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Form **990**

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)

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury internal Revenue Service

inter	nal Revenue Service	► The organization may have to use a copy of this return to satisfy state report	orting requirements	Inspection				
Ā	For the 2011 caler	idar year, or tax year beginning , 2011, and end	ing					
В	Cricck ir applicable	C Name of organization PRINCE ATHLETIC ASSOCIATION	D Employ	er Identification Number				
	Address change	Doing Business As	23-0	23-0988760				
	Name change	Number and street (or P O box if mail is not delivered to street addr) Roor	n/suite E Telepho	one number				
	Initial return	600 SOUTH RICHLAND AVENUE	(71	7) 848-1410				
	Terminated	City, town or country State ZIP code +						
	Amended return	YORK PA 17404	G Gross re	eceipts \$ 667,846.				
	Application pending		H(a) Is this a group return					
	<u> </u>	LARRY SNYDER 600 S RICHALND AVE YORK PA 17404	H(b) Are all affiliates incl	uded? Yes No				
ī	Tax-exempi status	501(c)(3) X 501(c) (7) (insert no) 4947(a)(1) or 527	If No attach a list	(see instructions)				
	Website ► N		H(c) Group exemption nu	umber ►				
K	Form of organization			itate of legal domicile PA				
Pa	art I Summa		1811011 1999 1111 9	tate of legal dofficile 1, 74				
1	·		CLUB FOR BENE	FIT OF MEMBERS				
41	Strony doser	be the organization's mission of most significant detivities	CHOR LOW DRIVE	TITOL HENDERS				
nce								
SE.								
SEP II 2012 Activities & Governance	2 Check this b	ox I if the organization discontinued its operations or disposed of mo	ore than 25% of its ne					
© ₩a		oting members of the governing body (Part VI, line 1a)		3 10				
F-S		ndependent voting members of the governing body (Part VI, line 1b)		4 1				
ق ٍ بΩ	!	of individuals employed in calendar year 2011 (Part V, line 2a)		5				
	1	of volunteers (estimate if necessary)		6 0				
_	1	ed business revenue from Part VIII, column (C), line 12		7a -7,932.				
<u> </u>	b Net unrelate	d business taxable income from Form 990-T, line 34		7b -6,509.				
SCANNED 3evenue	0 0	and some (Dark ABII Land Ma)	Prior Year	Current Year				
Z e	1	s and grants (Part VIII, line 1h) RECEIVED	15,1					
S in	_	vice revenue (Part VIII, line 2g) ncome (Part VIII, column (A), lines 3, 4, and 7d)	271,3					
W ?	11 Other revenu	ncome (Part VIII, column (A), lines 3, 4, and 7d) ue (Part VIII, column (A), lines 5, 6d, 8ck9d, 胸目自成犯 後)2012	2,3					
_	12 Total revenu	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	730,6					
			,50,0	377,332.				
	14 Benefits paid	similar amounts paid (Part IX, column (A), lines 133 CT CT COLUMN (A), lines 133 CT						
	1	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	274,3	233,625.				
es	16 a Professional	fundraising fees (Part IX, column (A), line 11e)	274,3	233,023.				
Expenses	To a Professional							
d X	b Total fundra	sing expenses (Part IX, column (D), line 25)	_					
	17 Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	434,9					
	l .	ses Add lines 13-17 (must equal Part IX, column (A), line 25)	709,2					
		s expenses. Subtract line 18 from line 12	21,3	6445,412.				
sects or alances			Beginning of Curren					
s#of:	20 Total assets	(Part X, line 16)	861,5					
t pe	21 Total habiliti	es (Part X, line 26)	1,6	1,145.				
Σū		fund balances Subtract line 21 from line 20	859,8	814,432.				
Pa	art II Signatu	re Block						
Undi	er penalties of perjury 1 i	declare that I have examined this return including accompanying schedules and statements, and t arei (other than officer) is based on all information of which preparer has any knowledge	to the best of my knowledge	and belief it is true correct and				
		O on						
_	A.0	lly (Suy Cle	D					
Sig	911	ure of Africer	Date B/1	4/2012				
He		RRY SNYDER		712				
		or print name and title	·	T [0-11]				
	1	preparer's name Preparer's signature Date	Check	_ It PTIN				
Pa		W N KROFT Wolf 8/10	//2 self employe	ed P01399639				
	eparer Firms nam			•				
US	se Only Firms add		Firm's EIN	► 20-0354116				
		YORK PA 17404	Phone no	(717) 854-8207				
Ma	y the IRS discuss t	his return with the preparer shown above? (see instructions)		X Yes No				

