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SCANNED DEC 0 & 20K

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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.

2013 Open to Public Inspection

OMB No 1545-0047

| <u>A_</u> | For the 2013 c | alendar year, or tax year beginning , and ending | | | |
|-------------------------|--|--|---------------------------------------|-------------------|---------------------------------|
| В | Check if applicable | C Name of organization | | D Employ | yer identification number |
| | Address change | RICHARD SABALA FOUNDATION INC | | | |
| $\overline{\Box}$ | Nama ahaasa | Doing Business As | | 82- | 0462123 |
| 닉 | Name change | Number and street (or P O box if mail is not delivered to street address) | Room/suite | | one number |
| IJ | Initial return | P O BOX 869 | | 208 | -634-7086 |
| П | Terminated | City or town, state or province, country, and ZIP or foreign postal code | | | 034 1000 |
| \Box | | | | | 705 072 |
| 닏 | Amended return | MCCALL ID 83638-0869 F Name and address of principal officer | | G Gross rece | eipts \$ 705,973 |
| | Application pending | | H(a) Is this a gro | oup return for su | ibordinates? Yes X No |
| | | RONALD L SABALA | _ | • | ā. ā. |
| | | PO BOX 324 | H(b) Are all sub | | |
| | | MCCALL ID 83638 | it "No," | ' attach a list (| (see instructions) |
| | Tax-exempt status | X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 | | | |
| <u>J</u> | Website: ► 1 | ANCHESTER-ICECENTRE.COM | H(c) Group exe | | <u>r</u> |
| | Form of organization | | ar of formation 1 | 993 | M State of legal domicile ID |
| F | art I Su | ımmary | | | |
| | 1 Briefly de | escribe the organization's mission or most significant activities | | | |
| ø | EDUC | ATION AND WELFARE OF MCCALL-DONNELLY SCHOOL DISTRIC | T CHILDRI | EN. | |
| ũ | | | | | |
| Ë | | | | | |
| Activities & Governance | 2 Check th | is box if the organization discontinued its operations or disposed of more than 25 | % of its not ass | cate | |
| Ğ | 3 Number | of voting members of the governing body (Part VI, line 1a) | o or its net ass | 3 | 5 |
| oō ∨ | 3 Number | | | | 5 |
| Ę | 4 Number | of independent voting members of the governing body (Part VI, line 1b) | | 4 | |
| :≦ | 5 Total nu | mber of individuals employed in calendar year 2013 (Part V, line 2a) | | 5 | 9 |
| Ą | | nber of volunteers (estimate if necessary) | | 6 | 0 |
| | 7a Total un | related business revenue from Part VIII, column (C), line 12 | | 7a | 0 |
| | b Net unre | lated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| | | | Prior Yea | | Current Year |
| ē | 8 Contribu | tions and grants (Part VIII, line 1h) | | 4,509 | 74,070 |
| ē | 9 Program | service revenue (Part VIII, line 2g) | | 1,383 | 437,856 |
| Revenue | 10 Investme | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | 0,450 | 31,759 68,678 |
| _ | 11 Other re | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | |
| | 12 Total rev | enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 6,414 | 612,363 |
| | 13 Grants a | nd similar amounts paid (Part IX, column (A), lines | 7,500 | 4,000 | |
| | | paid to or for members (Part IX, column (A), line a | | | 0 |
| Ş | 15 Salaries | other compensation, employee benefits (ParkiX, column (A), rices 5-1000) | 198 | 8,434 | 197,962 |
| penses | 16a Professi | | | | 0 |
| be | b Total fur | draising expenses (Part IX, column (D), line 25) | | | |
| ŵ | 17 Other ex | penses (Part IX, column (A), lines 11a–11d (D) (–24e) penses Add lines 13–17 (must equal Part IX, column (A) (Jame 25) peless expenses Subtract line 18 from line 12 | 45 | 7,410 | 452,073 |
| | 18 Total ex | penses Add lines 13–17 (must equal Part IX column 430 3 mg 25) | | 3,344 | 654,035 |
| | 19 Revenue | less expenses Subtract line 18 from line 12 | | 6,930 | -41,672 |
| 5 | se s | | Beginning of Cur | | End of Year |
| Net Assets or | 20 Total as | sets (Part X, line 16) | 5,69 | 2,230 | 5,651,411 |
| AS. | 21 Total lial | pilities (Part X, line 26) | · -· -· -· - | 3,191 | 4,044 |
| ᇎ | E 22 Net asse | ets or fund balances Subtract line 21 from line 20 | 5,68 | 9,039 | 5,647,367 |
| | | gnature Block | • | | |
| | | perjury, I declare that I have examined this return, including accompanying schedules and statemer | its, and to the bi | est of my kn | owledge and helief it is |
| | | complete Declaration of preparer (other than officer) is based on all information of which preparer ha | | | |
| | | 18-2 deala | · · · · · · · · · · · · · · · · · · · | 115 | 10-14 |
| Si | gn 🏲 🧗 | Signature of officer | | Date | 112-1-1 |
| | ere | RONALD L SABALA PRESID | TNT. | | |
| 110 | | Type or print name and title | <u> </u> | | |
| _ | | | Date | Chart | of PTIN |
| Pa | `` ا س: | POSI MON I | . 11-6- | Check | LJ" |
| | onaror Finance | LPH C MCMAHAN NAME OF A CONTRACT OF A CONTRA | | | |
| | e Only | | F | irm's EIN | 11-3669003 |
| US | , i | PO BOX 869 | } | | 000 404 |
| _ | Firm's a | | <u></u> | hone no | 208-634-7086 |
| _ | | ss this return with the preparer shown above? (see instructions) | | | X Yes No |
| Fo DA | | uction Act Notice, see the separate instructions. | | | X Yes No Form 990 (2013) |
| UA | n | | | | U |

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

| orm | 990 (2013) RICHARD SABALA FOUNDATION INC 82-0462123 | | Р | age 3 |
|-----|--|--------------|----------------|--|
| Par | rt 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," | | x | |
| | complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 1 2 | X | |
| | Did the organization required to complete Scriedule B, Scriedule of Contributors (see instructions). Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | - <u>*</u> - | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| - | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | · | . |
| | complete Schedule D, Part III | 8 | <u> </u> | X |
| | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | <u> </u> | |
| | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or | 9 | } | x |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted | -3 | - | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | 1 |
| | VII, VIII, IX, or X as applicable | | | |
| | | | | |
| | complete Schedule D, Part VI | 11a | X | |
| 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 | 11b | <u> </u> | X |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| đ | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | ļ | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | - | <u>^</u> |
| 124 | Schedule D, Parts XI and XII | 12a | 1 | x |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | <u> </u> | 1 | |
| - | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| 4- | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | x |
| 10 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | - | ├ ^ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | x | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10. | † * | \vdash |
| . • | If "Yes," complete Schedule G, Part III | 19_ | L | x |

20a 20b Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-------------|--------------|----------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| 22 | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | ├ | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States | | | ,, |
| 23 | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | ├ | 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 | 32 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | |
| 244 | \$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 | | x |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | - |
| _ | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | |
| _ | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | | | | _ |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| 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 | | х |
| 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 | | 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 | 27 | | 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| С | 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 | - | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | • |
| 31 | conservation contributions? If "Yes," complete Schedule M | 30 | | <u> </u> |
| J1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | ا م | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 31 | | ^ |
| - | complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u>92</u> | | |
| | 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, | | | |
| | or IV, and Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | 35b | | |
| 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 | | 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 | 37_ | | X |
| 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 | X | |
| | | East | 99r | 1/2012 |

