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Form **990-EZ**

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.

Open to Public Inspection

OMB No 1545-1150

2012

	-	une Treasury nue Service	The organization may have to use a copy of this return to satisfy state repo	orting require	ements	i.	***************************************		
<u></u>	For the	e 2012 calend	lar year, or tax year beginning , and ending						
В	Check if a	applicable	C Name of organization		D	D Employer identification number			
X	Address o	change							
X	Name cha	ange	Athletics & Academics Club, Inc.			72-	1418518		
	Initial retu	ırn	Number and street (or P O box, if mail is not delivered to street address)	E	Telepho	ne number			
	Terminate	ed	P.O. Box 12491			318	-445-7117		
7	Amended	i return	City or town, state or country, and ZIP + 4		F	F Group Exemption			
	Application	on pending	Alexandria LA 71315			Numbe	•		
G	Accour	nting Method.	X Cash	_ н с	heck 🎚	► X if t	the organization is not		
ı	Websit	te: ▶ <u>N/A</u>		_ re	quired	l to attac	h Schedule B		
<u>J</u>	Tax-exe	empt status (cl	neck only one) — X 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 52	7 (F	orm 9	90, 990-1	EZ, or 990-PF)		
K	Check	▶ ☐ If the	organization is not a section 509(a)(3) supporting organization or a section 527 org	ganization ai	nd its	gross red	ceipts are normally		
	not mo	ore than \$50,0	00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postc	ard) may be	requi	red (see	instructions) But if		
	the org	anization cho	oses to file a return, be sure to file a complete return						
L	Add line	es 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ets (Part II,					
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	<u>138,404</u>		
P	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (se		ructio	ns for P	art I)		
			f the organization used Schedule O to respond to any question in this Part	<u>t I</u>			X		
Š	1		gifts, grants, and similar amounts received			1	138,404		
<u>s</u>	2	-	vice revenue including government fees and contracts			2			
1	3		dues and assessments			3			
)	4	Investment i				4			
Ď	5a		nt from sale of assets other than inventory 5a						
	ь		other basis and sales expenses			1 _ 1			
Ď	٦		from sale of assets other than inventory (Subtract line 5b from line 5a)			5c			
	6	•	fundraising events			1			
	a		e from gaming (attach Schedule G if greater than						
Revenue		\$15,000)	6a			 			
15	Ь		e from fundraising events (not including \$ of contribution	ns					
			sing events reported on line 1) (attach Schedule G if the gross income and contributions exceeds \$15,000)			1			
	_		expenses from gaming and fundraising events 6c			1			
	٦		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			† !			
	d	line 6c)	or (1055) from garming and fundraising events (add lines of and ob and subtract			6d			
	7a	•	of inventory, less returns and allowances			54			
	l .	Less cost of				1			
			or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8		ue (describe in Schedule O)			8			
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	138,404		
	10		and a constant and that a Cobe data (A)			10			
	11	Benefits paid	to or for members RECEIVI	FD	Ĩ	11			
Ø	12	Salaries, oth	er compensation, and employee benefits		1	12			
Expenses	13	Professional	fees and other payments to independent contractors [8] OCT 1 5 20			13			
ē	14	Occupancy,	rent, utilities, and maintenance	기3 닷		14			
Ű	15	Printing, pub	lications, postage, and shipping	RS-0S(15			
	16	Other expen	ses (describe in Schedule O) OGDEN, (IT -		16	151,578		
	17_	Total expen	<u> </u>	17	<u>151,578</u>				
(A)	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)	_		18	-13,174		
set	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must agree with						
Net Assets		end-of-year	igure reported on prior year's return)			19	26,917		
Net	20	Other chang	es in net assets or fund balances (explain in Schedule O)			20	-1,920		
	21_		r fund balances at end of year Combine lines 18 through 20		<u> </u>	21	11,823		
For	Paper	work Reducti	on Act Notice, see the separate instructions.				Form 990-EZ (2012)		

