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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)

OMB No 1545-0047

▶ 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.

Open to Public inspection

| <u> </u> | or th | e 2013 calendar year, or tax year beginning JUN 1, 2013 and | dending 1 | 1AY 31, 2014 | |
|--------------|----------------------|---|----------------|------------------------------|-------------------------------|
| В | Check if applicab | C Name of organization | | D Employer identifi | cation number |
| | Addre | e CHS ATHLETIC BOOSTER ASSOC, INC. | | | |
| | Name chang | Doing Business As | | 58-2 | 323830 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/surte | E Telephone numbe | r |
| | Termi ated | 9310 SCOTT ROAD | 1 | 770- | 650-4230 |
| | Amen return | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 884,845. |
| | Application | ROSWELL, GA 30070 | | H(a) Is this a group re | eturn |
| | pendi | F Name and address of principal officer: DAVE NABORS | | for subordinates | ? Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| | | empt status: X 501(c)(3) |) or 527 | If "No," attach a | list. (see instructions) |
| _ | | te: ► N/A | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other ▶ | L Year | of formation: 2002 | A State of legal domicile: GA |
| Pa | | Summary | | | |
| Governance | 1 | Briefly describe the organization's mission or most significant activities: SUPI PROGRAMS | PORT_AL | L HIGH SCHO | OL ATHLETIC |
| Ē | 2 | Check this box 🕨 📖 if the organization discontinued its operations or disp | osed of mor | e than 25% of its net as | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 0 |
| <u>ح</u> | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | , | . 4 | 0 |
| 198 | | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | - | 5 | 0 |
| Activities & | | Total number of volunteers (estimate if necessary) | | . 6 | 0 |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | • | 7a | 0. |
| | _ b | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| | 1_ | 6 | ļ | Prior Year 35,980. | Current Year 39,391. |
| 9 | 8 | Contributions and grants (Part VIII, line 1h) | - | 259,038. | 299,459. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | <u> </u> | 945. | 1,001. |
| æ | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | - | 486,333. | 489,137. |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11-{mustequal Part VIII, column (A), line 12) | · - | 782,296. | 828,988. |
| | | Grants and similar amounts pard (Part IX, column (A), lines 1-3) | | 2,000. | 2,000. |
| | 14 | Benefits paid to or for members (Part IX, column (A), lines) | · · | 0. | 0. |
| တ | 15 | Salaries, other compensation, employee benefits (Part IX replumn (A), lines 5-10 | , <u> </u> | 0. | 0. |
| Expenses | 16a | Professional fundraising fees (Partix, column (A), line 114) | | 0. | 0. |
| ē | Ь | Total fundraising expenses (Part IX, column (D), line 25) | 0. | · | |
| Ω | | Other expenses (Part IX, column (A) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | 757,177. | 724,405. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 759,177. | 726,405. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 23,119. | 102,583. |
| ets or | | | В | eginning of Current Year | End of Year |
| agets | 20 | Total assets (Part X, line 16) | _ | 889,149. | 954,421. |
| Net Asse | 21 | Total liabilities (Part X, line 26) | <u> </u> | 288,371. | 251,060. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 600,778. | 703,361. |
| | art II | | l l - 4 - 1 | | |
| | | lities of perjury, I declare that I have examined this return, including accompanying schedu at, and complete. Declaration of properer (other than officer) is based on all information of v | | | y knowledge and belief, it is |
| true | , corre | st, and complete, becaration of preparer (other than officer) is based on an information of v | WILLOW Prehale | i ilas ally knowledge. | |
| c:- | _ | Signature of officer | | Date | |
| Sig Her | | DAVE NABORS, PRESIDENT | | | |
| riei | e | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Pai | d | THOMAS B. MARSH THOMAS B. MARSH | H (| 9/30/14 seff-employ | P00389126 |
| | parer | Firm's name BRADY, WARE & SCHOENFELD, INC. | | Firm's EIN | 35-1476702 |
| | Only | Firm's address 10375 OLD ALABAMA RD CONN, SUIT | TE 300 | | |
| | | ALPHARETTA, GA 30022-1122 | | Phone no. 40 | 4-257-9475 |
| Ma | y the I | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |
| | 01 10- | | tions. | | Form 990 (2013) |