Part 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> | | | | <u> </u> |
|--------------|---|-----------|------------------|-------------|----------|----------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | _1a | 14 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | |
| | reportable gaming (gambling) winnings to prize winners? | | | 1c | | |
| 2a | 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 | 2a | 9 | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax retuin | ns? | | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | _ |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | • | | 3a | 1 | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule | 0 | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | tv | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other fin | | | | | |
| | account)? | | | 4a | | X |
| 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 | Accou | nts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | tion? | | 5b | | x |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | ie | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or | | | | |
| | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for | aoods | | | | |
| | and services provided to the payor? | • | | 7a | 1 | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | ıs | | | | |
| | required to file Form 8282? | | | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| 0 | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | ontract | ? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | act? | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 889 | 9 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion file | e a Form 1098-C? | 7h | | |
| 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | L | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | |
| | against amounts due or received from them) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041 | > | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | _ |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | L | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | , . | | | | |
| | the organization is licensed to issue qualified health plans | 13b | ··· | | | |
| C | Enter the amount of reserves on hand | 13c | · | | | <u> </u> |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | <u> </u> | X |
| _ <u>b</u> _ | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | e O | | 1 <u>4b</u> | | |

Part VI

| ^ | $\boldsymbol{\sim}$ | • | • | 62 | • | \sim | ~ |
|---|---------------------|---|----|------------|---|--------|---|
| × | • | _ | 14 | h / | • | | • |
| | | | | | | | |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Page 6

| | Check if Schedule O contains a response or note to any line in this Part VI | 0011 | Judic O | 000 11130 | dolloi | X |
|-----|--|--------------|----------|-------------|--|--------------------|
| Sec | tion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 5 | | | |
| | 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 | 1b | _5 | | | |
| 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? | | | 2 | X | |
| 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? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | , | | 4 | - | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | x |
| ь | one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | 7a | | |
| b | stockholders, or persons other than the governing body? | | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ır hv tl | e follow | | | - |
| а | The governing body? | ii Uy ti | 1011011 | 8a | x | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 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 | | | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inter | nal R | evenue | Code) | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | 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? | | | 10b | | |
| 11a | 2 2 | the fo | rm? | 11a | X | <u> </u> |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | |
| 12a | 3 | | | 12a | ├ | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to co | nflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | | 420 | | |
| 13 | Did the organization have a written whistleblower policy? | | | 12c | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | 17 | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | x | Ì |
| b | Other officers or key employees of the organization | | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | |
| | with a taxable entity during the year? | | | 16a | | X |
| þ | 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? | | | 16b | <u> </u> | L |
| | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50 | 1(c)(3) | s only) | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply | | | | | |
| 40 | Own website Another's website 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 intere- financial statements available to the public during the tax year | st poli | cy, and | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of | he | | | | |
| | organization RANDY C MCMAHAN CPA PC 318 MCBRIDE ST | () IC | | | | |
| M | CCALL ID 8363 | 8 | • | 208-63 | 4-7 | 086 |
| | 10 0303 | - | | -00 00 | - / | , , , , |

| <u>form 990 (2013</u> | RICHARD | SABALA | FOUNDATIO | N INC | 82-0462123 | Pag |
|-----------------------|-------------|--------------|------------------|------------|------------------------------------|----------------|
| Part VII | Compensatio | n of Officer | s, Directors, Ti | rustees, l | Key Employees, Highest Compensated | Employees, and |

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

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

Independent Contractors

- 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 organizations compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for | off | x, unle icer a | Pos check ass pe nd a d | rson i | than o | an 9e) | (0) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the | |
|-----------------------|---|--------------------------------|-----------------------|----------------------------------|--------------|---------------------------------|-----------|---|--|---|--|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W21035WIGG) | organization and related organizations | |
| (1) RONALD L SABALA | | | | | | | | | | | |
| 1 | 10.00 | | | | | | | | | | |
| PRESIDENT | 0.00 | X | ļ | X | | <u> </u> | <u> </u> | 0 | 0 | 0 | |
| (2) DIANA M SABALA | 10.00 | | | | | | | | | | |
| | 10.00 | | | | | İ | | | • | _ | |
| SECRETARY | 0.00 | X | <u> </u> | X | | | <u> </u> | 0 | 0 | 0 | |
| (3) LOUIS A SABALA | 0.25 | | | | | | | | | | |
| TREASURER | 0.25 | x | | x | | | | o | 0 | 0 | |
| (4) JOHN A SABALA | 0.00 | ^ | ┢╌ | _ | - | | | | <u> </u> | 0 | |
| (4) COMM IN SELECTION | 0.25 | | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | ol | 0 | o | |
| (5) NICHOLAS D SABAI | .A | | 1 | | | | | | <u></u> | | |
| | 0.25 | 1 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | l ol | 0 | 0 | |
| (6) | | | | | | | | | | | |
| (7) | · · · · · · · · · · · · · · · · · · · | | | | | | | | : | _ | |
| (8) | | | | | | | | | : | | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | <u> </u> | - | | | | | | | | | |

| rai | t VII · Section A. Officers (A) Name and title | (B) Average hours per week (list any hours for | (d bo off | o not o x, unte icer ai | Pos check ess pe | tion more rson i | than o | ne an se) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | Estin amoi oti compe fron | (F) Estimated amount of other compensation from the organization | | |
|------|---|---|-----------------------------------|-------------------------------|------------------------|------------------------|------------------------------|-----------------------|---|--|---------------------------------------|--|--|--|
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Kay employee | Highest compensated employee | Former | (W-2/1099-MISC) | | and r | elated zations | | |
| (12) | | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | | |
| (14) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | _ | <u> </u> | | - | | | | | | | |
| (18) | | | | | | | | | | | | | <u>. </u> | |
| (19) | | | | | | | | | | | | | | |
| С | Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (i | | | | | | tod (| > > > | a) who recoved more than | \$100,000 pp | | | | |
| 3 | reportable compensation from | n the organizatio | <u>n</u> ▶ | 0_ | | | | | | | | Yes | | |
| 4 | employee on line 1a? If "Yes For any individual listed on lin organization and related organization | ," complete Sche ne 1a, is the sum | dule of re | J foi port | suc able | h ind | dividi npen: | ial satio | on and other compensation | from the | 3 | | X | |
| 5 | individual Did any person listed on line for services rendered to the o | organization? If " | | | | | | | | r individual | 5 | | x | |
| 1 | ion B. Independent Contract Complete this table for your f compensation from the organ | five highest comp | | | | | | | dar year ending with or with | nin the organization's tax ye | | | | |
| | Name an | (A) id business address | | | | | | | Descrip | (B) blion of services | | (C) Compensa | ation | |
| | | | | | | | | | | | - | | | |
| | | | | - | | | | | | | | | | |
| | | ···· | | | | ., | | - | | | | | _ | |
| 2 | Total number of independent received more than \$100,000 | t contractors (incl | udin | g but | t not | limit | ted to | tho | se listed above) who | 0 | | -,,-, | | |
| DAA | received more mail \$100,000 | o or compensatio | 110 | (11 | UIÇ | 101114 | LauUl | | | <u> </u> | | orm 99 | 0 (2013 | |