	990 (2011) PRINCE ATHLETIC ASSOCIATION	23-0	98876	50	İ	Page 2
Part						
	Check if Schedule O contains a response to any question in this Part III					
	Briefly describe the organization's mission					
` -	SOCIAL CLUB FOR BENEFIT OF MEMBERS					
_						
_			- - -			
	Did the organization undertake any significant program services during the year which were not listed on t	he prior	_		_	
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes' describe these new services on Schedule O				_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces?		Yes	[X]	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo	es, as me	easured	by ex	oense	S
	others—the total expenses, and revenue, if any, for each program service reported	ount of gr	ants an	a alloc	ations	5 10
4 a	(Code) (Expenses \$including grants of \$) (R	evenue	Ś			
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-	SOCIAL CLUB FOR BENEFIT OF MEMBERS					
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4 b	(Code) (Expenses \$ including grants of \$) (R	evenue	\$)
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4 c	(Code) (Expenses \$ including grants of \$) (R	evenue	\$)
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4 d	Other program services (Describe in Schedule O)				 -	
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ►					
ВАА	TEEA0102 07/05/11			Forr	n 990	(2011)

Form 990 (2011) PRINCE ATHLETIC ASSOCIATION
Part 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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI	11a	Х	
	b 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	11 Ь		<u>X</u>
•	c 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	11 c		X
	d Did the organization report an amount for other assets 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	11 d		X
	c Did the organization report an amount for other liabilities in Part X. line 25? If 'Yes' complete Schedule D. Part X.	11 e		X
	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	<u></u>	X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100 000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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 II	18		Х
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		Χ_
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	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 19 If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes' complete Schedule L. Part I	25a		
ŀ	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes' complete Schedule L. Part III	27		x
	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)			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer director, trustee or direct or indirect owner? If 'Yes' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V. line I	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
l	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' complete Schedule R, Part V line 2	35b		X
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes' complete Schedule R, Part V, line 2	36		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Form	990	(2011)

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
៕ រ	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
(Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	х	
2 8	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	2 a			
,	of at least one is reported on line 2a, did the organization file all required federal employment	·	2 b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins		20	$\hat{}$	
3 :	Did the organization have unrelated business gross income of \$1,000 or more during the year'	·	3 a	x	
	of 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b	$\hat{\mathbf{x}}$	
4 8	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	r other authority over, a ancial account)?	4a		X
ŀ	of 'Yes' enter the name of the foreign country	,			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fir	ancial Accounts		ļ	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5 a	İ	Х
ŀ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5 b		Х
(: If 'Yes' to line 5a or 5b did the organization file Form 8886-T?		5 c		
6 8	Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?	d did the organization	6 a		Х
ł	off 'Yes,' did the organization include with every solicitation an express statement that such con not tax deductible?	itributions or gifts were	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		- 5		
á	Did the organization receive a payment in excess of \$75 made partly as a contribution and particles provided to the payor?	rtly for goods and	7 a		Х
ŀ	off Yes, did the organization notify the donor of the value of the goods or services provided?		7 b		
	Did the organization self exchange, or otherwise dispose of tangible personal property for which	ch it was required to file			
	Form 8282?		7 c		X
	If 'Yes, indicate the number of Forms 8282 filed during the year	7 d	ļ		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	}	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef	ŀ	7 f		X
	ilf the organization received a contribution of qualified intellectual property, did the organization as required?		7 g		
ŀ	ilf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the c Form 1098-C?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, has holdings at any time during the year?	organizations. Did the ve excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
i	Did the organization make any taxable distributions under section 4966?		9a		
1	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		
10	Section 501(c)(7) organizations. Enter				
ä	Initiation fees and capital contributions included on Part VIII, line 12	10a 15,590.			
I	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 0.	1		
	Section 501(c)(12) organizations Enter	,			
ā	Gross income from members or shareholders	11 a		Ì	
l	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ		
ě	Is the organization licensed to issue qualified health plans in more than one state?		13 a		
	Note See the instructions for additional information the organization must report on Schedule	0		İ	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Χ
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sc	hedule O	14Ь		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 h Did any officer director trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director trustee or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the tollowing a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8h Χ Is there any officer, director or 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 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Χ b le "Yes" did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes' 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes' describe in Schedule O how this is done 12 c Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 Χ 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? a The organization's CEO, Executive Director, or top management official 15 a Χ b Other officers of key employees of the organization 15_b Х 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? Х 16 a b If 'Yes,' did the organization follow 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > 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 X Upon request Another's website 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 during the lax year State the name physical address, and telephone number of the person who possesses the books and records of the organization 600 S. RICHLAND AVE <u>PA _ 17404 _ _ _ (717) 848-1410</u>