| Fom | 1990 (2013) CHS ATHLETIC BOOSTER ASSOC, INC. | <u>58-2323830</u> | Page 2 |
|-----|--|-------------------|--------------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Bnefly describe the organization's mission: SUPPORT ALL HIGH SCHOOL ATHLETIC PROGRAMS | - | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | Yes | X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as in Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported. | • • | |
| 4a | (Code) (Expenses \$147,746. including grants of \$) (Revenue | | .571. ₎ |
| | JUNIOR KNIGHTS - MIDDLE SCHOOL INTERSCHOLASTIC SPORTS AC | TIVITIES | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code) (Expenses \$ 0 • including grants of \$) (Revenue PARENT REIMBURSEMENT OF VARIOUS EXPENSES | s85, | 269.) |
| | | | |
| | | | |
| | | | |
| 4c | (Code) (Expenses \$ | 19, | 619. |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | | 14,273.) | |
| 40 | Total program service expenses 695, 206. | | |

| Part IV | Checklist of | Required | Schedules |
|---------|--------------|----------|-----------|

| | | | Yes | No |
|----------|--|------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors | 2 | | X |
| 3 | 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 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | _X_ |
| 5 | 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 | | Х |
| 7 | 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 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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 | | 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 |
| d | 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 | | 1 | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | i | |
| | 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 | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if 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 | | Х |
| | 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 | L | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | <u> </u> | Х |
| 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? If "Yes," | | | ٠ |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 000 | |
| | | Form | 990 | けいしょく |

Form 990 (2013) CHS ATHLETIC BOOSTER ASSOC, INC.

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|----------------|-----|------------------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 163 | ''' |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, | <u> </u> | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | Х |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| đ | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X_ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | ĺ | | |
| | 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | v |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| Ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Λ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 00- | | х |
| | 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 | | Λ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 30 | | х |
| 04 | contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | |
| 31 | If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | • | | |
| JZ | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </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, Part 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 |
| | 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 | |
| | | Form | 990 | 2013) |

| | Check if Schedule O contains a response or note to any line in this Part V | | | \Box |
|--------|--|---------------|-------|--------|
| | Chick in Contraction of the Cont | | Van | |
| 1- | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | $\overline{}$ | Yes | No |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | 1 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 1 | | |
| Ū | (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 0 | | | l |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 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 Accounts. | | | ĺ |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as chantable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | 1 | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| a b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 75 | - | |
| · | to file Form 8282? | 7c | | l |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | - | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | 1 | |
| | 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. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 Consequently worked as Form 900. Both VIII, line 12 for public year of this facilities. | | 1 | |
| 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: | | | |
| '' | Gross income from members or shareholders | ł | | |
| h | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | |] | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | 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. | i | | |
| | 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 | | Į | |
| | organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | | Form | 990 (| (2013) |

Form 990 (2013) CHS ATHLETIC BOOSTER ASSOC, INC. 58-2323830 Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

| | Check if Schedule O contains a response or note to any line in this Part VI | | | 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 | | | |
| | 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 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | i |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customanly 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 one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | 1 | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 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 |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| | 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 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | ا ا | x | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | Х |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | х |
| | in Schedule O how this was done | 12c | | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | \vdash | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 15a | | x |
| a | The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | 15b | | X |
| В | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 100 | | |
| 16. | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| IVa | taxable entity during the year? | 16a | | х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 100 | | |
| b | In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | 1 |
| | exempt status with respect to such arrangements? | 16b | | 1 |
| Sec | 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 501(c)(3)s only) | availab | ole | _ |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar | d finai | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. | tion 🕨 | | |
| | JOAN SCHIMELMAN | | | |
| | 225 VIDAULAN COURT, ALPHARETTA, GA 30022 | | | |

| • | | | |
|------|-----|--------|--|
| Form | 990 | (2013) | |

CHS ATHLETIC BOOSTER ASSOC, INC.