Form 990-EZ (2012) Athletics & Academics	s Club, I	nc. 72-14	118518		Page 2
Part # Balance Sheets (see the instructions for P	art II)				5
Check if the organization used Schedule O to	o respond to any	question in this Part	<u> </u>		X
		(A) Be	ginning of year	L.,	(B) End of year
22 Cash, savings, and investments			26,917	22	10,543
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)		<u> </u>	0	24	1,280
25 Total assets		<u> </u>	26,917	25	11,823
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree			26,917	27	11,823
Part III Statement of Program Service Accom	•		· ==	l	Expenses
Check if the organization used Schedule O to	o respond to any	question in this Part	<u> </u>	1 '	equired for section
What is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
See Schedule O				_	anizations and section
Describe the organization's program service accomplishments for					17(a)(1) trusts, optional
as measured by expenses. In a clear and concise manner, describ persons benefited, and other relevant information for each program		vided, the humber of		tor	others)
		· INDEPEND OF		fт	
28 SUPPLY EQUIPMENT AND PLAYING FIELD UPKEEP FOR					
YOUTH ARE ABLE TO PHYSICALLY AND MENTALLY DEV INVOLVED IN HEALTHY COMPETITION.	VETOR BY BEING	ON A TEAM			
(Grants \$) If this amount includes	foreign grante, che	ock here	▶ 177	28a	
29	ioreign grants, che	CK Hele		20a	
23					
				1	
(Grants \$) If this amount includes	foreign grants, che	ck here		29a	
30	iologii glanto, one	NOT THE TOTAL STATE OF THE TOTAL			
				1	
(Grants \$) If this amount includes	foreian arants, che	ck here	▶ 🗂	30a	
31 Other program services (describe in Schedule O)				1 I	
(Grants \$) If this amount includes	foreign grants, che	ck here	▶ □	31a	149,348
32 Total program service expenses (add lines 28a through 31a)			•	32	149,348
Part IV List of Officers, Directors, Trustees, and Key E	mployees List eac		ensated (see the	ınstruct	ions for Part IV)
Check if the organization used Schedule O to resp	(b) Average	(c) Reportable	(d) Heath ber	nefits	
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	I contributions to e	employee	(e) Estimated amount of other compensation
·	devoted to position	(If not paid, enter -0-)	deferred compe		Other compensation
Todd Urbina		}			1
PRESIDENT	0.00		0		0
Kevin Simpson		į			
SECRETARY/TREAS	0.00		0		0
Ralph Covington				_	
BOARD MEMBER	0.00		<u> </u>		0
Todd Funderburk	1		.]	_	
BOARD MEMBER	0.00		<u> </u>		0
Sam Mahfouz					
BOARD MEMBER	0.00		<u> </u>		0
	-		+		
			 		
	!				
	 	 	 		
	1		İ		
	 	<u></u>	 -		
	 		 		
			†		
			1		
DAA	<u> </u>	·			Form 990-EZ (2012)

Athletics & Academics Club, Inc.