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1 a 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.
- 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, if any 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

Compensation from the organization (w 21099 MSC) Compensation (w 2109 MSC) Compensation (w 2109 MSC) Compensation (w 2109 MSC) Compensation (w 2109 MSC) Compensation (w 2109 MSC) Compensation (w 2109 MSC) Compensation (w 2109 MSC) Compensation (w 2109 MSC) C	Check this box if neither the organizat	on nor any r	elated	dorg	janiz	atio	n com	ipen:	sated any current offic	er, director, or truste	e
Clark Company Compan	(A)	(B) Average hours	Position (do not check more than one box, unless person is both an officer					box,	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
PRESIDENT 0.00 x		(describe hours for related organiza tions in Schedule	idividi el Essee or director	metaluhomal trustee	Oit 🖅	Key employee	High est ownnersøted employee		(W 2/1099 MISC)	(W-2/1099 MISC)	
C2 LARRY SNYDER TREASURER 10.00 X X 6,000. 0.	(1) THOMAS MARTIN							ľ			
TREASURER	PRESIDENT	0.00	X		Χ				1,750.	0.	0.
(3) KEVIN SMITH DIRECTOR 0.00 X X 0.0. (4) LLOYD ENGMAN SECRETARY 0.00 X X 3,890. 0. (5) DAVE SIMPSON DIRECTOR 0.00 X X 0. (6) JEFF SCHAFFER V PRES 15.00 X X 12,362. 0. (7) THOMAS MARTIN SECRETARY 0.00 X 1,750. 0. (8) H A SHCLLEY JR ASST TREASURER 0.00 X 0. (9) JEFF WALTON DIRECTOR 0.00 X 0. (10) JAY GINGERICH ASST SECRETARY 0.00 X 0. (11) WILLIAM FEESER DIRECTOR 12.00 X X 1,554. 0. (12) DAVID COVERSTONE EMPLOYEE 40.00 X X 44,540.	(2) LARRY SNYDER										
DIRECTOR	TREASURER	10.00		Х	Х				6,000.	0.	0.
Color	(3) KEVIN SMITH										
SECRETARY 0.00	DIRECTOR	0.00	Χ	<u></u>	Х				0.	0.	0.
C5 DAVE SIMPSON DIRECTOR O.00 X X X O. O.	(4) LLOYD ENGMAN										
DIRECTOR 0.00 X X 0. 0.	SECRETARY	0.00			X				3,890.	0.	0.
CO JEFF SCHAFFER V PRES 15.00 X X 12,362. 0.	_(5) DAVE_SIMPSON				ĺ						
V PRES	DIRECTOR	0.00	Χ		Х				0.	0.	0.
(7) THOMAS MARTIN 0.00 X 1,750. 0. (8) H A SHEELEY JR 0.00 X 0. 0. ASST TREASURER 0.00 X 0. 0. (9) JEFF WALTON 0.00 X 0. 0. DIRECTOR 0.00 X 0. 0. (10) JAY GINGERICH 0. 0. 0. 0. (11) WILLIAM FEESER 0. 0. 0. 0. DIRECTOR 12.00 X X 1,554. 0. (12) DAVID COVERSTONE 0. X 44,540. 0.	(6) JEFF SCHAFFER										
SECRETARY 0.00 X 1,750. 0.	V PRES	15.00			Х	Χ			12,362.	0.	0.
(8) H A SHEELEY JR ASST TREASURER 0.00 X 0.00 (9) JEFF WALTON 0.00 X 0.00 DIRECTOR 0.00 X 0.00 (10) JAY GINGERICH 0.00 X 0.00 ASST SECRETARY 0.00 X 0.00 (11) WILLIAM FEESER 0.00 X 0.00 DIRECTOR 12.00 X 0.00 (12) DAVID COVERSTONE 0.00 0.00 EMPLOYEE 40.00 0.00	(7) THOMAS MARTIN										
ASST TREASURER	SECRETARY	0.00			Х				1,750.	0.	0.
(9) JEFF WALTON 0.00 X 0.00 DIRECTOR 0.00 X 0.00 (10) JAY GINGERICH 0.00 X 0.00 ASST SECRETARY 0.00 X 0.00 (11) WILLIAM FEESER 0.00 X 0.00 DIRECTOR 12.00 X 0.00 (12) DAVID COVERSTONE 0.00 0.00 EMPLOYEE 40.00 0.00	(8) H A SHEELEY JR										
DIRECTOR 0.00 X X 0. 0.	ASST TREASURER	0.00			Х				0.	0.	0.
(10) JAY GINGERICH 0.00 X 0.00 0.00 (11) WILLIAM FEESER 0.00 X 1,554. 0.00 (12) DAVID COVERSTONE 40.00 X X 44,540. 0.00	(9) JEFF_WALTON										
ASST SECRETARY 0.00 X 0. 0. (11) WILLIAM FEESER DIRECTOR 12.00 X X 1,554. 0. (12) DAVID COVERSTONE EMPLOYEE 40.00 X X 44,540. 0.	DIRECTOR	0.00	Х		Х		ı		0.	0.	0.
MILLIAM FEESER	(10) JAY GINGERICH										
DIRECTOR 12.00 X X 1,554. 0. (12) DAVID COVERSTONE	ASST SECRETARY	0.00			Х				0.	0.	0.
(12) DAVID COVERSTONE 40.00	(11) WILLIAM FEESER										
EMPLOYEE . 40.00 X X 44,540. 0.	DIRECTOR	12.00	Х		X				1,554.	0.	0.
	(12) DAVID COVERSTONE										
(13)	EMPLOYEE .	40.00				Х	Х		44,540.	0.	0.
	(13)										
(14)	(14)		 								

