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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990

								_				-	
A	For the	2013 calend	dar year, or tax	year begi	inning		, 2013, and	ending			,		
В	Check if a	pplicable	C Name of organiz	ation PR	INCE ATH	LETIC ASSOCI	ATION			D Employ	er Identi	fication Numb	er
	Addr	ess change	Doing Business	As						23-0	9887	760	
	Nami	e change	Number and str	et (or PO b	ox if mail is not deli	vered to street address)		Room/suit	e	E Telepho	ne numb	er	
	Initial	l return	600 SOUTH	RICHL	AND AVENI	JE.				(71	7) 84	48-1410	J
	Term	nnated				or foreign postal code		<u>!</u>		,,,,	.,		
	Amer	nded return	YORK				PA 17	404		G Gross re	ceints S	737,2	293
	\vdash	cation pending	F Name and addre	ess of princip	al officer		171 17		(a) Is this a	group return			Yes X No
		out on purious	LARRY SNYDE			IE VODK	PA 17	404 H	(b) Are all	subordinates attach a list (s	ncluded?	. –	Yes No
	Tay-py	empt status		X 501(c) (527	If No 'a	attach a list (s	see instru	ctions)	,
<u>. </u>		site: N/		1 301(0) (iliscitilo) 14747	(0)(1) (1		(a) Crous	exemption nu	mbor ►		
<u>. </u>		f organization	X Corporation	Trust	Association	Other ►	Ti v	f formation	1935			gal domicile	D.)
n.	art I			Tirust	Association	Other	L. Tear o	iomation	193) IVI S	iate of le	gar comicile	PA
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		meny describ	e trie organizati	JII 5 III 5 III	on or most sign	illicant activities	30C1	AF CP	7P F ()	K BENE	E T T 7	OF WEWE	7 <u>F K 2</u>
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naı	-	-										-	
Activities & Governance	2 0	heck this bo	x ► I if the c	rganizatio	n discontinue	d its operations or o	lisposed of	more tha	n 25% o	fits net as			
ၓ	3 N		ing members of	-		•					3		10
•ŏ	4 N	lumber of inc	lependent voting	members	of the govern	ing body (Part VI, li	ne 1b)				4		10
itie	5 T				•	2013 (Part V, line)	2a)				5		
ξį	6 T		of volunteers (es		• •		•				6		0
ĕ					•	nn (C), line 12					7a		-4,9 <u>14.</u>
	<u> </u>	let unrelated	business taxabl	e income	from Form 990)-T, line 34			· ·		7b		<u>-4,914.</u>
									P	rıor Year		Curre	nt Year
<u>9</u>	1		and grants (Part			•		<i>i</i> .		26,5	14.		17,325.
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Şe.	10 lr	ivestment in	come (Part VIII,	column (A	.), lines 3, 41 ar	nd 7d)		}∥ · ∣	<u> </u>		03.		582.
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						art VIII (column (A)		<u>}} · · ·</u>		386,2	56.		161,011.
	1		milar amounts pa	-	. 11.4	- }	المنة · ·	¥					
	1		raid to or for members (Part IX, column (A) line 4)— other compensation, employee benefits (Part IX, column A) lines 5-10)—					i · · }					
S	15 S				. 11	The same of the sa	es 5-10)	٠. بالحصية		176,5	84.	1	71,300.
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xbe	ьт	otal fundrais	ing expenses (P	art IX, col	umn (D), line 2	:5) ►							
Ž	17 C	ther expens	es (Part IX, colu	mn (A), lın	es 11a-11d, 1	1f-24e)		· .		228,3	88.	2	251,916.
\equiv	18 T	otal expense	s Add lines 13-	17 (must e	equal Part IX, o	column (A), line 25)				404,9			23,216.
≈ ≈			expenses Subt							-18,7	-		37,795.
0 5									Beginnir	ng of Currer		End o	of Year
20 C	20 T	otal assets (Part X, line 16)						<u> Deg</u>	796,2			324,858.
Not Associate	21 ⊺	otal liabilities	(Part X, line 26) .						 _	63.		1,273.
Ź	22 N	let assets or	fund balances \$	Subtract lu	ne 21 from line	20				794,9			323,585.
.pl	art II	Signatur					<u> </u>			1 2 3 1 2	01.1		123,303.
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			print name and title					-				<u>.</u>	
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		C d.s.s	YORK			PA	17404			Phone no	(717	T 1	
Ma	y the IRS	o aiscuss thi	s return with the	preparer :	snown above?	(see instructions)						. X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

