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Return of Organization Exempt From Income Tax

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section containing organization name (CENTRAL SQUARE REDHAWK ATHLETIC BOOSTERS INC), EIN (76-0801318), address (PO BOX 453, CENTRAL SQUARE, NY 13036), and other identifying information.

Part I Summary

Summary section with line items 1-12 including mission statement (TO PROMOTE SCHOOL ATHLETICS) and financial data table for revenue and expenses.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-22 covering revenue, expenses, and fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

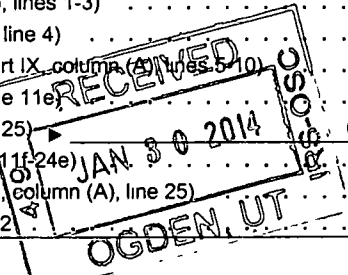
Signature block for SUE DIVIRGILIO, Treasurer, with handwritten signature and date 1-13-14.

Paid Preparer Use Only section for DAVID ANDERSON, CPA, with firm name, address, and phone number.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

SCANNED FEB 06 2014 Activities & Governance



SP

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**TO PROMOTE SCHOOL ATHLETICS**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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 services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code: \_\_\_\_\_) (Expenses \$ 177,475 including grants of \$ 7,533) (Revenue \$ 184,778)  
**THE ORGANIZATION WAS FORMED TO SUPPORT AND PROMOTE ATHLETICS WITHIN THE CENTRAL SQUARE SCHOOL DISTRICT.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 177,475

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

|     |   | Yes | No |
|-----|---|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .   | 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 . . . . .   |     | X  |
| 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? If "Yes," complete Schedule J . . . . .  |     | X  |
| 24a | 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .                             |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| 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? . . . . .  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .  |     | X  |
| 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 . . . . .                                       |     | X  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .   |     | X  |
| 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 . . . . . |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).   |     |    |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  |     | X  |
| c   | 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 . . . . .  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  |     | 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 . . . . .  |     | X  |
| 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 . . . . .  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .  |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| b   | If "Yes" to line 35a, 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 . . . . .   |     | X  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .   |     | X  |
| 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 . . . . .   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

X

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 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? 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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 take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
Own website Another's website X Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SUE DIVIRGILIO (315) 668-4220 PO BOX 453 CENTRAL SQUARE, NY 13036