Part VII Section A. Officers, Directors, Trust	ees, l	\ey	En	ıplo	oye	es,	and	Highest Com	pensated Em	ploye	es (co	nt)
·	(5)			•	C) sition							
(A) Name and title	(B) Average hours	l box	unle	ss pe	rson	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	ar	(F) Estimated nount of o	d the:
	per week (describ	per week (describ e hours for or dividual for former former for former				related organizations (W 2/1099 MISC)	C	ompensat from the organizatio	on			
	e hours for	rector	Institutional trust	Ę	Key employee	Highest compensated employee	ner				and relate organization	
	related organi zations	trustee	il trusti		yee	npens						
	Sch O)		ee			ated						
(15)												
(16)												
(17)		-			_					-		
					 					-		
(18)	-											
(19)	-										-	
(20)	-								·			
(21)	-										 .	
(22)					-							
(23)	-								-	-		
	-											
(24)	_											
(25)												
1 b Sub-total	1	<u> </u>			<u> </u>	<u> </u>	•	71,846.	0			0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	4						•	71,846.	0			0.
Total number of individuals (including but not limited	to thos	se lis	ted	abo	ve) v	who	rece			- 1	pensati	
from the organization									· · · · · · · · · · · · · · · · · · ·		Yes	No
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such in</i>	or trust	ee, k	кеу е	emp	loye	e, or	higi	hest compensated	employee			
4 For any individual listed on line 1a, is the sum of rec	ortable	con	nper	ısatı	on a	ind c	other	compensation from	om	3	_	X
the organization and related organizations greater the such individual	an \$15	0,00	o۶ ۱	f 'Ye	es' c	omp	lete	Schedule J for		4		Х
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	ompens omplete	atior Sch	n fro nedu	m a ile J	ny u	nrela s <i>uch</i>	aled per	organization or in	dividual	5		×
Section B. Independent Contractors 1 Complete this table for your five highest compensate	nd under	2000	ont	cont	ract	ore t	hat i	racawad mara tha	n \$100,000 of			
compensation from the organization. Report comper	sation	for th	ne c	alen	dar	year	end	ling with or within	the organization's	tax yea		
(A) Name and business addres	s							Description (of services	Com	(C) pensatio	n
				_								
											_ .	
2 Total comband of colors 1												
2 Total number of independent contractors (including I \$100,000 in compensation from the organization ►	out not	ıımıt	ea to	o tho	ose I	istec	ab(ove) who received	more than			