Page 3

	instru	er Information (Note the Schedule A and personal benefit contract statement requirements in the actions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organize	ation engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	•	tion of each activity in Schedule O	33		X
34	•	icant changes made to the organizing or governing documents? If "Yes," attach a conformed	-55		<u> </u>
•		ended documents if they reflect a change to the organization's name. Otherwise, explain the			1
		edule O (see instructions)	34		x
35a	•	ation have unrelated business gross income of \$1,000 or more during the year from business			
	_	as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 3	35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organiz	zation a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and p	roxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organiza	ation undergo a liquidation, dissolution, termination, or significant disposition of net assets			ĺ
	during the year?	P If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of	f political expenditures, direct or indirect, as described in the instructions			
b	Did the organiza	ation file Form 1120-POL for this year?	37b	<u> </u>	X
38a	_	ation borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
		made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	 	X
		te Schedule L, Part II and enter the total amount involved			ĺ
39		7) organizations Enter			ĺ
		nd capital contributions included on line 9			ĺ
	•	included on line 9, for public use of club facilities			ĺ
40a		3) organizations Enter amount of tax imposed on the organization during the year under			
	_	, section 4912 ▶, section 4955 ▶			ĺ
D	` , , .	3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ĺ
		ng the year, or did it engage in an excess benefit transaction in a prior year that has not been	40h	i I	x
_	· ·	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C		3) and 501(c)(4) organizations. Enter amount of tax imposed on			ĺ
		nagers or disqualified persons during the year under sections 4912,			ĺ
ч	4955, and 4958	3) and 501(c)(4) organizations Enter amount of tax on line 40c			ĺ
u	reimbursed by the				ĺ
е	•	s At any time during the tax year, was the organization a party to a prohibited tax shelter			
•	-	Yes," complete Form 8886-T	40e		x
41		vith which a copy of this return is filed ▶ None			
42a		n's books are in care of ▶ Kevin Simpson Telephone no ▶			
		721 Courtland Place			
	Located at > A	LEXANDRIA LA ZIP+4 ▶ 713	01		
ь	At any time duri	ng the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial acco	unt in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
		ne name of the foreign country			
	See the instruct	ions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial A				l
С		ng the calendar year, did the organization maintain an office outside the U.S?	42c		X
	•	ne name of the foreign country			
43		(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the ar	nount of tax-exempt interest received or accrued during the tax year			
				Yes	No
44a	_	ation maintain any donor advised funds during the year? If "Yes," Form 990 must be			•
	•	ad of Form 990-EZ	44a	 	X
b	_	ation operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	•	ad of Form 990-EZ	44b		X
C	-	ation receive any payments for indoor tanning services during the year?	44c	 	X
d	If "Yes" to line 4 explanation in S	4c, has the organization filed a Form 720 to report these payments? If "No," provide an chedule O	44d		ĺ
4	·			\vdash	v
45a		ation have a controlled entity within the meaning of section 512(b)(13)?	45a	 	X
45b		ation receive any payment from or engage in any transaction with a controlled entity within the			
	•	ion 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	AFL		x
	Form 990-EZ (s	ee iliatiuctiona)	45b	لــــــا	

Form	990-67	(2012) Athletics & Academics	Club, I	nc.	12-14	19219	- -			age 4	
46		ne organization engage, directly or indirectly, in political indidates for public office? If "Yes," complete Schedule C		s on behalf of	or in oppo	sition		46	Yes	No X	
Pa	rt VI	Section 501(c)(3) organizations only All section 501(c)(3) organizations must answ 50 and 51 Check if the organization used Schedule O to	ver questions 47			•	bles for li	nes			
		Oncok ii the organization abou oblicatio o te	copona to any	quodioniii	tillo i dit	<u>* </u>	<u>.</u>		Yes	No	
47		ne organization engage in lobbying activities or have a s ' If "Yes," complete Schedule C, Part II	ection 501(h) elec	tion in effect of	during the t	ax		47		х	
48		organization a school as described in section 170(b)(1)		-	dule E			48	<u> </u>	X	
49a		ne organization make any transfers to an exempt non-ch		ganızation?				49a	 	X	
b		s," was the related organization a section 527 organizat		(athar than a	ffinan dura	otom touchoo	and leave	49b	l	L	
50		olete this table for the organization's five highest compe oyees) who each received more than \$100,000 of comp									
	Cilipic	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Repo	ortable sation	(d) Health be contributions to benefit plan deferred com	enefits, o employee ns, and		(e) Estimated amount of other compensation		
No	one					deletted com	pondaton				
			<u> </u>								
				_							
								-			
f 51	Comp	number of other employees paid over \$100,000 plete this table for the organization's five highest compersion of compensation from the organization. If there is no			who each	received more	than				
		Name and address of each independent contractor paid more ti			(b) Typ	e of service	T	(c) Compe	nsation		
No	ne				-	<u></u>					
d 52	Did th	number of other independent contractors each receiving ne organization complete Schedule A? Note All section rempt charitable trusts must attach a completed Schedu	501(c)(3) organiza	ations and 49	47(a)(1)			X Ye		No No	
Unde	r penalt	ies of perjury, I declare that I have examined this return, include and complete. Declaration of preparer (other than officer) is be	ling accompanying s	chedules and s	itatements, a	and to the best only knowledge	of my knowle			110	
	$\neg \top$	kum				(0/-	1/13				
Sigr Here		Signature of officer Kevin Simpson		Sec		eas.					
		Type or print name and title	agenda signatura				1				
Paic			parer's signature			Date 10/08	Check /13		36648	33	
•	arer	Firm's name Hebert, Carbo & C		ld, CPA	\S_	Fin	n's EIN 🕨	20-47	951	90	
	Only		7 <u>1303-365</u>	5		Pho	one no 3	18-473	3- <u>0</u> 0	74	
May	the IR	S discuss this return with the preparer shown above? S	ee instructions					Form 90	es _	No (2012)	

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Athletics & Academics Club, Inc.

