMENDMENT is hereby issued to:

**COLLEGE SPORTS COUNCIL** 

Name Changed To

AMERICAN SPORTS COUNCIL

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 07/15/2011

SUMER AND RECEIVED TO THE STATE OF THE STATE

Vincent C. Gray Mayor

Tracking #. YLZEEXCN2A

Business and Professional Licensing Administration

PATRICIA E. GRAYS

Superintendent of Corporations

Corporations Division

Reset Form

Print, Form



# DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS District of Columbia Government

#### **Corporations Division**

Articles of Amendment of Domestic Non-Profit Corporation
Form DNP-2, Version 2, July 2010.

Pursuant to the provisions of the District of Columbia non-profit Corporation Act, the undersigned adopts the following Articles of Amendment to its Articles of Incorporation:

. Name the non-profit corporation.

College Sports Council

2. The following amendment of the Articles of Incorporation was adopted by the Corporation in the manner prescribed by the District of Columbia Non-profit Corporation Act:

College Sports Council (the "Corporation"), a nonprofit corporation organized and existing under and by virtue of the District of Columbia Nonprofit Corporation Act, D.C. Code Sections 29-301,01 et seg, (the "Act"), does hereby certify:

FIRST: The name of the Corporation is College Sports Council

SECOND: That the Articles of Incorporation shall be amended by deleting ARTICLE FIRST in its entirety and substituting the following in lieu thereof:

"FIRST: The name of the Corporation is AMERICAN SPORTS COUNCIL (hereinafter referred to as the "Council")."

THIRD: That the Articles of Incorporation shall be further amended by inserting the phrase "scholastic, club, intramural and" before the word "collegiate" in clause (a) of paragraph (2) of ARTICLE THIRD.

Mail all forms and required payment to: Department of Consumer and Regulatory Affairs Corporations Division PO Box 92360 Washington, DC 20080 Phone: (202) 442-4400 Please check dora.dc.gov to view organizations required to register, to search business names, to get step-by-step guidelines to register an organization, to search registered organizations, and to download forms and documents. Just click on "Corporate Registrations."

3. Aı	mendment has been adopted in the following manner: Option	A or B or C mus	t be chosen, but	not both:
	(A) "The amendment was adopted at a meeting of member amendment received at least two-thirds of the votes whi entitled to cast."	s held on the foll ich members pre	owing date at wh sent or represen	ich a quorum was present, and the ted by proxy at such meeting were
	(B) The amendment was adopted by consent in writing sign	ned by all memb	ers entitled to vot	te with respect hereto."
×	(C) "The amendment was adopted at a meeting of the Board of the Directors in office, there being no members having	d of Director held ng votling rights in	d on the following respect thereof.	date and received the vote of a majority
f you s	sign this form, you agree that you understand that anyon al penaltics of a fine up to \$1000, imprisonment up to 180 and illuma to 2001 and public	days, or both,	false statement under DCOC § 2	anywhere on it can be punished by 22-2405.
Leo Ko		6/	29/2011 (	Se Koch
	Secretary Assistant Secretary		Date :	Signature
H. Clay	y McEldowney	7	411	H Clay Wolldrings

Mail all forms and required payment to: Department of Consumer and Regulatory Affairs Corporations Division PO Box 92300 Washington, DC 20090 Phone: (202) 442-4400

Please check dcra.dc.gov to view organizations required to register, to search business names, to get step-by-step guidelines to register an organization, to search registered organizations, and to download forms and documents. Just click on "Corporate Registrations."