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Department of the Treasury Internal Revenue Service

# **Short Form Return of Organization Exempt From Income Tax**

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

2013

OMB No 1545-1150

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2013 calend	ar year, or tax year beginning , 2013, and endi	ng		, 20
B Check if applicable  ☐ Address change			C Name of organization	D Emp	loyer ic	lentification number
			South Carolina Stars, Inc. 57-1057			
닖	Name cha	-	Number and street (or P O box, if mail is not delivered to street address)  Room/sui	te E Tele	umber	
님	Initial return 323 Wexwood Road				80	3 798-0357
H	Terminated					emption
		on pending	Columbia, SC 29210		nber	•
		ting Method.	✓ Cash	H Check	<b>▶</b> [7]	if the organization is not
	Vebsite	-				ach Schedule B
-			eck only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527			0-EZ, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other	(, 0,,,,,		<u> </u>
		_	7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or r	f total assets		<del></del>
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	i totai assot.	, ▶ 4	
	art I			tha inatur	2	62,506
	arti		e, Expenses, and Changes in Net Assets or Fund Balances (see			
-	T		the organization used Schedule O to respond to any question in this Pa		T	
	1		ons, gifts, grants, and similar amounts received		1	8,186
	2	_	ervice revenue including government fees and contracts		2	52,350
	3	Membersh	ip dues and assessments		3_	
	4	Investmen			4	
	5a	Gross amo	ount from sale of assets other than inventory 5a		*	
	b	Less: cost	or other basis and sales expenses		المذات ال	11
	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c_	
	6		d fundraising events		7)	
	а	Gross inc	ome from gaming (attach Schedule G if greater than		١.	
Ē		\$15,000) .	6a		3	
Revenue	b	Gross inco	me from fundraising events (not including \$ of contribution)	utions	]: ``-	
ě		from fundr	aising events reported on line 1) (attach Schedule G if the		ļ.	
_		sum of suc	th gross income and contributions exceeds \$15,000)   6b	1,970		
	C	Less: direc	t expenses from gaming and fundraising events 6c	294	1	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and			
		line 6c)			6d	1,676
	7a	Gross sale	s of inventory, less returns and allowances   7a			
	Ь.		of goods sold		1	
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		nue (describe in Schedule O)		8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	62.212
	10			· · ·	10	62,212
	11	Donofito =	I similar amounts paid (list in Schedule O)	<u> </u>	10	1,000
/۵		Seleries e	aid to or for members	ED	-	
nses	12			<u>-</u> ပ	12	
e	13		al fees and other payments to independent contractors	S. S.		120
Exper	14		y, rent, utilities, and maintenance	nia · lõ	14	
Щ	_	• .		014   0	15	141
	16	· ·	enses (describe in Schedule O)	P	16	59,715
	17		enses. Add lines 10 through 16	UTF	17	60,976
ম	18		(deficit) for the year (Subtract line 17 from line 9)		18	1,236
set	19		or fund balances at beginning of year (from line 27, column (A)) (must a	gree with		
As		end-of-yea	r figure reported on prior year's return)		19	3,732
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	
<b>Z</b>	21_	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u>.</u> . •	21	4,968
For	Paper		ion Act Notice, see the separate instructions. Cat No. 10642			Form <b>990-EZ</b> (2013)

SCANNED SEP 1 7 2014

Pa	rt II Balance Sheets (see the instruc	ctions f	or Part II)					
	Check if the organization used Sci	<u>hedule</u>	O to respond to a	ny question in this			<u> </u>	<u></u> 🗆
					(A) Beginning of year	$\bot$	<del></del>	d of year
22	Cash, savings, and investments				1,236			4,968
23	Land and buildings					23		
24	Other assets (describe in Schedule O) .					24		
25	Total assets					25		4,968
26	Total liabilities (describe in Schedule O)					26		
27	Net assets or fund balances (line 27 of					27	<u>/</u>	4,968
Par	t III Statement of Program Service A	-	•		•		Exp	enses
	Check if the organization used Sc			ny question in this	s Part III 🔽	٦ V	Required fo	
Wha	it is the organization's primary exempt purpo	ose?	See Schedule O					nd 501(c)(4)
	cribe the organization's program service ac					49	947(a)(1) tr	rusts, optional
	neasured by expenses. In a clear and con ons benefited, and other relevant information			e services provide	a, the number of	fo	or others.)	
28	See Schedule O			<del></del>		T		
	(Grants \$ 1,000) If this a	mount	noludos foreign ar	ento obook boro		1	8a	50.000
29	Grants \$\text{i,000} it this a					20	Ja	59,236
				ants, check here .		29	9a	
30								
	(Grants \$ ) If this a	amount	includes foreign gr	ants, check here	▶ 🗆	30	0a	
31	Other program services (describe in Sched	•						
				ants, check here .		3	1a	
32	Total program service expenses (add line						32	59,236
Par	List of Officers, Directors, Trustees, a					ınstı	ructions	for Part IV)
	Check if the organization used Sc	hedule	O to respond to a	ny question in this	(d) Health benefits,	<u>.</u>	<u>· · ·</u>	<u> </u>
	(a) Name and title	1	(b) Average hours per week	compensation	contributions to emplo	yee (	(e) Estima	ited amount of
	(a) Name and the	Ì	devoted to position	(Forms W-2/1099-MIS (if not paid, enter -0-		n l	other co	ompensation
Podr	ney Jenkins, President			(	,	-		
Koni	ney Jenkins, President				0	0		0
Cynt	hia Neal, Vice President		1711			1		<del></del>
			·		0	0		0
Cons	stance Yearling, Secretary				1			_
	Page Transurer				0	-		0
JOH	n Ross, Treasurer				0	اه		0
						7		<u></u>
						_		
						+	<del></del>	
						4		
					<del>                                     </del>	-	<del></del>	
				ļ	<u> </u>			
		<b></b>						