	990 (2013) PRINCE ATHLETIC ASSOCIATION	23-0988760	Page 2
Par	Statement of Program Service Accomplishments	· · · · · · · · · · · · · · · · · · ·	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	[]
1	Briefly describe the organization's mission		
	SOCIAL CLUB FOR BENEFIT OF MEMBERS		
2	Did the organization undertake any significant program services during the year which were not listed on the pr	_	
	Form 990 or 990-EZ?	Yes	X No
_	If 'Yes,' describe these new services on Schedule O	П.,	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O	Yes	X No
4	· · · · · · · · · · · · · · · · · · ·	magnifed by avage	00
•	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount cothers, the total expenses, and revenue, if any, for each program service reported	of grants and allocation	is to
4 a	(Code) (Expenses \$ including grants of \$) (Re	evenue \$	
	SOCIAL CLUB FOR BENEFIT OF MEMBERS		
			.
			-
	/O-d-		
4 D	(Code) (Expenses \$ including grants of \$) (Re	evenue \$	
4 c	(Code) (Expenses \$ including grants of \$) (Re	evenue \$)
			.
			· -
4 . •	Other grogram pourses (Departing in Schodule C.)		
4 d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$,
	(Expenses \$ including grants of \$) (Revenue \$		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 Χ Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI. Χ 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Χ 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 169 If 'Yes,' complete Schedule D, Part VIII . Χ 11 c Χ 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII . . . Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Χ if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?. . . 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Χ 19 Χ 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . 20

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Pai	t IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
- 4		23		
24 8	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 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		х
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)		-	
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
i	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	of '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	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA

Form **990** (2013)

D ₂	t V Statements Beneraling Other IDS Fillings and Tay Compliance			age .
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .	•	· [
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
ļ	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a			
İ	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х	
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	Х	
4	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	of Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		,	
	services provided to the payor?	7 a		X
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ł	
9	Sponsoring organizations maintaining donor advised funds.			_
i	a Did the organization make any taxable distributions under section 4966?	9 a		
١	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
,	a Initiation fees and capital contributions included on Part VIII, line 12	j l		
ļ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 0.	-		
11	Section 501(c)(12) organizations. Enter			
,	a Gross income from members or shareholders			
	or Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
1	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			_
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O]		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990 (2013) PRINCE ATHLETIC ASSOCIATION 23-0988760 Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes Νo 1 a Enter the number of voting members of the governing body at the end of the tax year . . . 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders? Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b stockholders, or other persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? . . . 8 a Х **b** Each committee with authority to act on behalf of the governing body? . . . 8 b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 h . . c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 120 13 Х 14 Did the organization have a written document retention and destruction policy? Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal lax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization

600 S. RICHLAND

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

Check if Schedule O contains a response or note to any line in this Part VII .

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title Na	Check this box if neither the organization	nor any rela	ated o	rgan	ızatı	on c	ompe	nsat	ed any current officer, o	director, or trustee	
Compensation from the Pour performance of the Decomposition of the Pour performance of the Pour perf			(C)								
Column C	(A) Name and Title	Average hours per	one bo	er an	ess p d a di	erson	is both	an)	Reportable compensation from	Reportable compensation from	Estimated amount of other
PRESIDENT		any hours for related organiza- tions below dotted	Individual trustee or director	Institutional trustee	ormer lighest compensated mployee ey employee fficer istitutional trustee		Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related	
California Cal	(1) THOMAS MARTIN	0.00									
TREASURER	PRESIDENT		Х		Х			<u> </u>	4,200.	0.	0.
C3 KEVIN SMITH D1 D1 D1 D1 CO		10.00	Х		Х				6,000.	0.	0.
DIRECTOR		0.00									
Color			x		Х				0.	0.	0.
Column		0.00									
DIRECTOR				Ш	X				0.	0.	0.
Columbia		1-0.00									
V PRES X X X 3,941. 0. 0. (8) H A SHEELEY JR 0.00 0. 0. 0. 0. ASST TREASURER X X X 0. 0. 0. 0. (9) JEFF WALTON 0.00 0. 0. 0. 0. 0. 0. ASST SECRETARY X X X 0.			X		X			_	0.	0.	0.
(8) H A SHEELEY JR 0.00 0.00 ASST TREASURER X 0.0.0 (9) JEFF WALTON 0.00 0.00 DIRECTOR X X (10) JAY GINGERICH 0.00 0.00 ASST SECRETARY X 0.00 DIRECTOR X X DIRECTOR X X (12) DAVID COVERSTONE 40.00 EMPLOYEE X X (13) 0.00		15.00									
(8) H A SHEELEY JR		-	ļ		Х	Х			3,941.	0.	0.
ASST TREASURER (9) JEFF WALTON DIRECTOR X X X 0. 0. 0. 0. (10) JAY GINGERICH ASST SECRETARY X 0. 0. 0. 0. (11) WILLIAM FEESER DIRECTOR X X X 8,196. 0. 0. (12) DAVID COVERSTONE EMPLOYEE X X 44,797. 0. 0. (13)	_(/)										
O DIRECTOR		_0.00			Х				0.	0.	0.
Column		0.00									
Column	DIRECTOR	1	X		Х				0.	0.	0.
ASST SECRETARY	(10) JAY GINGERICH	0.00									
MILLIAM_FEESER	ASST SECRETARY				х				0.	0.	0.
12 DAVID COVERSTONE	(11) WILLIAM FEESER	0.00									· · · · · · · · · · · · · · · · · · ·
COVERSTONE 40.00 X X X 44,797. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	DIRECTOR	7	x		Х				8,196.	0.	0.
		40.00									
		 				<u> X</u>	<u>X</u> _		44,797.	0.	0.
(14)	(13)	 -						•			
	(14)				_						