| | Check if Schedule | | | (A) | (B) | (C) | (D) |
|---|---|--------------|--|---------------|---|---|---|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| 1 원 | Federated campaigns | 1a | | | | | |
| Program Service Revenue and Other Similar Amounts | Membership dues | 1b | | | | | |
| Ā, | c Fundraising events | 1c | | | | | |
| ia ' | d Related organizations | 1d | | į | | | |
| Ë | Government grants (contributions) | 1e | 19,000 | | | | |
| E . | All other contributions, gifts, grants, and similar amounts not included above | | | | | | |
| 튕 | | 1f | 55,070 | ĺ | | | |
| 2 | Noncash contributions included in lines 1a | -1f \$ | | 74 070 | | | |
| <u> </u> | h Total. Add lines 1a-1f | | | 74,070 | | | *************************************** |
| | a ADMISSIONS ICE LESS | OME | Busn. Code | 376,065 | 376,065 | | |
| | b Dasher Board advert | | " | 36,607 | 36,607 | <u></u> - | |
| <u> </u> | C CONCESSIONS | IJING | | 15,000 | 15,000 | | |
| <u> </u> | d MISCELLANEOUS | | | 7,835 | 7,835 | | |
| | e RETAIL & SERVICES | | | 2,349 | 2,349 | | |
| <u> </u> | f All other program service reve | enue | | | | | |
| | g Total. Add lines 2a-2f | | • | 437,856 | | | |
| 3 | Investment income (including | dividends, | ınterest, | | | | |
| | and other similar amounts) | | ▶ | 31,759 | 31,759 | | |
| 4 | Income from investment of ta | x-exempt be | ond proceeds 🕨 📙 | | | | |
| 5 | Royalties | | > | | · | | · · · · · · · · · · · · · · · · · · · |
| 1. | (i) Real | | (ii) Personal | | | | |
| 6 | | | | | | | |
| | D Less rental exps | | | | | | |
| - 1 | c Rental inc or (loss) | | > | | | | |
| | a Gross amount from (i) Securities | 9 | (ii) Other | ~ | | | |
| | sales of assets other than inventory | | (4) | | | | |
| 1 , | D Less cost or other | | - 1 | | | | |
| İ | basis & sales exps | | | | | | |
| - - | c Gain or (loss) | | | | | | |
| - - | d Net gain or (loss) | | • | | | | |
| _D 8 | a Gross income from fundraising even | ents | | | | | |
| <u>.</u> | (not including \$ | | | | & | | |
| Other Kevenue | of contributions reported on line 10 | c) | | | | | |
| | See Part IV, line 18 | a | 162,288 | | | | |
| 5 | b Less direct expenses | b | 93,610 | | | | |
| - I | c Net income or (loss) from fun | | ents > | 68,678 | | | |
| 9 | a Gross income from gaming activiti | 1 | | | | | |
| - , | See Part IV, line 19 b Less direct expenses | a | | | | | |
| | Less direct expenses Net income or (loss) from gar | d | <u></u> | | | | |
| | a Gross sales of inventory, less | | es P | | | | |
| '' | returns and allowances | a | | | | | |
| 1 | b Less cost of goods sold | <u></u> | | | | | |
| | c Net income or (loss) from sale | es of invent | ory | | | | |
| | Miscellaneous Revenue | | Busn, Code | | | | |
| 11 | a | | | | | | |
| | b | | | | | | |
| | С | | <u> </u> | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | > _ | | | | |
| 12 | Total revenue. See instruction | ons | | 612,363 | 469,615 | 0 | 0 |

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 or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, Program service Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 4,000 4,000 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 152,664 152,664 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 29,388 29,388 Other employee benefits 15,910 15,910 10 Payroll taxes Fees for services (non-employees): Management Legal 5,489 5,489 Accounting C Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 3,944 3,944 Advertising and promotion 12 14,94914,949 13 Office expenses Information technology 14 15 Royalties 34,849 34,849 16 Occupancy 256 256 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 143,984 143,984 22 Depreciation, depletion, and amortization 16,538 16,538 Insurance 23 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) 129,167 129,167 UTILITIES 60,027 60,027 SUPPLIES-EVENTS ON ICE h 10,037 10,037 EQUIPMENT MAINTENANCE 10,023 10,023 WORKERS COMP INSURANCE 22,810 22,810 All other expenses 0 654,035 654,035 0 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Balance Sheet

| | | Check if Schedule O contains a response or note t | o any line in this Part X | | | |
|-----------------------------|----------|--|--------------------------------|---------------------------------------|-----|--------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest bearing | | 34,329 | 1 | 63,775 |
| | 2 | Savings and temporary cash investments | Ī | 250,158 | 2 | 267,600 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 10,966 | 4 | 35,966 |
| | 5 | Loans and other receivables from current and former offi | cers, directors, | , | | |
| | 1 | trustees, key employees, and highest compensated emp | loyees | | | |
| | | Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified pers | ons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), a | and contributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary e | employees' beneficiary | | 1 | |
| য | | organizations (see instructions) Complete Part II of Scho | edule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| Ä | 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 6,529,791 | | | |
| | b | Less accumulated depreciation | 10b 1,537,115 | 5,136,660 | 10c | 4,992,676 |
| | 11 | Investments—publicly traded securities | [| 260,117 | 11 | 291,394 |
| | 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 |) | 5,692,230 | _16 | 5,651,411 |
| | 17 | Accounts payable and accrued expenses | ļ | 3,191 | 17 | 4,044 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV or | } | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, | • | | | |
| Ē | | trustees, key employees, highest compensated employe | es, and | | | |
| Lia | 22 | disqualified persons Complete Part II of Schedule L | | · · · · · · · · · · · · · · · · · · · | 22 | · |
| | 23 | Secured mortgages and notes payable to unrelated third | · • | | 23 | |
| | 24 25 | Unsecured notes and loans payable to unrelated third pa | • | | 24 | |
| | 23 | Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24) | i | | | |
| | | of Schedule D | Complete Fait X | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | ľ | 3,191 | 26 | 4,044 |
| | | Organizations that follow SFAS 117 (ASC 958), check | c here ▶ and | | | 1/011 |
| es | | complete lines 27 through 29, and lines 33 and 34. | | | | |
| auc | 27 | Unrestricted net assets | | | 27 | |
| Bağ | 28 | Temporarily restricted net assets | | | 28 | |
| P | 29 | Permanently restricted net assets | | | 29 | |
| F | | Organizations that do not follow SFAS 117 (ASC 958 |), check here ▶ 🏿 and | | | |
| ō | | complete lines 30 through 34. | | | | |
| sets | 30 | Capital stock or trust principal, or current funds | | 111,575 | 30 | 111,575 |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or equipment | fund | 6,087,522 | | 6,087,522 |
| é | 32 | Retained earnings, endowment, accumulated income, or | rother funds | -510,058 | 32 | -551,730 |
| ~ | 33 | Total net assets or fund balances | | 5,689,039 | | 5,647,367 |
| | 34 | Total liabilities and net assets/fund balances | | 5,692,230 | 34 | 5,651,411 |

| Form | 990 (2013) RICHARD SABALA FOUNDATION INC 82-0462123 | | | Р | age 12 |
|------|---|----|----|--------|--|
| Pa | ನ 🔀 Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 612 | 363 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 654 | ,035 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 672 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5, | 689 | 039 |
| 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 | | | _ |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 5, | 647 | , 367 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Ye | 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. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | a | x |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 | ь | x |
| | 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 | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | 1 | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2 | c | |
| | 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 | | ĺ | 1 | |
| - | the Single Audit Act and OMB Circular A-133? | | 3 | a | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | - | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3 | ь | |
| | | | | Form 9 | (2013) |