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	-0
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	٧	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	l	ŀ	١,
35a	change on Schedule O (see instructions)	34		✓
SSA	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<b>-</b>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	300	<u> </u>	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			: ر
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	-	✓
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		[
а	Initiation fees and capital contributions included on line 9	ĺ		
b	Gross receipts, included on line 9, for public use of club facilities	1,3		· 2
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	]		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ļ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			,
•	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	<b>-</b> ✓
С	organization managers or disqualified persons during the year under sections 4912,		Ì	
	4955, and 4958		İ	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	iş	,	/
	reimbursed by the organization			•
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	400		
41	List the states with which a copy of this return is filed	40e		<b>V</b>
	The organization's books are in care of ▶ Telephone no. ▶			
	lincated at D			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		- <u>-</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
-10	and enter the amount of tax-exempt interest received or accrued during the tax year		•	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>√</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			•
	completed instead of Form 990-EZ	44b		✓
	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schoolule O.			
AE-	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
700	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45h		1

Forma 99	90-EZ (2013)						Page 4
						Yes	No
46	Did the organization engage, directly or in	ndirectly, in political o	campaign activities on	behalf of or in oppos	sition		
	to candidates for public office? If "Yes," of		, Parti	<del> </del>	· 4	<u> </u>	
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s must answer que			he tables	for lir	nes
	Chook in the digametation used con	icadic o to respond	2 to any question in t	iis rait vi		Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio				. NO
48	Is the organization a school as described in	n section 170(b)(1)(A)(	ii)? If "Yes," complete :	Schedule E	. 4		17
49a	Did the organization make any transfers to					а	17
b							<del>                                     </del>
50	Complete this table for the organization's employees) who each received more than	five highest comper	nsated employees (oth	er than officers, direc	ctors, trus ne, enter	tees a	nd key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		ited amo	
lone							
				a			
		. 100					
f 51	Total number of other employees paid over Complete this table for the organization' \$100,000 of compensation from the organization	s five highest comp	ensated independent	contractors who eac	h receive	d more	e than
	(a) Name and business address of each independ		(b) Type of serv	ice (	c) Compens	ition	

f 51	Total number of other employees paid over \$100,000.  Complete this table for the organization's five highest competation,000 of compensation from the organization. If there is not	nsated independent contractone, enter "None."	rs who each received more that
	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
d 52	Total number of other independent contractors each receiving of Did the organization complete Schedule A? <b>Note</b> All section 50 nonexempt charitable trusts must attach a completed Schedule	01(c)(3) organizations and 4947	· · · · ·
	penalties of perjury, I declare that I have examined this return, including accompanyl orrect, and complete. Declaration of preparer (other than officer) is based on all information.	ring schedules and statements, and to the	ne best of my knowledge and belief, it is
Sign Here		Di Di	ate 8/11   14
	Print/Type preparer's name  Preparer's signature	ADM 07/11/14	Check if self-employed PTIN
	Firm's address ► the IRS discuss this return with the preparer shown above? See in	Ph	none no ▶ ☐ Yes ☑ No