Form 990 (2013) PRINCE ATHLETIC ASSOCIAT Part VII Section A. Officers, Directors, Trus	ION	Kov	En	nle	21/0			d Highest Con	23-098876	lovoo		ge 8
(A) Name and title	(B) Average hours per week	(do box	not c	Posi heck ss pe	ition more rson i	than or s both s	ne an ae)	(D) Reportable compensation from the organization	(E) Reportable compensation from	E amo	(F) stimated unt of oth	er
	(list any hours for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	-ormer	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f. org an	npensation rom the anization d related anization	
<u>(15)</u>												
(16)						-						
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)				_								
(24)												
(25)												
1 b Sub-total.			•			•	-	67,134.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	67,134.	0.			0.
2 Total number of individuals (including but not limited t from the organization ►							ive		000 of reportable cor	npensa	tion	
3 Did the organization list any former officer, director, of	or trustee	e, key	em	ploy	ee, o	or hig	hes	st compensated en	ıployee		Yes	No -
on line 1a ⁷ If 'Yes,' complete Schedule J for such ind. 4 For any individual listed on line 1a, is the sum of repo	rtable co	mpe	nsat	ion :	and :	other	cor	mpensation from		3		X
the organization and related organizations greater that such individual			•	•	• •					4		X
for services rendered to the organization? If 'Yes,' con Section B. Independent Contractors	nplete S	ched	ule	J for	suc	h per	son			5		X
Complete this table for your five highest compensated compensation from the organization. Report compens	d indepe	nden r the	t cor	ntrac	ctors	that or end	rece	eived more than \$1	00,000 of	ar		
(A) Name and business addres								(B) Description o			C) ensatio	n
	-											
	- .											
										,,,-		
2 Total number of independent contractors (including bit \$100,000 of compensation from the organization	ut not lim	nited	to th	ose	liste	d abo	ove)) who received mo	re than			
ВАА	-	TEEAC	108	11/1	1/13					Form	990 (2013)

	1990 (2013) PRINCE ATHLETIC ASSOCIATION			23-0988760	Page Page
Par	t VIII Statement of Revenue				
	. Check if Schedule O contains a response or note to any li	ne in this Part VIII			
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
VTS TS	1 a Federated campaigns . 1 a	_			
RAP	b Membership dues 1b 17,325.	_			
S, G AMC	c Fundraising events 1c				
GIFI LAR	d Related organizations . 1 d	_			ĺ
NS, SIMII	e Government grants (contributions) . 1 e	_			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above				
NTR	g Noncash contributions included in lines 1a-1f \$				
9 A	h Total. Add lines 1a-1f	17,325.			
N	Business Code				
E	2 a		· · · · · · · · · · · · · · · · · · ·		
Æ	b			· · · · · · · · · · · · · · · · · · ·	
Š	C				
# SE	d		<u> </u>		
RA	f All other program service revenue				
õ	g Total. Add lines 2a-2f		· · · · · · · · · · · · · · · · · · ·		
	Investment income (including dividends, interest and	 	•	:	<u> </u>
	other similar amounts)	582.	0.	582.	0
	4 Income from investment of tax-exempt bond proceeds •				
	5 Royalties				
	(i) Real (ii) Personal	_			
	6 a Gross rents 224.	-			
	b Less rental expenses 5,720. c Rental income or (loss) -5,496.	-			
	c Rental income or (loss)			E 406	
	(i) Securities (ii) Other	-5,496.	0.	-5,496.	0
	7 a Gross amount from sales of assets other than inventory	-			
	b Less cost or other basis and sales expenses	_			
	c Gain or (loss)	-			
	d Net gain or (loss)				
OTHER REVENUE	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
2	See Part IV, line 18 a				
皇	b Less direct expenses b	-			
9	c Net income or (loss) from fundraising events	-			
	9 a Gross income from gaming activities See Part IV, line 19 a 298,856.				
	b Less direct expenses b 60,429.	-1			
	c Net income or (loss) from garning activities		238,427.	0.	0
	10 a Gross sales of inventory, less returns and allowances a 420 249				
	and allowances a 420,249. b Less cost of goods sold . b 210,133.				
	c Net income or (loss) from sales of inventory	¬)	210,116.	0.	0
	Miscellaneous Revenue Business Code				<u> </u>
	11a SALES TAX DISCOUNT 999999	54.	54.	0.	0
	b CHECK CHARGE 999999	3.	3.	0.	0
	C	<u> </u>			

e Total. Add lines 11a-11d 12 Total revenue. See instructions .