SCHEDULE A (Form-990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Publi

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

RICHARD SABALA FOUNDATION INC

Employer identification number 82-0462123

| Pa | Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. | | | | | | | | | | | | |
|------|--|--|---------------------------------|--|---------------|--------------|---------------------|--|-----------|--------------------------|---------------|-------------|---------|
| The | orgai | nization is not | a private foundation because | e it is (For lines 1 through 11, c | heck only | one box |) | | | | | | |
| 1 | | A church, cor | evention of churches, or asse | ociation of churches described i | n section | 170(b)(1 |)(A)(i). | | | | | | |
| 2 | \Box | A school desc | cribed in section 170(b)(1)(| A)(ii). (Attach Schedule E) | | | | | | | | | |
| 3 | П | | | ce organization described in sec | tion 170 | (b)(1)(A)(i | iii). | | | | | | |
| 4 | | • | • | I in conjunction with a hospital of | | | • |)(1)(A)(i | ii). Ente | r the ho | ospital's n | ame. | |
| | | city, and state | | | | 0000.0 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | J, | |
| 5 | | - | | f a college or university owned | or operate | ed by a n | wernme | ntal uni | descri | hed in | | | |
| • | ш | | b)(1)(A)(iv). (Complete Part | | or operati | ou by a gi | J V C111111C | intai uiii | descri | oca III | | | |
| 6 | Γ | | | | oction 17 | 0/b\/4\/A | 1/1/1 | | | | | | |
| 7 | H | | • | overnmental unit described in se | | | | · 41 | | | | | |
| ' | Ш | | | substantial part of its support fro | om a gove | rnmentai | unit or i | rom tne | genera | ii public | ; | | |
| | \Box | | section 170(b)(1)(A)(vi). (Co | | | | | | | | | | |
| 8 | 7 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that negrally receives: (1) more than 33 1/39/ of its support from contributions, membership food, and green | | | | | | | | | | | |
| 9 | X | | | | | | | | | | | | |
| | | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its | | | | | | | | | | | |
| | | | | d unrelated business taxable in | · · | | |) from b | usines | ses | | | |
| | | | | D, 1975 See section 509(a)(2). | - | | | | | | | | |
| 10 | | | | exclusively to test for public safe | | | | | | | | | |
| 11 | | | • | exclusively for the benefit of, to p | • | | | • | | | | | |
| | | | | ed organizations described in se | | | | | | section | 1 | | |
| | | | | he type of supporting organizati | | | nes 11e | through | 11h | | | | |
| | | a 💹 Type | — ·· | c Type III–Functions | | | d (| | | | tionally into | egrated | |
| е | | By checking t | his box, I certify that the org | anization is not controlled direct | tly or indir | ectly by c | ne or m | ore disq | ualified | person | ıs | | |
| | | other than for | indation managers and othe | r than one or more publicly sup | ported org | ganızatıor | is descr | ibed in s | ection | 509(a)(ʻ | 1) | | |
| | | or section 509 | 9(a)(2) | | | | | | | | | | |
| f | | If the organiz | ation received a written dete | rmination from the IRS that it is | a Type I, | Type II, o | ог Туре | III suppo | orting | | | | |
| | | organization, | check this box | | | | | | | | | | |
| g | | Since August | 17, 2006, has the organizat | tion accepted any gift or contribi | ution from | any of th | e | | | | | | |
| | | following per | sons? | | | | | | | | | | |
| | | (i) A persor | who directly or indirectly co | introls, either alone or together i | with perso | ns descr | ibed in (| ıı) and | | | _ | Yes | No |
| | | (iII) belov | v, the governing body of the | supported organization? | | | | | | | 11 | g(i) | <u></u> |
| | | (ii) A family | member of a person describ | ed in (i) above? | | | | | | | 11 | g(ii) | |
| | | (iii) A 35% c | ontrolled entity of a person o | described in (i) or (ii) above? | | | | | | | 11 | g(iii) | |
| h | | Provide the f | ollowing information about the | ne supported organization(s) | | | | | | | | | |
| (| i) Nam | e of supported | (ii) EIN | (iii) Type of organization | (iv) Is the c | rganization | (v) Did y | ou notify | (vi) | s the | (vii) Am | ount of mon | etary |
| | org | ganization | | (described on lines 1-9 | | sted in your | the organ | nization in | organizat | ion in col zed in the | | support | |
| | | | | above or IRC section (see instructions)) | governing | document? | | ort? | | S ? | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| (A) | | | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | | | |
| (B) | | | | | | | | | | | | | |
| | | | | | | | | | | | | - | |
| (C) | | | | | | | | | | | | | |
| (D) | | | | | | | | | - | | | | |
| (0) | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | |
| | | | | | | | | | | | | • | |
| Tota | at | | | | | | | | | | | | |

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.)

| Sec | tion A. Public Support | | | | | | |
|-------|---|---------------------------------------|----------------------|---|----------------------------------|------------------------|---|
| Calen | dar year (or fiscal year beginning in) ▶ | (a) 2009 | (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 | | | | | , | |
| _ | tion B. Total Support | | | *************************************** | A. J. Markette M. J. J. J. J. J. | * 111 17 -11111, Abele | |
| _ | dar year (or fiscal year beginning in) ▶ | (a) 2009 | (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 | L | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | <u> </u> | <u> </u> | | |
| 12 | Gross receipts from related activities, etc | (see instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | organization's firs | t, second, third, fo | urth, or fifth tax ye | ear as a section 50 | 1(c)(3) | |
| | organization, check this box and stop her | е | | | | | • |
| Sec | tion C. Computation of Public Sເ | ipport Percen | tage | | | | |
| 14 | Public support percentage for 2013 (line 6 | , column (f) divide | d by line 11, colum | nn (f)) | | 14 | % |
| 15 | Public support percentage from 2012 Scho | edule A, Part II, lin | e 14 | | | 15 | % |
| 16a | 33 1/3% support test—2013. If the organ | ization did not che | ck the box on line | 13, and line 14 is | 33 1/3% or more, | check this | |
| | box and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | ▶ [|
| b | 33 1/3% support test-2012. If the organ | zation did not che | ck a box on line 1 | 3 or 16a, and line | 15 is 33 1/3% or m | оге, | |
| | check this box and stop here. The organiz | zation qualifies as | a publicly support | ed organization | | | ▶ [] |
| 17a | 10%-facts-and-circumstances test—201 | If the organization | ion did not check a | a box on line 13, 1 | 6a, or 16b, and lin | e 14 ıs | |
| | 10% or more, and if the organization meet | ts the "facts-and-ci | rcumstances" test | t, check this box a | nd stop here. Exp | laın ın | |
| | Part IV how the organization meets the "fa organization | icts-and-circumsta | nces" test. The or | ganization qualifie | s as a publicly sup | ported | ▶ □ |
| b | 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization | meets the "facts-a | and-circumstances | s" test, check this | box and stop here | | ▶ □ |
| 18 | Private foundation. If the organization disinstructions | d not check a box | on line 13, 16a, 16 | 6b, 17a, or 17b, ch | neck this box and s | ee | ▶ [] |
| _ | | | | | | | |

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)

| <u>Sec</u> | tion A. Public Support | | | | | | |
|------------|--|---------------------|-----------------------|------------------------|---------------------|----------|--------------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 60,226 | 69,801 | 59,682 | 74,509 | 74,070 | 338,288 |
| 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 | 406,092 | 349,921 | 453,263 | 441,833 | 631,903 | 2,283,012 |
| 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 | 466,318 | 419,722 | 512,945 | 516,342 | 705,973 | 2,621,300 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | | |
| 500 | line 6) | | | | | | 2,621,300 |
| | tion B. Total Support ndar year (or fiscal year beginning in) ▶ | (=) 2000 | (h) 2040 | (-) 2044 | (4) 2042 | 4-1,0040 | |
| 9 | Amounts from line 6 | (a) 2009 466,318 | (b) 2010 419,722 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| - | | 400,318 | 419,722 | 512,945 | 516,342 | 705,973 | 2,621,300 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | 466,318 | | | | 705,973 | 2,621,300 |
| 14 | First five years. If the Form 990 is for the | | t, second, third, for | urth, or fifth tax yea | ar as a section 501 | (c)(3) | . [- |
| 800 | organization, check this box and stop here stion C. Computation of Public Su | | | | | | P |
| 15 | Public support percentage for 2013 (line 8 | | | | | 145 | 100.00% |
| 16 | Public support percentage from 2012 Sche | * * | • | iii (1)) | | 15 | 100.00% % |
| | tion D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2013 (li | | | . column (f)) | | 17 | % |
| 18 | Investment income percentage from 2012 | | | , | | 18 | % |
| 19a | | | | 14, and line 15 is | more than 33 1/39 | | |
| | 17 is not more than 33 1/3%, check this bo | ox and stop here. | The organization of | qualifies as a public | cly supported orga | nization | ► X |
| b | 33 1/3% support tests—2012. If the orga | | | | | | |
| | line 18 is not more than 33 1/3%, check th | | | | | | > |
| 20_ | Private foundation. If the organization did | d not check a box | on line 14, 19a, or | 19b, check this bo | x and see instructi | ons | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