**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**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                                 |                                 |   |  |                                 |                            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|--|---------------------------------|---------------------------------|---|--|---------------------------------|----------------------------|--|---|---|
|                                  |  | I<br>n<br>d<br>i<br>v<br>i<br>d<br>u<br>a<br>l   | T<br>r<br>u<br>s<br>t<br>e<br>e | O<br>f<br>f<br>i<br>c<br>e<br>r | K<br>e<br>y<br>e<br>m<br>p<br>l<br>o<br>y<br>e<br>e | H<br>i<br>g<br>h<br>e<br>s<br>t<br>c<br>o<br>m<br>p<br>e<br>n<br>s<br>a<br>t<br>e<br>d | C<br>u<br>r<br>r<br>e<br>n<br>t | F<br>o<br>r<br>m<br>e<br>r |  |   |   |
| (1) DON RANSOM<br>VICE PRESIDENT | 10.00  |  |                                 | X                               |   |  |                                 | 0                          | 0  | 0   |   |
| (2) GARY ROSS<br>PRESIDENT       | 10.00  |  |                                 | X                               |   |  |                                 | 0                          | 0  | 0   |   |
| (3) SUE DIVIRGILIO<br>TREASURER  | 10.00  |  |                                 | X                               |   |  |                                 | 0                          | 0  | 0   |   |
| (4) VICKI DALE<br>SECRETARY      | 10.00  |  |                                 | X                               |   |  |                                 | 0                          | 0  | 0   |   |
| (5)                              |  |  |                                 |                                 |   |  |                                 |                            |  |   |   |
| (6)                              |  |  |                                 |                                 |   |  |                                 |                            |  |   |   |
| (7)                              |  |  |                                 |                                 |   |  |                                 |                            |  |   |   |
| (8)                              |  |  |                                 |                                 |   |  |                                 |                            |  |   |   |
| (9)                              |  |  |                                 |                                 |   |  |                                 |                            |  |   |   |
| (10)                             |  |  |                                 |                                 |   |  |                                 |                            |  |   |   |
| (11)                             |  |  |                                 |                                 |   |  |                                 |                            |  |   |   |
| (12)                             |  |  |                                 |                                 |   |  |                                 |                            |  |   |   |
| (13)                             |  |  |                                 |                                 |   |  |                                 |                            |  |   |   |
| (14)                             |  |  |                                 |                                 |   |  |                                 |                            |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and director/trustee) |         |         |              |                              |        |       | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|---------|---------|--------------|------------------------------|--------|-------|--|---|---|
|  |  | Director   | Trustee | Officer | Key employee | Highest compensated employee | Former | Other |  |   |   |
| (15)   |  |  |         |         |              |                              |        |       |  |   |   |
| (16)   |  |  |         |         |              |                              |        |       |  |   |   |
| (17)   |  |  |         |         |              |                              |        |       |  |   |   |
| (18)   |  |  |         |         |              |                              |        |       |  |   |   |
| (19)   |  |  |         |         |              |                              |        |       |  |   |   |
| (20)   |  |  |         |         |              |                              |        |       |  |   |   |
| (21)   |  |  |         |         |              |                              |        |       |  |   |   |
| (22)   |  |  |         |         |              |                              |        |       |  |   |   |
| (23)   |  |  |         |         |              |                              |        |       |  |   |   |
| (24)   |  |  |         |         |              |                              |        |       |  |   |   |