461,011.

448,600.

0.

-4,914.

Par	t IX	Statement of Functional Expen	ses			
Sect	ion 50	1(c)(3) and 501(c)(4) organizations must co	mplete all columns All ot	her organizations must	complete column (A)	
		Check if Schedule O contains a re				
		lude amounts reported on lines 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and o	s and other assistance to governments rganizations in the United States See V, line 21				
2	Grant the U	s and other assistance to individuals in nited States See Part IV, line 22				
3	organ	s and other assistance to governments, lizations, and individuals outside the d States See Part IV, lines 15 and 16				
4	Bene	fits paid to or for members				
5	Comp	pensation of current officers, directors, es, and key employees	67,134.			
6	disqu sectio	pensation not included above, to alified persons (as defined under on 4958(f)(1)) and persons described otion 4958(c)(3)(B)				
7	Other	salaries and wages	82,823.	•		
8	(ınclu	on plan accruals and contributions de section 401(k) and 403(b) employer butions)				
9	Other	employee benefits	5,460.			
10	Payro	oll taxes	15,883.			
11	Fees	for services (non-employees)				
		gement		- <u></u>		
	_					
_		unting	6,913.			
	Lobby					
		sional fundraising services See Part IV, line 17 .				
		tment management fees (If line 11g amt exceeds 10% of line 25, column			 	
9	(A) am	ount, list line 11g expenses on Schedule O).				
12	Adve	rtising and promotion	500.			
13		e expenses	575.			
14		nation technology				
15	Roya			-		
16		pancy				
17	Trave		2,502.			[
18	exper public	nents of travel or entertainment uses for any federal, state, or local cofficials				
19		erences, conventions, and meetings.				
20		est				
21		nents to affiliates				
22	•	eciation, depletion, and amortization	18,028.	_		
23 24	cover in line of line	ance expenses Itemize expenses not led above (List miscellaneous expenses e 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e lises on Schedule O)	50,527.			
а	CLE	ANING	23,275.			
		K_FEES	870.			
C	<u>D</u> ON	ATIONS	67,870.			
d	<u>BA</u> D	DEBTS	-85.		<u> </u>	
		her expenses	80,941.			
25	Total f	functional expenses Add lines 1 through 24e .	423,216.		 	
26	the or joint of camp Chec	costs. Complete this line only if ganization reported in column (B) costs from a combined educational aign and fundraising solicitation k here if following 98-2 (ASC 958-720)				

Part X Balance Sheet

		. Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	137,528.	1	180,289.
	2	Savings and temporary cash investments	154,475.	2	144,646.
	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 4958(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	-
S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use	6,010.	8	6,010.
T S	9	Prepaid expenses and deferred charges	0.	9	
	10 =	Land, buildings, and equipment cost or other basis			
	10 a	Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b 305, 350.	498,211.	10 c	493,913.
	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	Total assets Add lines 1 through 15 (must equal line 34)	796,224.	16	824,858.
	17	Accounts payable and accrued expenses	1,263.	17	1,273.
	18	Grants payable		18	
	19	Deferred revenue	·	19	
Ļ	20	Tax-exempt bond liabilities		20	
AB	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	•
Ē	23	Secured mortgages and notes payable to unrelated third parties		23	
s	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	Total liabilities. Add lines 17 through 25	1,263.	26	1,273.
ZET 40		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
Ş	27	Unrestricted net assets		27	
ASSETS	28	Temporarily restricted net assets		28	
Q R	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.	- ~		in a
F UZD	30	Capital stock or trust principal, or current funds		30	
- 1	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
֟֝֟֝֟֝֟֝	32	Retained earnings, endowment, accumulated income, or other funds	794,961.	32	823,585.
日本レイスと出め	33	Total net assets or fund balances	794,961.	33	823,585.
ร	34	Total liabilities and net assets/fund balances	796,224.	34	824,858.