Open to Public

Employer identification number

OMB No 1545-0047

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

Inspection

| | | ļ | | |
|----|---|---|--------------|---------------------------------|
| R | ICHARD SABALA FOUNDATION INC | | 82-04 | 162123 |
| Pa | Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to F | nds or Other Similar Funds or A | Accounts | 3. |
| | | (a) Donor advised funds | (b) | Funds and other accounts |
| 1 | Total number at end of year | (4) | | |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | | | | |
| 4 | Aggregate grants from (during year) | | | |
| - | Aggregate value at end of year | A About a series believe designed | | |
| 5 | Did the organization inform all donors and donor advisors in writing that | | | |
| | funds are the organization's property, subject to the organization's excl | • | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | | | |
| | only for charitable purposes and not for the benefit of the donor or don | or advisor, or for any other purpose | | п., п., |
| Dá | conferring impermissible private benefit? | | | Yes No |
| Pa | rt II Conservation Easements. Complete if the organization answered "Yes" to F | Form 990, Part IV, line 7 | | |
| 1 | Purpose(s) of conservation easements held by the organization (check | all that apply) | | |
| | Preservation of land for public use (e.g., recreation or education) | Preservation of an historically im | portant lan | d area |
| | Protection of natural habitat | Preservation of a certified historic | c structure | |
| | Preservation of open space | _ | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conse | rvation contribution in the form of a conse | ervation | |
| | easement on the last day of the tax year | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| С | Number of conservation easements on a certified historic structure inc | luded in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/ | /06, and not on a | | |
| | historic structure listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, released, ex | dinguished, or terminated by the organiza | ition during | the |
| | tax year ▶ | | • | |
| 4 | Number of states where property subject to conservation easement is | located > | | |
| 5 | Does the organization have a written policy regarding the periodic mon | | | |
| | violations, and enforcement of the conservation easements it holds? | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforce | cing conservation easements during the y | ear ear | |
| | • | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing | conservation easements during the year | | |
| | ▶ \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy | the requirements of section 170(h)(4)(B) | | |
| | (i) and section 170(h)(4)(B)(ii)? | , , , , , | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easem | ients in its revenue and expense stateme | nt, and | |
| | balance sheet, and include, if applicable, the text of the footnote to the | organization's financial statements that of | describes th | ne |
| | organization's accounting for conservation easements | | | |
| Pa | art III Organizations Maintaining Collections of Art, | | Similar A | Assets. |
| | Complete if the organization answered "Yes" to F | Form 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), r | not to report in its revenue statement and | balance sh | eet |
| | works of art, historical treasures, or other similar assets held for public | exhibition, education, or research in furth | nerance of | |
| | public service, provide, in Part XIII, the text of the footnote to its finance | ial statements that describes these items | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), t | o report in its revenue statement and bala | ance sheet | |
| | works of art, historical treasures, or other similar assets held for public | exhibition, education, or research in furth | erance of | |
| | public service, provide the following amounts relating to these items. | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > | \$ |
| | (ii) Assets included in Form 990, Part X | | • | \$ |
| 2 | If the organization received or held works of art, historical treasures, or | r other similar assets for financial gain, pr | ovide the | |
| | following amounts required to be reported under SFAS 116 (ASC 958) | _ | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | • | \$ |
| b | Assets included in Form 990, Part X | | | \$ |

| Part II | Schedule D (Form 990) 2013 RICHARD | SABALA FOUN | DATION INC | | 82-046212 | 3 | Page 2 |
|--|---|----------------------------|----------------------------|----------------|-----------------------|-------------|---------------------------------------|
| 3 Using the organization, accession, and other records, check any of the following that are a significant use of its collection dems (timbe) and tappiny public exhibition d Loan or exchange programs | Part III Organizations Maintaini | ng Collections of | Art, Historical Tr | easures, o | r Other Simila | r Assets (d | continued) |
| b | 3 Using the organization's acquisition, acces | | | | | | |
| b | a Public exhibition | d 🗍 | Loan or exchange prod | rams | | | |
| Preservation for future generations | | F-7 | | • | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII | | ب | | | | | |
| SUII of During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization? | | collections and explain | how they further the o | organization's | exempt purpose in | Part | |
| Section and Custodial Arrangements Section and Custodial Arrangements Section and Custodial Arrangements Section and Custodial Arrangements Section and Custodial Arrangements Section and Custodial Arrangements Section and Custodial Arrangements Section and Custodial Arrangements Section and Section | | | | | | | |
| Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, usisodian or other intermediany for contributions or other assets not included on Form 990, Part X? | 5 During the year, did the organization solic | it or receive donations of | of art, historical treasur | es, or other s | ımılar | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, ouslodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No | | | art of the organization | 's collection? | | | Yes No |
| 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year 1 f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 1 Frading balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Describer if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions C Net investment earnings, gains, and losses d Grants or scholarships d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g. column (a)) held as a Board designated or quasi-endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by (1) unrealed organizations (1) (elated organizations (1) (elated organizations (1) (1) and the possession of the organization is endowment funds 1 Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization is endowment funds 1 Land | | | | | | | |
| 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Comparison | | ion answered "Yes' | to Form 990, Par | t IV, line 9, | or reported an | amount on | Form |
| b if "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance d Additions during the year Distributions during the year Ending balance 1 | | | | | | | |
| b If Yes, explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If Yes, explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations (ii) related organizations (iii) secondary permit the related organizations isted as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of prepenty (a) Cost or other basis (b) Cost or other basis (c) Accomminded dispression (d) Sepression (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value deprendent (d) Book value depre | | odian or other intermed | iary for contributions o | r other assets | not | | □ Vac □ Na |
| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b If Yes, "explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions 1b Contributions 1c Net investment earnings, gains, and losses d Grants or scholarships losses 1c Grants or scholarships 9 Cither expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations b if "Yes" to 3a(n), are the related organizations isted as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization is endowment funds (a) Cast or other basis (c) Accumulated (gl) Book value (ginesting) c Leasehold improvements 1a Land 1b Buildings 1c Leasehold improvements 1c) Cast or other basis (c) Accumulated depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation of depreciation depreciation depreciation of depreciation of depreciation of depreciation of depreciation of depreciation of depreciation of the Other Control of the Other Control of Types (c) Cast or other basis (c) Accumulated depreciation depreciation of depreciation of depreciation of depreciation of depreciation of the Other Control of Types (c) Cast or other basis (c) Accumulated depreciation of depreciation of depreciation of depreciation of the Other Control of Types (c) Cast or other basis (c) Accumulated (depreciation of depreciation of the Other Control of Types (c | • | /III | llevure toble | | | | res No |
| C Beginning balance d Additions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 1 If I I I I I I I I I I I I I I I I I I | b if "Yes," explain the arrangement in Part 7 | Kill and complete the to | llowing table | | Ĺ, | | Amount |
| d Additions during the year Distributions during the year 16 16 16 16 16 16 16 1 | a Paginning halanga | | | | - | 1c | |
| e Distributions during the year f Ending balance 2D oft the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations b if "Yes" to 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part V Land, Buildings, and Equipment. Complete if the organization asswered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe on Part XIII the intended uses of the organization's endowment funds. Part V Land, Buildings, and Equipment. Complete if the organization asswered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe on Part XIII the intended uses of the organization's endowment funds. Part V Land, Buildings, and Equipment. Complete if the organization asswered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Base part of property (a) Book value depreciation depreciation depreciation depreciation depreciation depreciation of property (a) Book value depreciation of property (a) Book value depreciation of property (b) Book value depreciation of property (b) Book value depreciation of property (b) Book value depreciation of property (c) Book value deprec | • • | | | | | | · · · · · · |
| Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No f*Yes; veptian the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Yes No f*Yes; veptian the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Yes No f*Yes; veptian the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Yes No f*Yes No | * * | | | | - | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| 2a Did the organization include an amount on Form 990, Part X, line 21? b (f*Yes,*explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) related organization (iv) related organizatio | | | | | <u> </u> | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of groperty (a) Cost or other basis (chier) depreciation depreciation (a) Book value depreciation (a) Book value (a) | _ | n Form 990. Part X. line | 21? | | | | Yes No |
| Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Contributions (e) Cont | <u> </u> | | | rovided in Par | t XIII | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | | | | | | | |
| Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % b Permanent endowment % c Temporanty restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds 1a Land | | ion answered "Yes | to Form 990, Par | t IV, line 10 |). | | |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(n), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment e Other 5 , 637 , 429 1 , 537 , 115 4 , 100 , 314 | | | | | | years back | (e) Four years back |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(n), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment e Other 5 , 637 , 429 1 , 537 , 115 4 , 100 , 314 | 1a Beginning of year balance | | | | | | |
| losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation 1a Land 892,362 892,362 892,362 6 Leasehold improvements d Equipment 6 Other 5,637,429 1,537,115 4,100,314 | | | | | | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations 3a(ii) 3a(ii) 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation of property (investment) (other) depreciation depreciation depreciation depreciation and Sep 2, 362 B Buildings c Leasehold improvements d Equipment e Other 5,637,429 1,537,115 4,100,314 | c Net investment earnings, gains, and | | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (investment) (investment) 892,362 892,362 892,362 6 Equipment Cother Other 5,637,429 1,537,115 4,100,314 | losses | | | | | | |
| f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 5,637,429 1,537,115 4,100,314 | d Grants or scholarships | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (investment) 4 B92,362 8 892,362 8 92,362 6 Equipment 6 Other 5 ,637,429 1 ,537,115 4 ,100,314 | Other expenditures for facilities and | | | 1 | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations bi f"Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation depreciation 1a Land 892,362 892,362 b Buildings c Leasehold improvements d Equipment e Other 5,637,429 1,537,115 4,100,314 | | | <u> </u> | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Buildings (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (b) Equipment (c) Accumulated (d) Book value 1 a Land (b) Buildings 1 a Land (c) Accumulated (d) Book value 1 a Land (d | • | | | | | | |
| a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation 1a Land Buildings c Leasehold improvements d Equipment Cother 5,637,429 1,537,115 4,100,314 | — · | | (1 4 (-)) | L | | | |
| b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part Vi Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land 892,362 892,362 b Buildings C Leasehold improvements d Equipment 90ther 5,637,429 1,537,115 4,100,314 | | | e (line 1g, column (a)) | neid as | | | |
| Temporarily restricted endowment ► % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) 1a Land 4 Buildings 5 Leasehold improvements 4 Equipment 5 Cother 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | _ | | | | | | |
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| organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land 892,362 892,362 Buildings c Leasehold improvements d Equipment e Other 5,637,429 1,537,115 4,100,314 | | | ation that are held and | administered | for the | | |
| (ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land 892,362 892,362 Buildings c Leasehold improvements d Equipment e Other 5,637,429 1,537,115 4,100,314 | · | | | | | | Yes No |
| (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (inves | - · · · · · · · · · · · · · · · · · · · | | | | | | 3a(i) |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (other) 1a Land B 92, 362 B 92, 362 b Buildings c Leasehold improvements d Equipment e Other 5,637,429 1,537,115 4,100,314 | · · · | | | | | | 3a(ii) |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land B 892, 362 B 892, 362 C Leasehold improvements d Equipment e Other 5,637,429 1,537,115 4,100,314 | b If "Yes" to 3a(ii), are the related organization | tions listed as required | on Schedule R? | | | | 3b |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land Buildings C Leasehold improvements d Equipment e Other Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (c) Accumulated depreciation 892,362 892,362 1 892,362 | 4 Describe in Part XIII the intended uses of | f the organization's end | owment funds | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value | | | | | | | |
| (investment) (other) depreciation 1a Land 892,362 892,362 b Buildings c Leasehold improvements d Equipment e Other 5,637,429 1,537,115 4,100,314 | Complete if the organiza | <u>tion answered "Yes</u> | <u>" to Form 990, Pa</u> | rt IV, line 1 | <u>1a. See Form 9</u> | 90, Part X | <u>, line 10.</u> |
| 1a Land 892,362 892,362 b Buildings C Leasehold improvements d Equipment 5,637,429 1,537,115 4,100,314 | Description of property | 1 '' | 1 ' | | • • | | (d) Book value |
| b Buildings c Leasehold improvements d Equipment e Other 5,637,429 1,537,115 4,100,314 | | (investment | | | depreciation | | 000 262 |
| c Leasehold improvements d Equipment e Other 5,637,429 1,537,115 4,100,314 | | ļ <u>.</u> | | 92,362 | | | 892,362 |
| d Equipment e Other 5,637,429 1,537,115 4,100,314 | _ | - | | | | | |
| e Other 5,637,429 1,537,115 4,100,314 | · · | ļ | | | | | |
| | • • | | | 37 420 | 1 527 | 115 | 4 100 314 |
| | | ust equal Form 990, Po | | | 1,331, | | |