| (25)   |  |  |         |         |              |                              |        |       |  |   |   |
| <b>1b Sub-total</b>  |  |  |         |         |              |                              |        |       |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |         |         |              |                              |        |       |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |         |         |              |                              |        | 0     | 0  | 0   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

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

|  |   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|--|---|---|----------------------|--|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>        | 1a Federated campaigns . . . . .  | 1a  |                      |  |   |   |  |
|  | b Membership dues . . . . .   | 1b  |                      |  |   |   |  |
|  | c Fundraising events . . . . .  | 1c  | 59,254               |  |   |   |  |
|  | d Related organizations . . . . .   | 1d  |                      |  |   |   |  |
|  | e Government grants (contributions) . . . . .   | 1e  | 3,787                |  |   |   |  |
|  | f All other contributions, gifts, grants,<br>and similar amounts not included above   | 1f  |                      |  |   |   |  |
|  | g Noncash contributions included in lines 1a-1f: \$   |   |                      |  |   |   |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . . ▶   |   |                      | 63,041   |   |   |  |
| <b>Program Service Revenue</b>   | 2a <b>CAMP</b>  | Business Code   | 611710               | 23,400   | 23,400                                  |   |  |
|  | b <b>TOURNAMENTS</b>  | 611710  | 28,766               | 28,766   |   |   |  |
|  | c <b>CLOTHING</b>   | 611710  | 9,794                | 9,794  |   |   |  |
|  | d <b>TRIPS</b>  | 611710  | 13,477               | 13,477   |   |   |  |
|  | e <b>LEAGUES</b>  | 611710  | 7,977                | 7,977  |   |   |  |
|  | f All other program service revenue . . . . .   |   |                      |  |   |   |  |
|  | <b>g Total.</b> Add lines 2a-2f . . . . . ▶   |   |                      | 83,414   |   |   |  |
| <b>Other Revenue</b>   | 3 Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶   |   |                      |  |   |   |  |
|  | 4 Income from investment of tax-exempt bond proceeds . . . . . ▶  |   |                      |  |   |   |  |
|  | 5 Royalties . . . . . ▶   |   |                      |  |   |   |  |
|  | 6a Gross rents . . . . .  | (i) Real  | (ii) Personal        |  |   |   |  |
|  |   | b Less: rental expenses . . . . .                           |                      |  |   |   |  |
|  |   | c Rental income or (loss) . . . . .                         |                      |  |   |   |  |
|  |   | d Net rental income or (loss) . . . . . ▶                   |                      |  |   |   |  |
|  | 7a Gross amount from sales of<br>assets other than inventory  | (i) Securities  | (ii) Other           |  |   |   |  |
|  |   | b Less: cost or other basis<br>and sales expenses . . . . . |                      |  |   |   |  |
|  |   | c Gain or (loss) . . . . .                                  |                      |  |   |   |  |
|  |   | d Net gain or (loss) . . . . . ▶                            |                      |  |   |   |  |
|  | 8a Gross income from fundraising<br>events (not including \$ 59,254<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . a |   |                      |  |   |   |  |
|  | b Less: direct expenses . . . . . b   |   |                      |  |   |   |  |
|  | c Net income or (loss) from fundraising events . . . . . ▶  |   |                      |  |   |   |  |
|  | 9a Gross income from gaming activities<br>See Part IV, line 19 . . . . . a  |   |                      |  |   |   |  |
| b Less: direct expenses . . . . . b                                      |   |   |                      |  |   |   |  |
| c Net income or (loss) from gaming activities . . . . . ▶                |   |   |                      |  |   |   |  |
| 10a Gross sales of inventory, less<br>returns and allowances . . . . . a |   | 41,951  |                      |  |   |   |  |
| b Less: cost of goods sold . . . . . b                                   |   | 19,037  |                      |  |   |   |  |
| c Net income or (loss) from sales of inventory . . . . . ▶               |   |   | 22,914               | 22,914   |   |   |  |
| Miscellaneous Revenue  |   | Business Code   |                      |  |   |   |  |
| 11a <b>BANQUET</b>   |   | 611710  | 15,409               | 15,409   |   |   |  |
| b  |   |   |                      |  |   |   |  |
| c  |   |   |                      |  |   |   |  |
| d All other revenue . . . . .  |   |   |                      |  |   |   |  |
| e <b>Total.</b> Add lines 11a-11d . . . . . ▶                            |   |   | 15,409               |  |   |   |  |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                    |   |   | 184,778              | 121,737  | 0                                       | 0   |  |