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Form 990 (2013) PRINCE ATHLETIC ASSOCIATION	23-0	988760		Pag	ge 12
Part XI Reconciliation of Net Assets	-				
Check if Schedule O contains a response or note to any line in this Part XI					. П
1 Total revenue (must equal Part VIII, column (A), line 12)		1	4 6	51,0	11.
2 · Total expenses (must equal Part IX, column (A), line 25)	[2	42	23,2	16.
3 Revenue less expenses Subtract line 2 from line 1	[3		37,7	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	[4		94,9	
5 Net unrealized gains (losses) on investments	[5		-9,1	
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			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		40			
column (B))	·	10	82	23,5	85.
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					. X
				Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					_
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie separate basis, consolidated basis, or both	wed on a				
Separate basis Consolidated basis Both consolidated and separate basis					ı
b Were the organization's financial statements audited by an independent accountant?			2 b	1	Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	arate				
basis, consolidated basis, or both					ı
Separate basis X Consolidated basis Both consolidated and separate basis				_	ı
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audi	t, ••••	2 c	х	ı
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ne Single		3 a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re-	equired au	ıdıt			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	1		3 ь		

Form 990 (2013)

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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

PRI	NCE ATHLETIC ASSOCIATION			23-	0988760	
Par	Organizations Maintaining Donor Complete if the organization answe	Advised Funds or Othered 'Yes' to Form 990, Page 1990,	er Similar Fur art IV, line 6.			
1	Total number at end of year	(a) Donor advised fu	unds	(b) Funds	and other accor	unts
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's	advisors in writing that the asse	ts held in donor ac	lvised funds	. TYes	□No
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of t impermissible private benefit?	he donor or donor advisor, or fo	at grant funds can or any other purpo	se conferring	. Yes	□No
Par	Conservation Easements.			- '		
	Complete if the organization answe					
1	Purpose(s) of conservation easements held by the		`` i'			
	Preservation of land for public use (e.g., recre	ation or education)		an historically imp		3
	Protection of natural habitat		Preservation of	a certified historic	structure	
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization hast day of the tax year	eld a qualified conservation cor	ntribution in the foi	rm of a conservation	n easement on	the
	, ,			ाइड्ड Held a	t the End of th	e Tax Year
a	Total number of conservation easements			2 a		- Tun Tun
t	Total acreage restricted by conservation easemer	ıts		2 b		
	Number of conservation easements on a certified			. 2 c		
	Number of conservation easements included in (c	•				
•	structure listed in the National Register) acquired after 6/1/700, and fic	of on a flistoric	2 d		
3	Number of conservation easements modified, transtax year ►	isferred, released, extinguished	i, or terminated by	the organization d	uring the	
4	Number of states where property subject to conse	rvation easement is located >				
5	Does the organization have a written policy regard and enforcement of the conservation easements i			of violations,	Yes	No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conse	rvation easements	during the year	_	_
7	Amount of expenses incurred in monitoring, inspe ►\$	cting, and enforcing conservation	on easements dur	ing the year		
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the require	ements of section	170(h)(4)(B)(ı)	Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the	conservation easements in its organization's financial statem	revenue and expenents that describe	nse statement, and es the organization	d balance sheel's accounting fo	t, and or
Par	conservation easements	tions of Art. Historical	Treasures, or	Other Similar	Assets.	
<u> </u>	Complete if the organization answe	red 'Yes' to Form 990, Pa	art IV, line 8.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial state.	ld for public exhibition, educatio	on, or research in f	atement and baland urtherance of publi	ce sheet works c service, provi	of de,
t	If the organization elected, as permitted under SF historical treasures, or other similar assets held fo following amounts relating to these items					
	(i) Revenues included in Form 990, Part VIII, line				▶\$	
	(ii) Assets included in Form 990, Part X				▶ \$	
2	If the organization received or held works of art, h amounts required to be reported under SFAS 116	istorical treasures, or other simi (ASC 958) relating to these ite	ılar assets for finar ms	ncial gain, provide	the following	
a	Revenues included in Form 990, Part VIII, line 1				▶ \$	
-	Assets included in Form 990, Part X				S S	

Description of prop	perty		(a) Cost or other basis (b) Cost or other basis (other)		(c) Accumulated depreciation	(d) Book value
1a Land	•				では実践します	_
b Buildings			481,387.			481,387.
c Leasehold improvements			129,339.		305,350.	-176,011.
d Equipment .			142,142.	=		142,142.
e Other			46,395.			46,395.
Total. Add lines 1a through 1e (C	Column (d) musi	equ	al Form 990, Part X, colun	nn (B), line 10(c)) .		493,913.