Part VIII Statement of Revenue

(A) Total revenue (B) Related or (C) (D) Unrelated Revenue exempt business excluded from tax function revenue under sections 512, 513, or 514 revenue 1a Federated campaigns 1 a CONTRIBUTIONS GIFTS GRANTS AND OTHER SIMILAR AMOUNTS 1 b 15,590 b Membership dues c Fundraising events 1 c 1 d d Related organizations e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lns 1a-1f h Total. Add lines 1a-1f 15,590 PROGRAM SERVICE REVENUE **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest and 1,423. 0. 0. 1,423. other similar amounts) Income from investment of tax exempt bond proceeds Royalties (i) Real (II) Personal 0. 6a Gross rents 7,932 b Less rental expenses c Rental income or (loss) -7,932. <u>-7,</u>932. 0. -7,932. 0. d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events OTHER REVENUE (not including \$ of contributions reported on line 1c) 11,563. See Part IV, line 18 9,823. b b Less direct expenses 0. 1,740. 1,740. c Net income or (loss) from fundraising events 9a Gross income from gaming activities 242,080 See Part IV line 19 b 81,467. b Less direct expenses 160,613 0 0. c Net income or (loss) from gaming activities 160,613. 10 a Gross sales of inventory, less returns 396,893 and allowances 191,272. b Less cost of goods sold b 0. 0 205,621 205,621 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 999999 0 0. 11a SALES TAX DISCOUNT 48 48 0 999999 249 249 0. **b** CHECK CHARGE d All other revenue • 297 e Total Add lines 11a-11d -7,932.12 Total revenue. See instructions 377,352 367,954. 1,740.

Part IX Statement of Functional Expenses

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)

	Check if Schedule O contains a re	sponse to any question i	n this Part IX		
	not include amounts reported on lines 7b. 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	64,096.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	140,085.			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,367.			
9		7,307.			
10	Other employee benefits Payroll taxes	22,077.			
	Fees for services (non-employees)	22,011.			
	Management				
) Legal				
	: Accounting	3,899.			
	I Lobbying	3,033.			
	Professional tundraising services See Part IV, line 17				
	Investment management fees				
	Other				
	Advertising and promotion	2,325.			
13		1,692.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	• • • • • • • • • • • • • • • • • • • •	19,978.			
23	Insurance	67,888.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25 column (A) amount, list line 24e expenses on Schedule O.)				
i	a LAWN SERVICE	800.			
	BANK FECS	1,014.			
	c DONATIONS	9,704.			
	d BAD DEBTS	-25.			
	e All other expenses	81,864.			
25	Total functional expenses Add lines 1 through 24e	422,764.			
26	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundriaising solicitation				
	Check here • if following , SOP 98 2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash – non interest bearing			134,233.	1	130,346.
	2	Savings and temporary cash investments			173,506.	2	155,352.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
·	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, truste	es, key employees, nedule L		5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	ibuting e	employers and		6	
S	7	Notes and loans receivable, net				7	
A S E T S	8	Inventories for sale or use			6,010.	8	6,010.
S	9	Prepaid expenses and deferred charges			0.	9	0.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	779,813.			
	b	Less accumulated depreciation	10b	255,944.	547,778.	10 c	523,869.
	11	Investments – publicly traded securities		,		11	
		Investments – other securities See Part IV, line 11		[12	
	13	Investments – program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line	34)	-	861,527.	16	815,577.
	17	Accounts payable and accrued expenses	<u> </u>		1,683.	17	1,145.
	18	Grants payable				18	<u> </u>
	19	Deferred revenue				19	
L	20	Tax-exempt bond liabilities				20	
I A	21	Escrow or custodial account liability Complete Part I	V of Sch	nedule D		21	
B L	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per of Schedule L	stees, ke sons C	ey employees, omplete Part II		22	
Ţ	23	Secured mortgages and notes payable to unrelated th	urd narti	Δς.		23	
E S	24	Unsecured notes and loans payable to unrelated third	•	cs		24	
	25	Other liabilities (including federal income tax, payable	-	ated third parties	<u> </u>	24	
		and other liabilities not included on lines 17-24) Com	plete Pa	art X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25			1,683.	26	1,145.
N E T		Organizations that follow SFAS 117, check here	an	d complete lines		1	
		27 through 29 and lines 33 and 34.		•			
Ş	27	Unrestricted net assets				27	
ASSETS	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets		[29	
O R		Organizations that do not follow SFAS 117, check he	re 🟲	X and complete			
4020		lines 30 through 34.					
D	30	Capital stock or trust principal, or current funds				30	
B	31	Paid in or capital surplus, or land, building, or equipment		1		31	
L A	32	Retained earnings, endowment, accumulated income,	, or othe	r funds	859,844.	32	814,432.
BALANCES	33	Total net assets or fund balances			859,844.	33	814,432.
<u> </u>	34	Total liabilities and net assets/fund balances			861,527.	34	815,577.