Employer identification number 72-1418518

P	art i	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art.) Se	e inst	ruction	าร.					
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check only	one box)									
1		A church, cor	nvention of churches, or ass	ociation of churches described	in sectio i	n 170(b)(1)(A)(i).									
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)												
3	П			cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	П			d in conjunction with a hospital o)(1)(A)(i	ii). Ente	er the ho	ospital's	name	,			
		city, and state	·	•			-		•		-					
5	П	An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a go	overnme	ental uni	t descri	bed in						
	_	section 170(b)(1)(A)(iv). (Complete Part II)														
6				overnmental unit described in s	ection 17	'0(b)(1)(A)(v).									
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public														
		described in section 170(b)(1)(A)(vi). (Complete Part II)														
8	П	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)														
9		An organizati	on that normally receives (1	i) more than 33 1/3% of its supp	port from	contribution	ons, me	mbershi	p fees,	and gro	ss					
		receipts from	activities related to its exem	npt functions—subject to certain	exceptio	ns, and (2	2) no mo	re than	33 1/3%	6 of its						
		support from	gross investment income ar	nd unrelated business taxable in	come (le:	ss section	511 tax) from b	usines	ses						
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2).	. (Comple	te Part III)									
10		An organizati	on organized and operated	exclusively to test for public safe	ety. See s	ection 50)9(a)(4).									
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, o	to carry	out the	Э						
		purposes of o	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2) See	section	1					
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h															
	a Type I b Type II c Type III—Functionally integrated d Type III–Non-functionally integrated															
е		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons														
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)															
	or section 509(a)(2)															
f		•		rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting							
			check this box													
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	n any of th	ne									
		following per														
		• • •	•	ontrols, either alone or together	with perso	ons descr	ibed in (ıı) and			ſ		Yes	No		
		. ,	w, the governing body of the	• • •							T I	11g(i)		├		
			member of a person describ	**							ī	11g(ii)		-		
			•	described in (i) or (ii) above?							l	11g(in)	<u> </u>	L		
<u>h</u>				he supported organization(s)	(ha) to the o		(a) Dur		4.0	- 15-0	4					
(1	-	e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1	organization sted in your		ou notify	organizat	s the ion in col	(VII) A	mount o supp	of monet ort	ary		
		,		above or IRC section		document?	col (i)	of your cort?		zed in the S ?		• • •				
				(see instructions))	Yes	No	Yes	No.	Yes	No						
(A)					103		1,55		103	110						
,,,																
B)																
•		ı						}								
(C)		-									 					
D)					1]			1							
E)						 					_					
_,																
Γota	ıl				<u> </u>			L	1	l						

Page 2

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	112,328	25,675	58,330	135,306	13(3,404	470,043
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 5	Total. Add lines 1 through 3 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)	112,328	25,675	58,330	135,306	138,404		470,043
6_	Public support. Subtract line 5 from line 4							470,043
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
7	Amounts from line 4	112,328	25,675	58,330	135,306	138	3,404	470,043
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			<u>_</u>				470,043
12	Gross receipts from related activities, etc	•					12	
13	First five years. If the Form 990 is for the	=	second, third, for	irth, or fifth tax yea	r as a section 501	(c)(3)		
500	organization, check this box and stop her tion C. Computation of Public Su		200					>
14	Public support percentage for 2012 (line 6			- (6)			14	100 00%
15	Public support percentage for 2012 (line of	• • •	-	ii (i <i>))</i>			15	100.00%
	33 1/3% support test—2012. If the organ	· · · · · · · · · · · · · · · · · · ·		13 and line 14 is 3	3 1/3% or more c	heck this	13 1	100.00 /6
	box and stop here. The organization quali				5 175 75 51 11151C, C	neck tills		▶ X
ь	33 1/3% support test—2011. If the organ				5 is 33 1/3% or mo	ore.		
	check this box and stop here. The organiz					,		▶ □
17a				-	a, or 16b, and line	14 is		
	10% or more, and if the organization meet							
	Part IV how the organization meets the "fa organization	cts-and-circumstan	ces" test The org	anization qualifies	as a publicly supp	orted		> [
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part IV how the organization me	meets the "facts-ar	nd-circumstances"	test, check this bo	ox and stop here.			_
_	supported organization							▶ []
18	Private foundation. If the organization did	I not check a box of	n line 13, 16a, 16b	o, 17a, or 17b, ched	ck this box and se	e		▶ □
	instructions		<u> </u>					