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Schedule D (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
) Financial derivatives		
Closely-held equity interests		
Other		
· 		
) 		
) 		
) 		
al (Column (b) must equal Form 990, Part X, column (B) line 12)		
art VIII Investments - Program Related.		
Complete if the organization answered		Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market valuation
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)	<u> </u>	
9)		
(8) (9) 10) tal (Column (b) must equal Form 990, Part X, column (B) line 13) .➤ art IX Other Assets. Complete if the organization answered '		Part IV. line 11d. See Form 990. Part X. line 15.
9) 0) lal (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered ' (a) De		Part IV, line 11d. See Form 990, Part X, line 15.
(a) De (1)	Yes' to Form 990, F	
(a) De (1)	Yes' to Form 990, F	
(9) Ital (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3)	Yes' to Form 990, F	
9) 0) lal (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered ' (a) De 1) 2) 3) 4) 5)	Yes' to Form 990, F	
9) 0) lal (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered ' (a) De 1) 2) 3) 4) 5) 6)	Yes' to Form 990, F	
9) 0) lal (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered ' (a) De 1) 2) 3) 4) 5) 6) 7)	Yes' to Form 990, F	
9) 0) lal (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered ' (a) De 1) 2) 3) 4) 5) 6) 7) 8)	Yes' to Form 990, F	
9) 0) al (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered ' (a) De 1) 2) 3) 4) 5) 6) 7) 8) 9)	Yes' to Form 990, F	
9) 0) al (Column (b) must equal Form 990, Part X, column (B) line 13) . art IX Other Assets. Complete if the organization answered ' (a) De 1) 2) 3) 4) 5) 6) 7) 8) 9)	Yes' to Form 990, F	(b) Book valu
9) 0) tal (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered ' (a) De 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, column (B),	Yes' to Form 990, F	
9) 0) tal (Column (b) must equal Form 990, Part X, column (B) line 13) . art IX Other Assets. Complete if the organization answered (a) De 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, column (B), part X Other Liabilities.	Yes' to Form 990, Fescription	(b) Book valu
9) 0) lal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered ' (a) De 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) lal (Column (b) must equal Form 990, Part X, column (B), part X Other Liabilities. Complete if the organization answered 'Yes' to F	Yes' to Form 990, Fescription Inne 15)	(b) Book valu
9) 0) lal (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered ' (a) De 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	Yes' to Form 990, Fescription	(b) Book valu
9) 0) al (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered ' (a) De 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability 1) Federal income taxes	Yes' to Form 990, Fescription Inne 15)	(b) Book valu
9) 0) al (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered ' (a) De 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability 1) Federal income taxes 2)	Yes' to Form 990, Fescription Inne 15)	(b) Book valu
9) 0) al (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered (a) De 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability 1) Federal income taxes 2) 3)	Yes' to Form 990, Fescription Inne 15)	(b) Book valu
9) 0) al (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered (a) De 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)	Yes' to Form 990, Fescription Inne 15)	(b) Book valu
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(a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) (a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) (c) (a) Description of liability (d) Description of liability (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Yes' to Form 990, Fescription Inne 15)	(b) Book valu
10) tal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes' to Form 990, Fescription Inne 15)	(b) Book valu
10) tal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) 8) (9) otal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, Fescription Inne 15)	(b) Book valu
(a) De (column (b) must equal Form 990, Part X, column (B) line 13) . A complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes' to Form 990, Fescription Inne 15)	(b) Book valu
9) 0) lal (Column (b) must equal Form 990, Part X, column (B) line 13) art IX Other Assets. Complete if the organization answered (a) De 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) lal (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability 1) Federal income taxes 2) 3) 4) 55 66 77 88 99	Yes' to Form 990, Fescription Inne 15)	(b) Book valu

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Schedule **D** (Form 990) 2013

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	eturn.
1 Total revenue, gains, and other support per audited financial statements	1
2 * Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities	-
c Recoveries of prior year grants	-\
d Other (Describe in Part XIII)	-
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	- 2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	1
b Other (Describe in Part XIII)	-
c Add lines 4a and 4b	. 4c
	. 5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Return.
1 Total expenses and losses per audited financial statements.	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	1
c Other losses	1 :
d Other (Describe in Part XIII)	-
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	. 3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4 a	
b Other (Describe in Part XIII)	-
c Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal information

Schedule D	(Form 990) 2013 PRINCE ATHLETIC ASSOCIATION Supplemental Information (continued)	23-0988760	Page 5
Part XIII	Supplemental Information (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to 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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2013

Open to Public Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service

Name of the organization Employer Identification number PRINCE ATHLETIC ASSOCIATION 23-0988760 Pt VI, Line 6 THE ORGANIZATION HAS DUES PAYING MEMBERS Pt_VI, Line 7a THE DUES PAYING MEMBERS ELECT THE BOARD Pt_VI, Line 7b __THE_BOARDS DECISIONS ARE SUBJECT TO APPROVAL BY THE MEMBERS Pt VI, Line 8a MINUTES ARE KEPT AT EVERY MEETING Pt VI, Line 8b MINUTES ARE KEPT AT EVERY MEETING Pt VI, Line 11b FINAL DRAFT IS CIRCULATED AT BOARD OF DIRECTORS MEETING AND RECORDED IN MINUTES Pt_VI,_Line 19 _ _ PUBLIC REQUEST_ARE DOCUMENTED BY LEAD EMPLOYEE ON DUTY AND ROUTED TO APPROPRIATE OFFICER FOR COMPLIANCE AND PRODUCTION Pt_XII, Line 2c _ NO CHANGES WERE MADE TO OVERSIGHT COMMITTEE