**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)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .   | 6,683                 | 6,683                           |  |                             |
| 2  | Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .   | 850                   | 850                             |  |                             |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .  |                       |                                 |  |                             |
| 4  | Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| 5  | Compensation of current officers, directors, trustees, and key employees . . . . .  |                       |                                 |  |                             |
| 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 . . . . .  |                       |                                 |  |                             |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  |                       |                                 |  |                             |
| 9  | Other employee benefits . . . . .   |                       |                                 |  |                             |
| 10   | Payroll taxes . . . . .   |                       |                                 |  |                             |
| 11   | Fees for services (non-employees):  |                       |                                 |  |                             |
| a  | Management . . . . .  |                       |                                 |  |                             |
| b  | Legal . . . . .   |                       |                                 |  |                             |
| c  | Accounting . . . . .  | 665                   |                                 | 665                                    |                             |
| d  | Lobbying . . . . .  |                       |                                 |  |                             |
| e  | Professional fundraising services See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| f  | Investment management fees . . . . .  |                       |                                 |  |                             |
| g  | Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   |                       |                                 |  |                             |
| 12   | Advertising and promotion . . . . .   |                       |                                 |  |                             |
| 13   | Office expenses . . . . .   | 2,355                 |                                 | 2,355                                  |                             |
| 14   | Information technology . . . . .  |                       |                                 |  |                             |
| 15   | Royalties . . . . .   |                       |                                 |  |                             |
| 16   | Occupancy . . . . .   |                       |                                 |  |                             |
| 17   | Travel . . . . .  |                       |                                 |  |                             |
| 18   | 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   | Depreciation, depletion, and amortization . . . . .   |                       |                                 |  |                             |
| 23   | Insurance . . . . .   | 889                   | 889                             |  |                             |
| 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.)   |                       |                                 |  |                             |
| a  | <b>FUNDRAISING</b>  | 13,773                | 13,773                          |  |                             |
| b  | <b>BANQUET EXPENSES</b>   | 26,648                | 26,648                          |  |                             |
| c  | <b>GIFTS AND AWARDS</b>   | 3,116                 | 3,116                           |  |                             |
| d  |   |                       |                                 |  |                             |
| e  | All other expenses  | 125,516               | 125,516                         |  |                             |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 180,495               | 177,475                         | 3,020                                  | 0                           |
| 26   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                             |  | (A)  |        | (B)         |        |
|-----------------------------|--|--|--------|-------------|--------|
|                             |  | Beginning of year  |        | End of year |        |
| Assets                      | 1  | Cash - non-interest-bearing  | 57,765 | 1           | 62,048 |
|                             | 2  | Savings and temporary cash investments   |        | 2           |        |
|                             | 3  | Pledges and grants receivable, net   |        | 3           |        |
|                             | 4  | Accounts receivable, net   |        | 4           |        |
|                             | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  |        | 5           |        |
|                             | 6  | Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |        | 6           |        |
|                             | 7  | Notes and loans receivable, net  |        | 7           |        |
|                             | 8  | Inventories for sale or use  |        | 8           |        |
|                             | 9  | Prepaid expenses and deferred charges  |        | 9           |        |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  |        | 10a         |        |
|                             | b  | Less: accumulated depreciation   |        | 10b         | 10c    |
|                             | 11   | Investments - publicly traded securities   |        | 11          |        |
|                             | 12   | 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                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 57,765   | 16     | 62,048      |        |
| Liabilities                 | 17   | Accounts payable and accrued expenses  |        | 17          |        |
|                             | 18   | Grants payable   |        | 18          |        |
|                             | 19   | Deferred revenue   |        | 19          |        |
|                             | 20   | Tax-exempt bond liabilities  |        | 20          |        |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D  |        | 21          |        |
|                             | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  |        | 22          |        |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties   |        | 23          |        |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties   |        | 24          |        |
| 25                          | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D |  | 25     |             |        |
| 26                          | <b>Total liabilities.</b> Add lines 17 through 25  | 0  | 26     | 0           |        |
| Net Assets of Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>           |  |        |             |        |
|                             | 27   | Unrestricted net assets  | 57,765 | 27          | 62,048 |
|                             | 28   | Temporarily restricted net assets  |        | 28          |        |
|                             | 29   | Permanently restricted net assets  |        | 29          |        |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                    |  |        |             |        |
|                             | 30   | Capital stock or trust principal, or current funds   |        | 30          |        |
|                             | 31   | Paid-in or capital surplus, or land, building, or equipment fund   |        | 31          |        |
|                             | 32   | Retained earnings, endowment, accumulated income, or other funds   |        | 32          |        |
| 33                          | <b>Total net assets or fund balances</b>   | 57,765   | 33     | 62,048      |        |
| 34                          | <b>Total liabilities and net assets/fund balances</b>  | 57,765   | 34     | 62,048      |        |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |         |
|----|--|----|---------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 184,778 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 180,495 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 4,283   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 57,765  |
| 5  | Net unrealized gains (losses) on investments   | 5  |         |
| 6  | Donated services and use of facilities   | 6  |         |
| 7  | Investment expenses  | 7  |         |
| 8  | Prior period adjustments   | 8  |         |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 62,048  |