| | form 990) 2013 RICHARD SABALA FOUN | DATION INC | 82-0462123 | Page 3 |
|------------------|--|------------------------------|--|--|
| Part VII | Investments—Other Securities. | to Form 000 Part IV lie | so 11h Soo Form 900 Part | Y line 12 |
| | Complete if the organization answered "Yes" (a) Description of security or category | (b) Book value | (c) Method of value | |
| | (including name of security) | (b) book value | Cost or end-of-year ma | |
| (1) Financial of | derivatives | | | |
| • | eld equity interests | | | |
| (3) Other | | | 1 | · · · · · · · · · · · · · · · · · · · |
| (A) | | | · | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12)▶ | | | |
| Part VIII | Investments—Program Related. | | The visit of the second | - |
| | Complete if the organization answered "Yes" | to Form 990. Part IV. li | ne 11c See Form 990, Part | X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valu | |
| | | | Cost or end-of-year ma | rket value |
| (1) | | | - | |
| (2) | | | | |
| (3) | | ** | | - |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | ···································· |
| (9) | | | - | |
| | in (b) must equal Form 990, Part X, col. (B) line 13)▶ | | | |
| Part IX | Other Assets. | | F. Nation and the management | |
| | Complete if the organization answered "Yes" | to Form 990, Part IV, III | ne 11d. See Form 990, Part | X, line 15. |
| | (a) Description | | | (b) Book value |
| (1) | | , | | |
| (2) | | | | |
| (3) | | <u> </u> | | |
| (4) | · | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | • • | | |
| | nn (b) must equal Form 990, Part X, col (B) line 15) | | > | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" | to Form 990, Part IV, II | ne 11e or 11f. See Form 990 |), Part X, |
| | line 25. | | | |
| 1. | (a) Description of liability | (b) Book value | | |
| (1) Federal | Income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col (B) line 25) ▶ | | | |
| | r uncertain tax positions. In Part XIII, provide the text of the | footnote to the organization | s financial statements that reports | the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| Sche | dule D (Form 990) 2013 RICHARD SABALA FOUNDATION INC | 82-046212 | 23 | Page 4 |
|------|--|-----------------------|----------|---------------|
| Pa | Reconciliation of Revenue per Audited Financial Statement | s With Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" to Form 990, Part | IV, line 12a. | | |
| 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 | | • | |
| а | Net unrealized gains on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | <u> </u> | |
| d | Other (Describe in Part XIII) | 2d |] [| |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a |] | |
| þ | Other (Describe in Part XIII) | 4b | <u></u> | |
| С | Add lines 4a and 4b | | 4c | |
| 5_ | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statemer | | Retur | n. |
| | Complete if the organization answered "Yes" to Form 990, Part | IV, line 12a. | | |
| 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 | • | | |
| а | Donated services and use of facilities | 2a | 1 1 | |
| b | Prior year adjustments | 2b | 1 1 | |
| C | Other losses | 2c | ↓ | |
| d | Other (Describe in Part XIII) | 2d | ↓ | |
| е | Add lines 2a through 2d | | 2е | |
| 3 | Subtract line 2e from line 1 | • | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a |]] | |
| þ | Other (Describe in Part XIII) | 4b |] | |
| Ç | Add lines 4a and 4b | | 4c | |

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 additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

2013

Employer identification number Name of the organization RICHARD SABALA FOUNDATION INC 82-0462123 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 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? 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 (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions1 col (i) Yes No 1 8 9 10