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

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LICENSES	2,129.			
SUPPLIES	11,473.			
REFUSE	3,670.			
REPAIRS	20,926.			-
ELECTRIC	16,103.			
UTILITIES	4,946.			
OVER/SHORT	75.			
DUES & SUBSCRIPTIONS	973.			
TRAINING	100.			
SECURITY	1,260.	<u></u>	-	
MERCANTILE TAX	736.			
SPORTS	1,095.	=		
REAL ESTATE TAXES	12,356.			
HEAT	3,975.			
TELEPHONE	1,124.			

Form **4562**

Namè(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No 179 Identifying number

	NCE ATHLETIC ASSO	CIATION					23-	0988760
	ess or activity to which this form relates							
	m 990 / Form 990E							
Par	Election To Exp	ense Certain l v listed property, co	Property Under Se omplete Part V before yo	ction 179 u complete Part I				
1	Maximum amount (see instr	uctions)					. 1	
2	Total cost of section 179 pro	perty placed in sei	rvice (see instructions).				. 2	_
3	Threshold cost of section 17	9 property before	reduction in limitation (se	e instructions) .			. 3	
4	Reduction in limitation Subt	ract line 3 from line	e 2 If zero or less, enter	-0			. 4	
5	Dollar limitation for tax year	Subtract line 4 fro	m line 1 If zero or less, e	enter -0- If married	d filing			
	separately, see instructions					· · · · ·	5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected cos	;t	
		-		ļ				
7	Listed property Enter the an							
8	Total elected cost of section		• • •				8	
9 10	Tentative deduction Enter the						. 10	
11	Carryover of disallowed ded Business income limitation						11	
12	Section 179 expense deduc				1116 2 (366	1113113)	12	
13	Carryover of disallowed ded		· · · · · · · · · · · · · · · · · · ·		► 13			-
Note	Do not use Part II or Part III				<u>. L : - L</u>			
Par	t II Special Depreci	ation Allowan	ce and Other Depr	eciation (Do no	at include 1	listed property)	(See inst	tructions)
14	Special depreciation allowar							
	tax year (see instructions)	· · · · · · · ·					14	
15	Property subject to section 1	68(f)(1) election					. 15	
16	Other depreciation (including	ACRS)					16	0.
Par			nclude listed property) (S					
			Section	on A				
17	MACRS deductions for asse	ts placed in servic	e in tax years beginning	before 2013			17	18,028
18	If you are electing to group a asset accounts, check here	any assets placed		ear into one or m	_	1 1		
	Section B	- Assets Placed	in Service During 2013	Tax Year Using t	he Gener	al Depreciation	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) Convention	(f)		(g) Depreciation deduction
19 a	3-year property							
t	5-year property					-		
	7-year property	•						
	10-year property						i	
	15-year property				<u> </u>			
	20-year property	, -						<u>-</u>
	25-year property			25 yrs		S/I		
	Residential rental			27.5 yrs	MM	S/I		
	property			27.5 yrs	MM	S/I		·
i	Nonresidential real		1	39 yrs	MM	S/I		
•	property			33 <u>418</u>	MM	S/I		
		Assets Placed in	Service During 2013 T	ax Year Using th				
20 a	Class life			3	1	S/I		· · · · · · · · · · · · · · · · · · ·
	12-year			12 yrs		S/I		
	: 40-year			40 yrs	MM	S/I		
	t IV Summary (See ins	structions)	1	10 Y13	1 1411	1 3/1	· I	
21	Listed property Enter amou						21	···· · · · · -
22	Total Add amounts from line 12, I			id line 21. Enter here	and on			
23	the appropriate lines of your return For assets shown above and	Partnerships and S of	corporations — see instructions	· · <u> </u>		<u></u>	22	18,028
23	i oi daacta anovel above dill	a praced in service	coming the current year,	eriter	ı			