58-2323830

Page 7

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

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

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

- 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 in (A) | (B) | | | ((| C) | | | (D) | (E) | (F) |
|---|------------------------|--------------------------------|-----------------------|--------------|----------------|------------------------------|----------|-----------------|-------------------------------|--------------------|
| Name and Title | Average | (do | not c | Posi heck | more | than | one | Reportable | Reportable | Estimated |
| | hours per | box. | unle: | ss pe | rson irecto | s bot | h an | compensation | compensation | amount of |
| | week | \vdash | | | | T | Γ, | from the | from related organizations | other compensation |
| | (list any hours for | direct | | | l | L | | organization | (W-2/1099-MISC) | from the |
| | related | 36 01 | stee | | | nsate | | (W-2/1099-MISC) | (** 2, 100000) | organization |
| | organizations | frust | al tru | | yee | E E | | , ` | | and related |
| | below | Individual trustee or director | Institutional trustee | Ja . | Key employee | est co | 횰 | | | organizations |
| | line) | μģ | Instr | Officer | Key | Highest compensated employee | Former | | | |
| (1) DAVE NABORS | 8.00 | | | | ŀ | | | | | |
| PRESIDENT | 0.00 | | | X | | <u> </u> | | 0. | 0. | 0. |
| (2) BILL VERINGA | 4.00 | | | | | | l | | _ | • |
| TREASURER | 0.00 | | | X | _ | _ | <u> </u> | 0. | 0. | 0. |
| (3) KATHY PACHMAN | 3.00 | ļ | | | ļ | | | | | |
| SECRETARY | 0.00 | | _ | X | <u> </u> | | <u> </u> | 0. | 0. | 0. |
| | | | | | | | | | | |
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| | (A) Name and business address | NONE | Description of services | Compensation |
|---|---|---------------------------|------------------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| - | | | | |
| 2 | Total number of independent contractors (including bu | t not limited to those li | sted above) who received more than | |

Form 990 (2013)

\$100,000 of compensation from the organization

| | | _ | Check if Schedule O cont | ains a response | or note to any lin | e in this Part VIII | | | |
|--|----|---|---|-------------------|----------------------|---------------------|--|---|--|
| | | | Orieck ii Ochedale O com | ans a response | or note to any in | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| ts | 1 | а | Federated campaigns | 1a | | | | • | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | | Membership dues | 1b | | | | | |
| ع ق | | | | · | | | | | i |
| ξĀ | | | Fundraising events | 1c | | | | | |
| 즐릴 | | | Related organizations | 1d | | | | | |
| S,E | | е | Government grants (contribut | | <u></u> | | | | |
| ë ë | | f | All other contributions, gifts, gran | ts, and | | | | | |
| ള | | | similar amounts not included abo | ve 1f | 39,391. | | | | |
| 돌임 | | g | Noncash contributions included in lines | 1a-1f \$ | | | | | |
| Sě | | h | Total. Add lines 1a-1f | | <u> </u> | 39,391. | | | |
| | | | | | Business Code | | | | |
| | 2 | а | JR KNIGHTS PROG | RAM INC | 713990 | 194,571. | 194,571. | | |
| Ş | _ | b | PARENTS REIMBUR | | 713990 | 85,269. | 85,269. | | |
| ig ge | | _ | MEMBERSHIP FEES | | 713990 | 19,619. | 19,619. | | _ |
| E 9 | | | | | 1 1 2 3 3 3 0 | 13 / 013 (| 25,0250 | | |
| E'S | | d | | | | | | | |
| Program Service Revenue | | e | All oaboursessons | | | | | | |
| _ | | | All other program service reve | alue | <u> </u> | 299,459. | | | |
| $\overline{}$ | _ | _ | Total. Add lines 2a-2f | | | 455, 455. | | | |
| | 3 | | Investment income (including | dividends, intere | _ 1 | 1,001. | 1,001. | | |
| - 1 | | | other similar amounts) | | | 1,001. | 1,001. | | |
| | 4 | | Income from investment of ta | x-exempt bond p | proceeds - | | | | |
| l | 5 | | Royalties | r | ▶ | | | | |
| | | | | (i) Real | (ii) Personal | | ł | | |
| | 6 | а | Gross rents | | | | | | |
| | | b | Less. rental expenses | | | | | | † |
| - 1 | | С | Rental income or (loss) | | | | | | |
| | | d | Net rental income or (loss) | | | | | | |
| | 7 | а | Gross amount from sales of | (i) Securities | (ıi) Other | | | | ļ |
| | | | assets other than inventory | | | | | | |
| | | b | Less cost or other basis | | | | | | |
| | | _ | and sales expenses | | | | | | 1 |
| | | _ | Gain or (loss) | | 1 | | | | |
| | | | Net gain or (loss) | | <u> </u> | | | | |
| | _ | | Gross income from fundraisin | a ovente (not | | | | | |
| Đ. | 8 | а | | | ! | | | | |
| evenue | | | including \$ | of | | - | | | |
| æ | | | contributions reported on line | 1C). See | 331,722. | | | | |
| Other Re | | | Part IV, line 18 | a - | 55,857. | | | | |
| ŧ | | | Less. direct expenses | - | 33,637. | 275 065 | | | 275 965 |
| | | | Net income or (loss) from fund | • | | 275,865. | - | | 275,865. |
| | 9 | а | Gross income from gaming ac | ctivities. See | | | | | 1 |
| | | | Part IV, line 19 | _. a | | | | | |
| | | b | Less direct expenses | b | | | | | |
| | | С | Net income or (loss) from gan | ning activities | | | | | |
| | 10 | а | Gross sales of inventory, less | returns | | | | | |
| | | | and allowances | а | | | | | |
| | | b | Less: cost of goods sold | b | | | | | |
| | | | Net income or (loss) from sale | es of inventory | | | | | <u> </u> |
| | | | Miscellaneous Revenu | ie | Business Code | | | • | |
| | 11 | a | REGISTRATION/UN | | 713990 | 174,222. | 174,222. | | |
| | | b | CAMPS & JAMBORE | | 713990 | 27,489. | 27,489. | | |
| | | С | PARKING LOT | | 713990 | 8,933. | 8,933. | | |
| | | d | All other revenue | | 713990 | 2,628. | 2,628. | | |
| | | | Total. Add lines 11a-11d | | • | 213,272. | | | |
| | 12 | | Total revenue. See instructions. | | | 828,988. | 513,732. | 0. | 275,865. |