Total

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 gro | ss receipts greater than \$5,0 | 00. | | |
|-------------------|---------------------------------|--|--|--|-------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | |
| | | | GOLF TOURNAMENT | | NONE | (d) Total events (add col. (a) through |
| 4. | | | (event type) | (event type) | (total number) | col (c)) |
| Revenue | | | | | | |
| Rev | 1 | Gross receipts | 162,288 | | | 162,288 |
| | ١, | Less Contributions | | | | |
| | | Gross income (line 1 minus | | | | |
| | _ | line 2) | 162,288 | | | 162,288 |
| | | Oach arras | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| ۰, | | _ | 16 400 | | | 16 400 |
| nses | 6 | Rent/facility costs | 16,402 | | | 16,402 |
| xpe | 7 | Food and beverages | 39,872 | | | 39,872 |
| Direct Expenses | | J | | | | |
| ۵ | 8 | Entertainment | | ··································· | | |
| | 9 | Other direct expenses | 37,336 | | | 37,336 |
| | • | Suite Suite Supplies | | | | |
| | | | Add lines 4 through 9 in column (d | | ! | 93,610 68,678 |
| | 11 art | | btract line 10 from line 3, column (diplete if the organization answ | | Part IV line 19 or ren | |
| ¥. | 411 | | on Form 990-EZ, line 6a. | relea les tellonnisse, i | ditity, mic 10, or 10pt | sited more |
| | | | | | | |
| | | | | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| neune | | | (a) Bingo | (b) Puil tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| Revenue | 1 | | | * * | (c) Other gaming | |
| Revenue | 1 | | | * * | (c) Other gaming | |
| | | | | * * | (c) Other gaming | |
| | 2 | Gross revenue | | * * | (c) Other gaming | |
| | 2 | Gross revenue | | * * | (c) Other gaming | |
| rect Expenses | 2 | Gross revenue | | * * | (c) Other gaming | |
| | 3 4 | Gross revenue Cash prizes Noncash prizes Rent/facility costs | | * * | (c) Other gaming | |
| rect Expenses | 3 4 | Gross revenue Cash prizes Noncash prizes | | * * | | |
| rect Expenses | 3 4 5 | Gross revenue Cash prizes Noncash prizes Rent/facility costs | (a) Bingo | bingo/progressive bingo | | col (a) through col (c)) |
| rect Expenses | 3 4 5 | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | (a) Bingo | Yes % | Yes | col (a) through col (c)) |
| rect Expenses | 3 4 5 | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | (a) Bingo | Yes % | Yes | col (a) through col (c)) |
| rect Expenses | 2 3 4 5 | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary | (a) Bingo | Yes % No | Yes | col (a) through col (c)) |
| Direct Expenses | 2 3 4 5 6 7 8 | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sumi | Yes % No Add lines 2 through 5 in column (d | Yes % No lumn (d) | Yes | col (a) through col (c)) |
| 6 Direct Expenses | 2 3 4 5 6 7 8 | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary inter the state(s) in which the | Yes % No Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, column e organization operates gaming active.) | Yes % No lumn (d) | Yes | col (a) through col (c)) % |
| Direct Expenses | 2 3 4 5 6 7 8 Erra Is | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary inter the state(s) in which the | Yes % No Add lines 2 through 5 in column (d | Yes % No lumn (d) | Yes | col (a) through col (c)) |
| Direct Expenses | 2 3 4 5 6 7 8 Erra Is | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary nter the state(s) in which the the organization licensed to | Yes % No Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, column e organization operates gaming active.) | Yes % No lumn (d) | Yes | col (a) through col (c)) % |
| Direct Expenses | 2 3 4 5 6 7 8 Erra Is | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary there the state(s) in which the the organization licensed to | Yes % No Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, column e organization operates gaming activities in each dispersion operate gaming activities a | Yes % No l) lumn (d) vities of these states? | Yes | col (a) through col (c)) % Yes No |
| Direct Expenses | 2 3 4 5 6 7 8 Erra Is | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income summary there the state(s) in which the the organization licensed to | Yes % No Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, column e organization operates gaming active.) | Yes % No l) lumn (d) vities of these states? | Yes | col (a) through col (c)) % |

| Sche | dule G (Form 990 or 990-EZ) 2013 RICHARD SABALA FOUNDATION INC | 82-0462123 | 3 Page 3 |
|------------|---|---------------------|----------|
| 11 | Does the organization operate gaming activities with nonmembers? | <u>.</u> | Yes No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | | |
| | formed to administer charitable gaming? | | Yes No |
| 13 | Indicate the percentage of gaming activity operated in | | |
| а | The organization's facility | 13a | %_ |
| b | An outside facility | 13b | %_ |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and | | |
| | records | | |
| | Name ► | | |
| | Address ▶ | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | | |
| | revenue? | | Yes No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ | and the | |
| | amount of gaming revenue retained by the third party ▶ \$ | | |
| С | If "Yes," enter name and address of the third party | | |
| | Name ► | | |
| | Address ▶ | | |
| 16 | Gaming manager information | | |
| | Name ▶ | | |
| | Gaming manager compensation ▶ \$ | | |
| | Description of services provided ▶ | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | | Yes No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or | | |
| 1 112 1111 | spent in the organization's own exempt activities during the tax year ▶ \$ | | |
| Par | | | and |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this | part to provide any | |
| | additional information (see instructions) | | |

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.

2013

Open to Public

Department of the Treasury Internal Revenue Service

► 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.

s.gov/form990. Inspection
Employer identification number

Name of the organization

RICHARD SABALA FOUNDATION INC

<u>82-0462123</u>

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

RONALD SABALA

DIANA SABALA

PRESIDENT

SECRETARY

HUSBAND & WIFE

RONALD SABALA

LOUIS SABALA

PRESIDENT

TREASURER

SON

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ACCOUNTANT GOES OVER FORM 990 WITH THE PRESIDENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL NO CEO, DIRECTOR, OR TOP OFFICIAL RECEIVED COMPENSATION OR BENEFITS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS NO OFFICER OR KEY EMPLOYEE RECEIVED COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

COPY OF DOCUMENTS ARE AVAILABLE BY RONALD SABALA OR MANCHESTER ICE RINK IN

MCCALL IDAHO.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

| vame(s | shown on return RICHARD | SABALA FO | UNDATION | INC | | 82-04 | |
|------------|--|-------------------------|--|---------------------------------------|-----------------|-----------------|--|
| | is or activity to which this form relates | | | | | | |
| | DIRECT DEPRECIAT | | arti Undar Ca | otion 179 | | · | |
| Pa | rt I Election To Expen Note: If you have a | | | | omplete Part | i | |
| 1 | Maximum amount (see instruction | | , complete i ai | t v belote you o | ompiete i art | 1 | 500,000 |
| 2 | Total cost of section 179 property | | e instructions) | | | 2 | |
| 3 | Threshold cost of section 179 property | | | instructions) | | 3 | 2,000,000 |
| 4 | Reduction in limitation Subtract lir | - | | | | 4 | |
| 5 | Dollar limitation for tax year Subtract lin | | | | ee instructions | 5 | |
| 6 | (a) Description | | | (b) Cost (business use | | Elected cost | |
| | | | | | | | |
| | | | | | | | |
| 7 | Listed property Enter the amount | from line 29 | | | 7 | | |
| 8 | Total elected cost of section 179 p | property. Add amount | s in column (c), lin | es 6 and 7 | | 8 | |
| 9 | Tentative deduction Enter the sm | aller of line 5 or line | 8 | | | 9 | |
| 10 | Carryover of disallowed deduction | from line 13 of your | 2012 Form 4562 | | | 10 | |
| 11 | Business income limitation Enter | | | | | | |
| 12 | Section 179 expense deduction A | | | | , , | 12 | |
| 13 | Carryover of disallowed deduction | | | | 13 | | |
| | Do not use Part II or Part III below | | | | | | (0 !:) |
| <u>Pa</u> | rt II Special Depreciat | | | | | ed property.) | (See instructions) |
| 14 | Special depreciation allowance for | | ther than listed pro | perty) placed in sei | vice | | |
| | during the tax year (see instruction | • | | | | 14 | |
| 15 | Property subject to section 168(f)(| | | | | 15 | |
| 16 | Other depreciation (including ACF | | ada lakad maaa | white V (Coo in ohm) | etions \ | 16 | 143,984 |
| <u> Pa</u> | rt III MACRS Depreciat | ion (no not incir | ide listed prope Secti | | ctions.) | | |
| | MACCO de destaca de casa de ca | | | · · · · · · · · · · · · · · · · · · · | | 17 | 0 |
| 17 | MACRS deductions for assets pla | | | | h | ▶ ┌┐ ├── | <u>. I</u> |
| 18 | If you are electing to group any assets placed Section BA | Assets Placed in Sei | | | | eciation Syste | m |
| | | (b) Month and year | (c) Basis for depres | 1 | T | | |
| | (a) Classification of property | placed in service | (business/investme only-see instructi | nt use | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a | 3-year property | | | | | | <u> </u> |
| b | 5-year property | | | | | | |
| _с | 7-year property | | | | | | |
| d | 10-year property | | | | | | |
| _ е | 15-year property | | | | | | |
| f | 20-year property | _ | | | ļ. <u></u> . | | |
| g | 25-year property | ļ | | 25 yrs | ļ <u></u> | S/L | <u> </u> |
| h | Residential rental | | | 27 5 yrs | MM | S/L | |
| | property | ļ | | 27 5 yrs | MM | S/L | |
| i | Nonresidential real | | | 39 yrs | MM | S/L | |
| | property | <u> </u> | | | MM | S/L | <u> </u> |
| | | sets Placed in Serv | rice During 2013 1 | ax Year Using the | Alternative Dep | | em |
| <u>20a</u> | | | | | | S/L | |
| | 12-year | - | - | 12 yrs | 1 1 1 1 1 1 | S/L | |
| | 40-year | truotions \ | L | 40 yrs | <u> </u> |]S/L | |
| | urt IV Summary (See ins | | | | | | |
| 21 | Listed property Enter amount from | | hace 10 and 20 in | column (c) and has | 21 Enter here | 21 | |
| 22 | Total. Add amounts from line 12, | | | | | 22 | 143,984 |
| 22 | and on the appropriate lines of yo | · | • | | 13 | | 143,304 |
| 23 | For assets shown above and place portion of the basis attributable to | - | me current year, e | nei uie | 23 | | |
| | Paperwork Reduction Act Notice | | uctions | · · · · · · · · · · · · · · · · · · · | | | Form 4562 (2013) |
| | . app. Horn Houselier not 110400 | , | | | | | (2010) |