the portion of the basis attributable to section 263A costs

23

			lude automob			ehicles	certain	comi	nuter	rs and r	roperty	used fo	z 3-05		<u> </u>	Page	
1 4	recreation, or	amusemen	t)														
	Note: For an columns (a) t	y vehicle for hmuah (c) o	which you are of Section A, a	e using the II of Section	standar	d mileag Section	e rate o	or dec	ductii de	ng lease	expens	se, com	olete onl	y 24a, 2	4b,		
			ion and Othe							s for lim	its for p	assenge	er autom	obiles)			
24	a Do you have evidence to	support the bu	ısıness/investme	nt use claime	ed?		Yes	\Box	No	24b If "	Yes,' is the	e evidenc	e written?	. [Yes	No	
	(a)	(b)	(c)	(d			(e)			(f)		(g)		(h)		(i)	
		ite placed n service	Business/ investment	Cost other t		Basis for depreciation (business/investment			Recovery period		- 1	thod/ vention		eciation uction	Elected section 179		
			percentage											cost			
25	Special depreciation used more than 50%										nd	25					
26	Property used more					<u>,, </u>	·	•	<u> </u>	<u> </u>	•	120					
			· · · -														
			<u> </u>			<u>-</u>											
27	Property used 50% of	or less in a q	ualified busin	ess use		·							1				
											+		<u> </u>		_		
28	Add amounts in colu	mn (h) linos	25 through 2	7 Enterh	oro and o	n line 2	1 0000	1	<u></u>			28	 		-		
29	_Add amounts in colu		•										·	29	+		
		//// (/// III.o. L	- CINOT HOTO	Section								<u> </u>					
Con	plete this section for v	ehicles use	d by a sole pr	oprietor, p	artner, or	other 'n	nore tha	ın 5%	owr	ner, or i	related p	erson	lf you pro	vided v	ehicles		
to y	our employees, first an	swer the qu	estions in Sec	ction C to	see if you	meet a	n excep	tion t	o co	mpleting	g this se	ction fo	r those ve	ehicles			
30	Total business/inves	tment miles	driven	(a		(b)		١,	(c))	(d		(e		(f)	
•	during the year (do			Vehi	Cie i	Vehic	ie z	<u> </u>	/ehic	ie 3	Vehi	cie 4	Vehi	cie 5	veni	cle 6	
31	commuting miles)	ruon durina the		•				ļ					 -				
32	Total commuting miles d Total other personal		,	·									-				
JŁ	miles driven .	(1.01.00111111	g/														
33	Total miles driven du		ar Add														
	lines 30 through 32		•	Yes	No	Yes	No	Ye	<u>.</u>	No	Yes	No	Yes	No	Yes	No	
34	Was the vehicle ava	ilable for pe	rsonal use	162	1,40	162	- 110	16	3	NO	162	140	165	NO	162	NO	
04	during off-duty hours	37															
35	Was the vehicle use than 5% owner or re	d primarily b	oy a more	[,											
36	Is another vehicle as	•						-	_			-	1				
	personal use?	·															
			C - Question		-						-		-				
	wer these questions to owners or related pers			exception	n to comp	leting S	ection B	for v	vehic	les use	d by em	ployees	who are	not mo	re than		
	- · · · · · · · · · · · · · · · · · · ·														Yes	No	
37	Do you maintain a w by your employees?	ritten policy	statement tha	it prohibits	all perso						nmuting				162	110	
38	Do you maintain a w		statement tha	t probibite	nersonal									•			
00	employees? See the	instructions	for vehicles i	used by co	rporate c	officers,	directors	s, or	1% o	or more	owners	oui		•			
39	Do you treat all use	of vehicles b	y employees	as person	al use?.							•					
40	Do you provide more	than five ve	ehicles to you	r employe			ation fro						of the			-	
	vehicles, and retain				·	•	•						• •	•			
	Do you meet the req	uirements of	oncerning qua	alified auto	mobile di	emonstr	ation us	e? (S	See II	nstruction	ons) ehicles	•	•			<u> </u>	
41	Note: If your answer			700, 00		,,,,,,,		01 1111	-	-					<u> </u>		
	Note: If your answer	ion			(b)		(c)		<u> </u>		(d)		(e)		(f)		
	rt VI Amortizat	_		1	וטו	Amortizabl			Co							mortization	
	rt VI Amortizat	_		Date an	nortization		Amortizab	le		Ċ	ode		ortization		Amortizatio		
	rt VI Amortizat	1)		Date an				le 		Ċ		p					
	rt VI Amortizat	on of costs	s during your 2	Date an	nortization egins		Amortizab amount	le		Ċ	ode	p	ortization eriod or		Amortizatio		
Pa	rt VI Amortizat (a Descriptio	on of costs	s during your 2	Date an	nortization egins		Amortizab amount	le		Ċ	ode	p	ortization eriod or		Amortizatio		
Pa	rt VI Amortizat (a Descriptio	n) on of costs s that begins		Date an	egins ear (see		Amortizab amount	le		Ċ	ode	p	ortization eriod or		Amortizatio		