**Part XII Financial Statements and Reporting**

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

|    |  | Yes | No |
|----|--|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                        |     | X  |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |    |
| 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?   |     |    |
| 3b | 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   |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CENTRAL SQUARE REDHAWK ATHLETIC BOOSTERS INC**

Employer identification number

**76-0801318**

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

| (I) Name of supported organization | (II) EIN | (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (IV) Is the organization in col (I) listed in your governing document? |    | (V) Did you notify the organization in col (I) of your support? |    | (VI) Is the organization in col (I) organized in the U S ? |    | (VII) Amount of monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                                  |
| (A)                                |          |   |  |    |   |    |  |    |                                  |
| (B)                                |          |   |  |    |   |    |  |    |                                  |
| (C)                                |          |   |  |    |   |    |  |    |                                  |
| (D)                                |          |   |  |    |   |    |  |    |                                  |
| (E)                                |          |   |  |    |   |    |  |    |                                  |
| <b>Total</b>                       |          |   |  |    |   |    |  |    |                                  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 6 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 6 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions) with value 12.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) with value 14; 15 Public support percentage from 2011 Schedule A, Part II, line 14 with value 15; 16a 33 1/3% support test - 2012; 16b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; 17b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 188,302  | 197,536  | 72,333   | 7,959    | 3,787    | 469,917   |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or bus under sec 513  |          |          | 119,542  | 221,848  | 180,991  | 522,381   |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b> Total. Add lines 1 through 5   | 188,302  | 197,536  | 191,875  | 229,807  | 184,778  | 992,298   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8</b> Public support (Subtract line 7c from line 6)  |          |          |          |          |          | 992,298   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  | 188,302  | 197,536  | 191,875  | 229,807  | 184,778  | 992,298   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| <b>13</b> Total support. (Add lines 9, 10c, 11, and 12)   | 188,302  | 197,536  | 191,875  | 229,807  | 184,778  | 992,298   |

**14** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

|  |    |        |   |
|--|----|--------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | 100.00 | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15                      | 16 | 100.00 | % |

**Section D. Computation of Investment Income Percentage**

|   |    |      |   |
|---|----|------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00 | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17                        | 18 |      | % |

**19a** 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b** 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Employer identification number

**CENTRAL SQUARE REDHAWK ATHLETIC BOOSTERS INC**

**76-0801318**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

|                    | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--------------------|---|---------------|--|----|-----------------------------------|--|---|
|                    |   |               | Yes  | No |                                   |  |   |
| 1                  |   |               |  |    |                                   |  |   |
| 2                  |   |               |  |    |                                   |  |   |
| 3                  |   |               |  |    |                                   |  |   |
| 4                  |   |               |  |    |                                   |  |   |
| 5                  |   |               |  |    |                                   |  |   |
| 6                  |   |               |  |    |                                   |  |   |
| 7                  |   |               |  |    |                                   |  |   |
| 8                  |   |               |  |    |                                   |  |   |
| 9                  |   |               |  |    |                                   |  |   |
| 10                 |   |               |  |    |                                   |  |   |
| <b>Total</b> ..... |   |               |  |    |                                   |  |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1  | (b) Event #2 | (c) Other events | (d) Total events              |
|-----------------|----|---|--------------|------------------|-------------------------------|
|                 |    | <b>FUNDRAISING</b>  |              | <b>NONE</b>      | (add col (a) through col (c)) |
|                 |    | (event type)  | (event type) | (total number)   |                               |
| Revenue         | 1  | Gross receipts . . . . .  | 59,254       |                  | 59,254                        |
|                 | 2  | Less: Contributions . . . . .   |              |                  |                               |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                            | 59,254       |                  | 59,254                        |
| Direct Expenses | 4  | Cash prizes . . . . .   |              |                  |                               |
|                 | 5  | Noncash prizes . . . . .  |              |                  |                               |
|                 | 6  | Rent/facility costs . . . . .   |              |                  |                               |
|                 | 7  | Food and beverages . . . . .  |              |                  |                               |
|                 | 8  | Entertainment . . . . .   |              |                  |                               |
|                 | 9  | Other direct expenses . . . . .   | 13,773       |                  | 13,773                        |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |              |                  | ( 13,773 )                    |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶ |              |                  | 45,481                        |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col (a) through col (c))                      |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | 1 | Gross revenue . . . . .   |   |   |   |
| Direct Expenses | 2 | Cash prizes . . . . .   |   |   |   |
|                 | 3 | Noncash prizes . . . . .  |   |   |   |
|                 | 4 | Rent/facility costs . . . . .   |   |   |   |
|                 | 5 | Other direct expenses . . . . .   |   |   |   |
|                 | 6 | Volunteer labor . . . . .   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶     |   |   | ( )   |
|                 | 8 | Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶ |   |   |   |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

▶ Attach to Form 990.