82-0462123

Federal Asset Report Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus Sec % 179Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|--|--|---|--|-----------------------|--|---|---|--|
| Other 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 | Depreciation: LAND PARKING GARAGE OFFICE FURNITURE SPORTS EQUIP SPORTS EQUIP RENTAL SKATES CASH REGISTER TELEPHONE ZAMBONI PRINTER RENTAL SKATES SOFTWARE FLOOR SCRUBBER BLDG-ICE RINK RENTAL HELMETS CUBBY FOR SKATE SKATES & HELMETS TOLL STATION CASH REGISTER COMPUTER 21' SCISSOR LIFT RETAIL CABINETS LEASEHOLD IMPROV EQUIPMENT CURTAINS | 5/01/97 5/01/03 6/10/03 7/01/03 7/01/03 7/01/03 7/01/03 7/01/03 7/01/03 7/01/03 7/01/03 9/01/03 9/01/03 9/26/03 10/03/03 10/23/03 2/07/05 7/27/05 1/20/06 8/01/06 9/26/06 10/01/08 10/01/08 11/15/11 | 892,362 675,579 1,330 317 400 17,275 212 3,250 61,500 117 5,708 2,220 3,673 4,785,251 917 2,700 1,945 1,448 916 817 4,400 2,226 11,777 471 6,000 | | 892,362 675,579 1,330 317 400 17,275 212 3,250 61,500 117 5,708 2,220 3,673 4,785,251 917 2,700 1,945 1,448 916 817 4,400 2,226 11,777 471 6,000 | 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 10 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L | 0 162,560 1,330 317 400 17,275 212 3,250 61,500 117 5,708 2,220 3,673 1,111,563 917 2,565 1,945 1,448 916 760 4,087 2,067 4,712 276 964 | 0 16,889 0 0 0 0 0 0 0 0 0 119,631 0 135 0 0 0 57 313 159 1,178 67 857 |
| 26 | LIGHTING UPGRADE Total Other Depreciation | 5/31/12 | 46,980 | - | 46,980 6,529,791 | | 2,349 | 4,698 143,984 |
| | Total ACRS and Other Depreciation | | 6,529,791 | = | 6,529,791 | | 1,393,131 | 143,984 |
| | Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense Net Grand Totals | | 6,529,791 0 0 6,529,791 | | 6,529,791 0 0 6,529,791 | | 1,393,131 0 0 1,393,131 | 143,984 0 0 143,984 |

* 82-0462123

AMT Asset Report Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus Sec % 179Bonu | Basis us <u>for Depr</u> | <u>Per</u> | Conv Meth | Prior | Current |
|--|--|---|--|----------------------|--|--|--|--|---|
| Other 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 | Depreciation: LAND PARKING GARAGE OFFICE FURNITURE SPORTS EQUIP SPORTS EQUIP RENTAL SKATES CASH REGISTER TELEPHONE ZAMBONI PRINTER RENTAL SKATES SOFTWARE FLOOR SCRUBBER BLDG-ICE RINK RENTAL HELMETS CUBBY FOR SKATE SKATES & HELMETS TOLL STATION CASH REGISTER COMPUTER 21' SCISSOR LIFT RETAIL CABINETS LEASEHOLD IMPROV EQUIPMENT CURTAINS LIGHTING UPGRADE | 5/01/97 5/01/03 6/10/03 7/01/03 7/01/03 7/01/03 7/01/03 7/01/03 7/01/03 7/01/03 7/01/03 8/18/03 9/01/03 9/26/03 10/03/03 10/03/03 10/03/05 7/27/05 1/20/06 8/01/06 9/26/06 10/01/08 10/01/08 11/15/11 5/31/12 | 892,362 675,579 1,330 317 400 17,275 212 3,250 61,500 117 5,708 2,220 3,673 4,785,251 917 2,700 1,945 1,448 916 817 4,400 2,226 11,777 471 6,000 46,980 | | 892,362 675,579 1,330 317 400 17,275 212 3,250 61,500 117 5,708 2,220 3,673 4,785,251 917 2,700 1,945 1,448 916 817 4,400 2,226 11,777 471 6,000 46,980 | 7 7 7 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L | 0 162,560 1,330 317 400 17,275 212 3,250 61,500 117 5,708 2,220 3,673 1,111,563 917 2,565 1,945 1,448 916 760 4,087 2,067 4,712 276 964 2,349 | 0 16,889 0 0 0 0 0 0 0 0 0 119,631 0 135 0 0 0 57 313 159 1,178 67 857 4,698 |
| | Total Other Depreciation | | 6,529,791 | | 6,529,791 | | | 1,393,131 | 143,984 |
| | Total ACRS and Other Depreciation | | 6,529,791 | | 6,529,791 | | | 1,393,131 | 143,984 |
| | Grand Totals Less: Dispositions and Transfers Net Grand Totals | | 6,529,791 0 6,529,791 | | 6,529,791 0 6,529,791 | | | 1,393,131 0 1,393,131 | 143,984 0 143,984 |

| | | bri gri | |
|---------------|------------|-------------------------|---|
| | | Fund Raising | w w |
| | | Management & General | |
| Statements | rt IX, Lin | Program Service | \$ 6,360 6,132 5,256 5,256 2,455 1,196 390 154 40 15 22,810 |
| Federal State | | Total Expenses | \$ 6,360 6,132 6,132 5,256 2,455 1,196 390 390 154 40 15 40 15 |
| 82-0462123 | | Description | SUPPLIES-EVENTS OFF ICE JANITORIAL BANKCARD DISCOUNTS SUPPLIES-LEARN TO SKATE SUPPLIES-SKATER THINGS UNIFORMS DUES & FEES MISCELLANEOUS BANK CHARGES SUPPLIES TOTAL |

| | \$ 19,000 5,070 12,500 12,500 \$ 74,070 | Ā | \$ 376,065 36,607 15,000 7,835 2,349 31,759 162,288 \$ 631,903 |
|--------------------|---|---|---|
| Federal Statements | Schedule A, Part III, Line 1(e) Description | Schedule A, Part III, Line 2(e) Description | |
| 82-0462123 | | | ADMISSIONS ICE LESSONS DASHER BOARD ADVERTISING CONCESSIONS MISCELLANEOUS RETAIL & SERVICES INVESTMENT INCOME GOLF TOURNAMENT TOTAL |