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)

	tion A. Public Support		1 4 2 000	4220040	(4) 2044	(=) 2012	(6) Total		
1	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	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	<u>.</u>							
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		<u>.</u>						
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
Sac	tion B. Total Support		<u> </u>	<u> </u>	L,	<u> </u>	<u>l</u>		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
9	Amounts from line 6	(4) 2000	(2) 2000	(0, 20.0	(4) 2011	(5, 15 · 1	(1) 1 0101		
l0a	Gross income from interest, dividends, 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.)								
4	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)			
	organization, check this box and stop her						<u> </u>		
Sec	tion C. Computation of Public Su								
5	Public support percentage for 2012 (line 8		-	nn (f))		1:			
	Public support percentage from 2011 School					11	6		
6		<u>nt income Pei</u>					7 %		
6 Sec	tion D. Computation of Investme	40 40							
6 Sec 7	Investment income percentage for 2012 (I			, column (1))					
6 Sec 7 8	Investment income percentage for 2012 (Investment income percentage from 2011	Schedule A, Part	III, line 17		more than 33 1/2	1			
6 Sec 7	Investment income percentage for 2012 (Investment income percentage from 2011 33 1/3% support tests—2012. If the orga	Schedule A, Part nization did not ch	III, line 17 eck the box on line	e 14, and line 15 is		%, and line			
Sec 7 8 9a	Investment income percentage for 2012 (Investment income percentage from 2011 33 1/3% support tests—2012. If the orga 17 is not more than 33 1/3%, check this be	Schedule A, Part nization did not chox and stop here.	III, line 17 eck the box on line The organization	e 14, and line 15 is qualifies as a publi	cly supported orga	%, and line anization	8		
6 Sec 7 8	Investment income percentage for 2012 (Investment income percentage from 2011 33 1/3% support tests—2012. If the orga 17 is not more than 33 1/3%, check this be	Schedule A, Part nization did not choox and stop here. nization did not ch	III, line 17 eck the box on line The organization eck a box on line	e 14, and line 15 is qualifies as a publi 14 or line 19a, and	cly supported orga line 16 is more th	%, and line anization an 33 1/3%, and	8		

Schedule A (Form 990 or 990-EZ) 2012 Athletics & Academics Club, Inc. 72-1418518

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 **2012**

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

Athletics & Academics Club, Inc.

Employer identification number 72-1418518

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount				
Expenses					
Bank Service Charges	\$	54			
Meals	\$	683			
COR - Suberbowl Board	\$	33,963			
COR - LSU Board	\$	14,525			
Program Expenses - Menard	\$	34,002			
Program Expenses - Menard	\$	800			
Program Expenses - Menard	\$	18,164			
Program Expenses - Menard	\$	26,745			
Program Expenses - Golf T	\$	7,428			
Program Expenses - Athlet	\$	7,728			
Program Expenses - Schola	\$	400			
Program Expenses - A&A Cl	\$	593			
Program Expenses - Bridge	\$	5,000			
Contributions	\$	300			
Licenses	\$	1,193			
То	tal \$	151,578			

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances
Description
Amount

Book / Tax Depreciation Difference

\$ -1,920

Form 990-EZ, Part II, Line 24 - Other Assets

Schedule O (Form 990 or 990-EZ) (2012)					_Page 2
Name of the organization Athletics & Academics Club, Ir	nc.			lentification number	
Description		Beg. of	Year	End of	Year
John Deere Atv		\$	0	\$	3,200
Less Accumulated Depreciation		\$	0	\$	1,920
	Total	Ś	0	Ś	1.280

Form 990-EZ, Part III - Primary Exempt Purpose

SUPPLY EQUIPMENT AND PLAYING FIELD UPKEEP FOR YOUTH SPORTS: HUNDREDS OF

YOUTH ARE ABLE TO PHYSICALLY AND MENTALLY DEVELOP BY BEING ON A TEAM

INVOLVED IN HEALTHY COMPETITION

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

SUPPLY EQUIPMENT AND PLAYING FIELD UPKEEP FOR YOUTH SPORTS: HUNDREDS OF

YOUTH ARE ABLE TO PHYSICALLY AND MENTALLY DEVELOP BY BEING ON A TEAM

INVOLVED IN HEALTHY COMPETITION.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

► Attach to your tax return.