BAA

Form 990 (2011)

Forn	1990 (2011) PRINCE ATHLETIC ASSOCIATION 23-098876	0	Pa	age 12	
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			\Box	
ĩ	Total revenue (must equal Part VIII, column (A), line 12)	3	77,3	352.	
2	Total expenses (must equal Part IX, column (A), line 25)	4	22,7	764.	
3	Revenue less expenses Subtract line 2 from line 1		45,4	112.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	8	59,8	344.	
5	Other changes in net assets or fund balances (explain in Schedule O)			0.	
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6					
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			X	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	-	Yes	No	
2.	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a	Х		
	Were the organization's financial statements audited by an independent accountant?	2 b		Х	
c 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?					
	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 separate basis consolidated basis, or both			!	
	Separate basis X 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?					
	o 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	3 b			
BAA		Form	990	(2011)	

TEEA0112 07/06/11

SCHEDULE D (Form.990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service

23-0988760 PRINCE ATHLETIC ASSOCIATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6 (b) Funds and other accounts Total number at end of year 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 charitable purposes and not for the benefit of the donor or donor advisor, or for any other pulpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat 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) 2с d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 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 violations, and enforcement of the conservation easements it holds? Yes Nο 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 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) Yes 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 (ASC 958), not to report in its revenue statement and balance sheet works of ait 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 (ASC 958), 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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 **►**\$ b Assets included in Form 990, Part X **>** \$

Tare III Organizations inalitical	9		,		<u>\</u>		
Using the organization's acquisition items (check all that apply)	n, accession, a	nd other records, chec	ck any of the following t	hat are a significant use	of its collection	on	
a Public exhibition		d 🗌 Loan d	or exchange programs				
b Scholarly research		e Other			<u> </u>		
c Preservation for future generations							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV							
5 During the year, did the organization assets to be sold to raise funds raise.	ther than to be	maintained as part of	the organization's colle	ection?	Yes	No_	
Part IV Escrow and Custodial	Arrangeme	nts. Complete if t	he organization an	swered 'Yes' to For	m 990, Pai	rt IV,	
line 9, or reported an a	amount on F	orm 990, Part X,	line 21.				
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian, c	or other intermediary f	or contributions or othe	r assets not	Yes	No	
b If 'Yes,' explain the arrangement i	n Part XIV and	complete the following	g table				
					Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f		-	
2a Did the organization include an ar	nount on Form 9	990, Part X, line 21?			Yes	∐ No	
b If 'Yes,' explain the arrangement i							
Part V Endowment Funds. Co	mplete if the	organization ans	swered 'Yes' to For	m 990, Part IV, line	<u> 10</u>		
	(a) Current yea	ar (b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four yea	ars back	
1 a Beginning of year balance						<u>-</u>	
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
Provide the estimated percentage	of the current y	ear end balance (line	1g, column (a)) held a	S			
a Board designated or quasi-endow	ment 🟲	9					
b Permanent endowment ►	 %						
c Temporarily restricted endowmen	· -	<u> </u>					
The percentages in lines 2a, 2b, a	and 2c should e	qual 100%					
3a Are there endowment funds not in organization by	the possession	of the organization th	nat are held and admini	stered for the	Yes	No	
(i) unrelated organizations					3a(ı)		
(II) related organizations					3a(II)		
b if 'Yes' to 3a(ii) are the related or	ganizations list	ed as required on Sch	nedule R?		3b		
4 Describe in Part XIV the intended	uses of the org	anızatıon's endowmer	nt funds				
Part VI Land, Buildings, and I	Equipment. 🤉	See Form 990, Pa	art X, line 10				
Description of property	(2	a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value —	
1a Land							
b Buildings		527,782.		111,756.	410	6,026.	
c Leasehold improvements							
d Equipment	d Equipment 136,792. 72,094. 64,69						
e Other							
Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))							
BAA				Sche	dule D (Form	990) 2011	