Name of the organization

**CENTRAL SQUARE REDHAWK ATHLETIC BOOSTERS**

Employer identification number

**76-0801318**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

| 1    | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | MORE THAN JUST A GAME                              |         |                               | 1,538                    |                                   |   |  |                                    |
| (2)  | AMERICAN HEART ASSOC                               |         |                               | 127                      |                                   |   |  |                                    |
| (3)  | PV MOORE SCHOLARSHIP                               |         |                               | 300                      |                                   |   |  |                                    |
| (4)  | AJ CORDONE SCHOLARSHIP                             |         |                               | 250                      |                                   |   |  |                                    |
| (5)  | S HATEM SCHOLARSHIP                                |         |                               | 200                      |                                   |   |  |                                    |
| (6)  | B LINDSEY SCHOLARSHIP                              |         |                               | 200                      |                                   |   |  |                                    |
| (7)  | N ROGERS SCHOLARSHIP                               |         |                               | 50                       |                                   |   |  |                                    |
| (8)  | PATRIOT CLUB                                       |         |                               | 50                       |                                   |   |  |                                    |
| (9)  | POP WARNER   |         |                               | 200                      |                                   |   |  |                                    |
| (10) | VILLAGE OF CS                                      |         |                               | 50                       |                                   |   |  |                                    |
| (11) | FOACHES VS CANCER                                  |         |                               | 1,000                    |                                   |   |  |                                    |
| (12) | SIDE OUT FOUNDATION                                |         |                               | 138                      |                                   |   |  |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

EEA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

▶ Attach to Form 990.

Employer identification number  
**76-0801318**

Name of the organization  
**CENTRAL SQUARE REDHAWK ATHLETIC BOOSTERS INC**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

| 1    | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  | CHRISTINE LAVE BENEFIT                             |         |                               | 3,230                    |                                   |   |  |                                    |
| (2)  | A WILKENS SCHOLARSHIP                              |         |                               | 200                      |                                   |   |  |                                    |
| (3)  |  |         |                               |                          |                                   |   |  |                                    |
| (4)  |  |         |                               |                          |                                   |   |  |                                    |
| (5)  |  |         |                               |                          |                                   |   |  |                                    |
| (6)  |  |         |                               |                          |                                   |   |  |                                    |
| (7)  |  |         |                               |                          |                                   |   |  |                                    |
| (8)  |  |         |                               |                          |                                   |   |  |                                    |
| (9)  |  |         |                               |                          |                                   |   |  |                                    |
| (10) |  |         |                               |                          |                                   |   |  |                                    |
| (11) |  |         |                               |                          |                                   |   |  |                                    |
| (12) |  |         |                               |                          |                                   |   |  |                                    |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

EEA



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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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.

Employer identification number

**CENTRAL SQUARE REDHAWK ATHLETIC BOOSTERS INC**

**76-0801318**

**01. Form 990 governing body review (Part VI, line 11)**

**THE OFFICERS RECEIVE THE 990 PRIOR TO FILING AND AT THAT TIME ARE ABLE TO REVIEW IT.**

**02. Governing documents, etc, available to public (Part VI, line 19)**

**GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.**

**03. List of other expenses (Part IX, line 24e)**

**PERMITS 320.00**

**CAMP, REC LEAGUES, TRAINING AND TRIPS 73,117.00**

**TOURNAMENTS 13,126.00**

**BANK FEES 149.00**

**RETURNED CHECKS 156.00**

**UNIFORMS, CLOTHING AND EQUIPMENT 38,648.00**

Overflow Statement

Name(s) as shown on return

FEIN

CENTRAL SQUARE REDHAWK ATHLETIC BOOSTERS INC

76-0801318

| Description                                 | Amount            |
|---|-------------------|
| PERMITS                                     | \$ 320            |
| CAMP AND REC LEAGUES AND TRAINING AND TRIPS | 73,117            |
| TOURNAMENTS                                 | 13,126            |
| BANK FEES                                   | 149               |
| RETURNED CHECKS                             | 156               |
| UNIFORMS CLOTHES AND EQUIPMENT              | 38,648            |
| <b>Total:</b>                               | <b>\$ 125,516</b> |