Identifying number

Name(s) shown on return	ica C Nanda	emics Club, I	'na				yıng num - 1 <i>1</i> 1	8518	
		LCS & ACAGE	emics Club, 1	nc.			12	171	0310	
	ss or activity to which this form relates adirect Depreciati	ion								
			erty Under Section	179						
Fd			, complete Part V be		omnle	te Part	1			
_			, complete Fait v bi	siole you c	OHIDI	sic i ait	<u>'</u>	1	500,000	
1	Maximum amount (see instructions	•	a instructions)					2		
2	Total cost of section 179 property	•		etions)				3	2,000,000	
3	Threshold cost of section 179 prop Reduction in limitation Subtract lin	•	•	.tions;				4	2/000/000	
4	Dollar limitation for tax year Subtract lin			na constately s	eaa inetr	uctions		5		
5	(a) Description			t (business use or			Elected cost			
6	(a) Description	Tot property	(5) 000	(1000,11000 000 0.	***					
7	Listed property Enter the amount	from line 29			7					
8	Total elected cost of section 179 p		ts in column (c) lines 6 a	nd 7		-		8		
9	Tentative deduction Enter the sm							9		
10	Carryover of disallowed deduction							10	-	
11	Business income limitation Enter	•		zero) or line	5 (see	instruction	ns)	11		
12	Section 179 expense deduction A				• •			12		
13	Carryover of disallowed deduction			•	13					
	Do not use Part II or Part III below					-				
********			nd Other Deprecia	tion (Do no	ot incl	lude liste	ed prop	erty)	(See instructions)	
14	Special depreciation allowance for									
•	during the tax year (see instructions)								1,600	
15	Property subject to section 168(f)(1) election							15		
16	Other depreciation (including ACR							16		
			de listed property.)	(See instru	ctions	s.)				
			Section A							
17	MACRS deductions for assets pla	ced in service in tax	years beginning before 2	012			_	17	0	
<u>18</u>	If you are electing to group any assets placed	in service during the tax y	ear into one or more general asse	t accounts, check	here		>	ــــــلـــــــــــــــــــــــــــــــ		
	Section B—A	ssets Placed in Se	rvice During 2012 Tax Y	ear Using th	e Gene	eral Depre	eciation	System) 	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) C	Convention	(f) Met	hod	(g) Depreciation deduction	
<u>19a</u>	3-year property	_			<u> </u>					
b	5-year property	1	1,60	5.0	—	HY	200	ODB	320	
C	7-year property	1			+					
<u>d</u>	10-year property			<u> </u>	-					
<u>e</u>	15-year property	1		-	-					
<u>f</u>	20-year property	1		 	 					
<u>g</u>	25-year property			25 yrs.	+		S/			
h	Residential rental			27 5 yrs	1	MM	S/			
	property			27 5 yrs		MM	S/			
i	Nonresidential real			39 yrs	 	MM	S/			
	property		ina Durina 2042 Tay Va	as Union the		MM otivo Don	S/		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	sets Placed in Serv	ice During 2012 Tax Ye	ar Using the	Aitem	ative Dep			m 	
	Class life	-		12 vm			S/			
	12-year	-		12 yrs	 	haha .	$\overline{}$			
	40-year	tructions \		40 yrs	L. —	MM	S/	<u> </u>	<u> </u>	
	rt IV Summary (See ins							21		
21	Listed property Enter amount from Total . Add amounts from line 12,		lines 10 and 20 in column	n (a) and line	21 Er	ter here				
22	and on the appropriate lines of you					Kei Hele		22	1,920	
22	For assets shown above and place							1 22	-/	
23	portion of the basis attributable to		are current year, enter the	•	23					
	portion of the basis attributable to	SCORIOTI ZOUM COSES				<u> </u>			4500	