Part VII Investments - Other Securities. See	Form 990, Part X,	line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(<u>A</u>)		
(B)		
(C)		
(D)		-
(E) (F)		
(G)		
(H)		*
(l)		
Total (Column (b) must equal Form 990 Part X, column (B) line 12)		
Part VIII Investments - Program Related. See	Form 990, Part X,	line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	· · · · · · · · · · · · · · · · · · ·	
(5)		
(6)		
(7)		
(8) (9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13)		
Part IX Other Assets. See Form 990, Part X, I	ine 15.	W
(a) De	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)	· · · · · · · · · · · · · · · · · · ·	
(10)	···	
Total. (Column (b) must equal Form 990, Part X, column (B,), line 15)	>
Part X Other Liabilities. See Form 990, Part 3		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
<u>(7)</u> (8)		
(9)		
(10)		
(11)		
Total (Column (b) must equal Form 990, Part X column (B) line 25)	•	
2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of	f the footnote to the ord	nanization's financial statements that reports the

Schedule D (Form 990) 2011 PRINCE ATHLETIC ASSOCIATION 23-	0988760 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	<u> </u>
1 Total revenue (Form 990, Part VIII, column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	<u> </u>
Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2a	
b Prior year adjustments 2b	
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	-
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this any additional information	es 1b and 2b, s part to provide
	-
BAA TEEA3304 05/25/11	Schedule D (Form 990) 2011

Schedule D (For	m 990) 2011	PRINCE ATHLE Information (Co	ETIC ASSOCIA	TION		23-0988760	Page 5
Part XIV Su	pplemental	Information (co	ontinued)				
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545 0047

2011

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 23-0988760 PRINCE ATHLETIC ASSOCIATION Pt VI, Line 6 THE ORGANIZATION HAS DUES PAYING MEMBERS Pt VI, Line 7a THE DUES PAYING MEMBERS ELECT THE BOARD Pt_VI,_Line_7b___THE_BOARDS_DECISIONS_ARE_SUBJECT_TO_APPROVAL_BY_THE_MEMBERS_ Pt VI, Line 8a MINUTES ARE KEPT AT EVERY MEETING Pt V1, Line 8b MINUTES ARE KEPT AT EVERY MEETING Pt_VI, Line_11a FINAL DRAFT IS CIRCULATED AT BOARD OF DIRECTORS MEETING AND RECORDED IN MINUTES Pt_VI__Line_19 Public request are documented by lead employee on duty and routed to appropriate officer for compliance and production Pt XII, Line 2c NO CHANGES WERE MADE TO OVERSIGHT COMMITTEE

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. Attach to your tax return. OMB No 1545 0172

2011

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

PRINCE ATHLETIC ASSOCIATION

Identifying number

23-0988760 Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 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 6 (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 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instis) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 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 instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 0. MACRS Depreciation (Do not include listed property) (See instructions) Section A 19,778. 17 MACRS deductions for assets placed in service in tax years beginning before 2011 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 2011 Tax Year Using the General Depreciation System (g) Depreciation (a) Classification of property (C) Basis for depreciation (b) Month and (business/investment use deduction year placed Recovery period Convention only - see instructions) 19a 3-year property b 5-year property c 7 year property d 10-year property 4,000 15.0 yrs ΗY 150 DB 200 e 15-year property f 20-year property g 25 year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L ı Nonresidential real 39 yrs MM S/L property S/L MM Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year MM S/L 40 yrs Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions 22 19,978. For assets shown above and placed in service during the current year, enter

23

Par		Property (Incom, or amuseme	lude automob			vehicle	s, certa	in co	mpu	ters, ar	nd prope	erty used		ertainm		rage
	Note. Fo columns	or any vehicle fo (a) through (c)	r which you ai of Section A,	re using t all of Sec	he stand ction B, a	ard mile and Sec	eage rat tion C if	e or app	dedu lıcab	icting le le	ease exp	oense, c	omplete	only 2	4a, 24b,	
	Sectio	n A – Deprecia	tion and Othe	r Informa	tion (Ca	ution: 5		ınstrı						mobiles	5)	
24 2	Do you have eviden	T	T				Yes		No		Yes,' is the	_			Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage	(d) Cost other b	01	(busine	(e) (f) Basis for depreciation (business/investment use only) (business/investment use only)			Method/ Depre			(h) eciation uction	E) sect	(I) ected ion 179 cost	
25	Special depreci	ation allowance	for qualified I	isted propuse (see	perty pla	ced in s	service o	durin	g the	tax ye	ar and	25				
26						1										
27	Property used 5	0% or less in a	qualified busi	ness use					· .				· · · · · ·	···-	<u>-</u>	
																