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

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer i	dentification	on number		
South Carolina Stars, Inc.  Part I Reason for Public Charity Status (All organizations must complete this pa						57-1057213						
Pa									ınstructi	ons.		
The ( 1 2 3	☐ A church, con☐ A school desc	vention of churc cribed in <b>section</b>	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attao spital service organiza	churche ch Sched	s describ lule E.)	ed in sec	tion 170	(b)(1)(A)(	i).			
4	A medical res	earch organizatione, city, and stat	on operated in conjun	ction with	n a hospi	tal descri	bed in <b>s</b> e	ection 17	O(b)(1)(A	)(iii). Entei	the	
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II)	ge or uni	iversity o	wned or	operated	by a go	vernmen	ital unit di	escrib	ed in
6 7	An organization	on that normally	nment or government receives a substantia ( <b>(A)(vi).</b> (Complete Par	al part of	scribed in the support	n <b>sectior</b> ort from a	170(b)(1 a governi	1)(A)(v). mental u	nıt or froi	m the gen	eral p	ublic
8	☐ A community	trust described i	n <b>section 170(b)(1)(A</b>	)(vi). (Co	mplete Pa	art II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre fter June 30, 1975 Se	ions-su lated bus	bject to i siness ta	certain e: xable ind	come (le	s, and (2 ss sectio	) no mor	e than 33	1/3%	of its
10 11	☐ An organization ☐ An organization ☐ purposes of organization	on organized and on organized ar one or more pub	operated exclusively nd operated exclusive plicly supported organ describes the type of	to test for the	or public ne benefi describe	safety. Set t of, to a d in sect	ee <b>sectio</b> perform ion 509(a	n 509(a) the func a)(1) or s	tions of, ection 50	)9(a)(2). Se	ry ou ee <b>se</b> c	t the
	other than fou or section 509	indation manage I(a)(2).	that the organization ers and other than one	is not co e or more	ntrolled o	lirectly or support	ndirecti ed organ	y by one zations	or more described	d in sectio	ed per n 509	sons (a)(1)
f	organization, o	check this box .								pe III sup	portin	g 
g	following pers		he organization acce	pied any	gilt or ci	JHIRDUIIO	ii iroin a	iny or the	3			
	(i) A person v	who directly or in	ndirectly controls, entlody of the supported of	her alone organizat	or toget	her with	persons	describe	d in (ii) a	nd 11g(i)	Yes	No
h	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in on about the supporti	ı (ı) or (ıı) a						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 c	organization sted in your document?	(v) Did y the organ col (i)	you notify (vi) Is the (vii) Amour organization in col (i) organized in the uport? (Vii) Amour su			t of mor	netary	
			, , ,	Yes	No	Yes	No	Yes	No	1		
(A)				·								
(B)												
(C)											_	
(D)												
(E)												

	ule A (Form 990 or 990-EZ) 2013						Page 2
Par	(Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qui	
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,					
6	Public support. Subtract line 5 from line 4.				-		
Sect	ion B. Total Support		1,,,,	•	1	·	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Sect	ion C. Computation of Public Suppor				-		
14	Public support percentage for 2013 (line 6			1. column (fl)		14	%
15	Public support percentage from 2012 Sch					15	%
16a	331/3% support test-2013. If the organiz						
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			. ▶ □
b	331/3% support test-2012. If the organ					: 15 is 33 <sup>1</sup> /3%	or more,
	check this box and stop here. The organi	ization qualifie	s as a publicly	supported org	ganization .		. ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "f.	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd <b>stop here.</b> E	xplaın in

### 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.)

Secti	on A. Public Support			· ,			
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,294	5,663	4,295	6,774	8,186	28,212
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,834	4,663	3,172	1,566	1,970	14,205
3	Gross receipts from activities that are not an unrelated trade or business under section 513					_	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	6,128	10,326	7,467	8,340	10,156	42,417
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	o	0	O	0
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	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	. 0	. 0	0
8	Public support (Subtract line 7c from	, ,		<b>∜.</b>		`."	
<u> </u>	line 6.)		<i>•</i> .		* *		42,417
	on B. Total Support	(-) 0000	(I-) 0040	(-) 0044	(-1) 0010	(-) 0010	(O Total
Calen 9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2009	(b) 2010 10,326	(c) 2011 7,467	(d) 2012 8,340	(e) 2013 10,156	(f) Total 42,417
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	6,128	10,326	7,407	6,340	10,136	42,417
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	6,128	10,326	7,467	8,340	10,156	42,416
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second	d, third, fourth		ar as a section	
Secti	on C. Computation of Public Support		<del> </del>	,			
15	Public support percentage for 2013 (line			3, column (f))		15	100 %
16	Public support percentage from 2012 Sci	• • • • • • • • • • • • • • • • • • • •	•	· · · ·	<u></u>	16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (			line 13, colum	nn (f))	17	%
18	Investment income percentage from 2012	-	•			18	%
19a	331x% support tests—2013. If the organ 17 is not more than 331x%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organization	on . ▶ 🗸
b	3312% support tests—2012. If the organize line 18 is not more than 3312%, check this	box and stop he	ere. The organi	zation qualifies	as a publicly su	ipported organi	zation 🕨 🗸
20	Private foundation If the organization di	d not chack a b	nov on line 14	10a or 10h o	nack this have	and see instruc	tions 🕨 🔽

#### 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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

South Carolina Stars, Inc.		57-1057213
Part 1, line 16 Other Expense		·
Taxes/License	\$ 50	
Tournament Fees	9,973	
Membership Fees	1,976	
Uniforms/Equipment	12,846	
Other Tournament Expenses (travel, lodging, meals)	11,243	
Insurance	235	
Rental - Practice Gyms	911	
Supplies	392	
Misc. (Storage, Room for Board mtgs, yr end activity)	3,279	
Bank Fees	37	
Subtotal	40,942	
Expenses for giving 2 tournaments	18,773	
Total (990EZ Part 1, Line 16)	\$59,715	
Part III Statement of Organization's Primary Purpose		
To promote particiption of children in atletic, social an	d academic activities.	·
Part III, Line 28 We currently have 3 boys and 8 girls b	asketball teams with 114 participants who travel	to various tournaments across the
Southeast United States. We assist in college recruitm	nent of our older players and have at least 33 pla	yers who we have assisted over the
past 12 years, who have gone on to Division 1 college	s and 4 players who have gone to Division 2 colle	eges
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