															_	
	Add amounts in		-				ie 21, pa	age	1			28				
29	Add amounts in	column (ı), lıne	26 Enter her	re and on Section				()	/a b: a					29	9	
	plete this section our employees fi			proprietor	, partner	, or othe	er 'more	thar	า 5%	owner						cles
30	Total business/ during the year commuting mile	(do not include		1 '	a) icle 1		b) icle 2		(c) Vehic	_	Vehi	d) cle 4	Vehi	e) cle 5	(Vehi	n) cle 6
31	Total commuting m	•	he year					<u> </u>	_							
32	Total other pers	-	-													
33	Total miles driv lines 30 through		ear Add													
				Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty	hours?												-		
35	Was the vehicle than 5% owner							ļ								
36 ——	Is another vehic personal use?						<u> </u>							_		
			C – Question		-						-					
	ver these question owners or related			an except	ion to co	mpletin	g Sectio	n B	for ve	ehicles	used by	employ	ees who	are no	ot more t	han
37	Do you maintain by your employ		y statement th	nat prohib	ots all pe	rsonal (use of v	ehicl	es, ır	ncluding	g comm	uting,			Yes	No
38	Do you maintaii employees? Se	n a written polic e the instruction	y statement the	nat prohib used by	oits perso corporate	nal use e officei	of vehicles, direc	cles, lors,	exce or 1	ept com % or m	muting, ore own	by your	-			
39	Do you treat all	use of vehicles	by employees	s as pers	onal use	7										
40	Do you provide vehicles, and re				yees, obt	aın ınfo	rmation	fron	ı you	r emplo	oyees at	oout the	use of t	he]
41	Do you meet th Note If your ar	e requirements Iswer to 37 38	J 1						•							<u> </u>
Pa	rt VI Amort	ızation												r		
	Des	(a) cription of costs		Date as	(b) mortization egins		(c) Amortizat amount			C	d) ode ction	Amo pe	(e) ortization riod or centage		(f) Amortization for this year	
42	Amortization of	costs that begi	ns during you	r 2011 tax	x year (s	ee instri	uctions)		<u>'</u>							
			-	<u> </u>					-						_ -	
43	Amortization o	of costs that beg	an before you	r 2011 ta:	x year	I							43			
44		ounts in column				ere to re	eport						44			

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LICENSES	2,685.			
SUPPLIES	5,939.			
REFUSE	4,486.			
REPAIRS	26,173.			
TAXES	2.			
UTILITIES	26,841.			
OVER/SHORT	-127.			
DUES & SUBSCRIPTIONS	329.			
OUTSIDE LABOR	156.			
MISCELLANEOUS				
SECURITY	1,543.			
MERCANTILE TAX	1,201.			
SPORTS	700.			
REAL ESTATE TAXES	11,936.			

Supporting Statement of:

Form 990 p 9/Gross Income Gaming Act

Description	Amount				
BOARDS CARD MACHINE SMALL GAMES	188,408. 53,472. 200.				
Total	242,080.				

Supporting Statement of:

Form 990 p 9/Line 9b Direct Expenses

Description	Amount
BOARDS COGS PAYOUTS	60,141. 21,326.
Total	81,467.

Supporting Statement of:

Form 990 p 9/Gross sales of inventory

Description	Amount
BEER & LIQUOR	213,131.
COFFEE	2,423.
FOOD	60,927.
MERCHANDISE	87,804.
MISCELLANEOUS	32,608.
Total	396,893.

Supporting Statement of:

Form 990 p 9/Cost of Goods Sold

Description	Amount
BEER	86,824.
FOOD	81,786.
LIQUOR	22,662.

Supporting Statement of:

All Other Expenses/Line 24e col (A) -6

Description	Amount
SEWER/WATER	4,633.
TELEPHONE	1,053.
ELECTRIC	17,468.
HEAT	3,687.