Form 990 (2013) CHS ATHLETIC :
Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must com | plete all columns. All oth | er organizations must co | omplete column (A). | | | | | | | |
|---------|--|----------------------------|------------------------------|-------------------------------------|--------------------------------|--|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | |
| 1 | Grants and other assistance to governments and | | | İ | | | | | | | |
| | organizations in the United States. See Part IV, line 21 | | | | <u>,</u> | | | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | | | |
| | the United States. See Part IV, line 22 | 2,000. | 2,000. | | | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | | | |
| | organizations, and individuals outside the | | | | | | | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | | |
| | trustees, and key employees | | | | | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | | |
| 7 | Other salanes and wages | | | | | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | | | |
| 10 | Payroll taxes | | | | | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | | |
| а | Management | | | | | | | | | | |
| b | Legal | | | | | | | | | | |
| C | Accounting | | | | | | | | | | |
| d | Lobbying | | | | | | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | | | | | | | |
| f | Investment management fees | | | | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | | | | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | | | | | | | | | | |
| 12 | Advertising and promotion _ | | | | | | | | | | |
| 13 | Office expenses | | | | | | | | | | |
| 14 | Information technology | | | | | | | | | | |
| 15 | Royalties . | | | | | | | | | | |
| 16 | Occupancy | 7,325. | 7,325. | | | | | | | | |
| 17 | Travel | | | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 13 766 | 12 766 | | | | | | | | |
| 20 | Interest | 13,766. | 13,766. | | | | | | | | |
| 21 | Payments to affiliates | 21 202 | 21 202 | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 21,303. | 21,303. | | | | | | | | |
| 23 | Insurance | | | | | | | | | | |
| 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.) | | | ; ; | | | | | | | |
| а | DE AVENIO COCIDO | 220,716. | 220,716. | | | | | | | | |
| ь | COACHING FEES/ATTIRE/CL | 136,208. | 136,208. | | | | | | | | |
| c | UNIFORMS, EQUIPMENT | 135,593. | 135,593. | | | | | | | | |
| d | TEAM MEALS & AWARDS | 56,049. | 56,049. | | | | | | | | |
| | All other expenses SEE SCH O | 133,445. | 102,246. | 31,199. | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 726,405. | 695,206. | 31,199. | 0. | | | | | | |
| <u></u> | 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 if following SOP 98-2 (ASC 958-720) | | | | | | | | | | |

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 422. 1,214. 1 Cash - non-interest-bearing 278,175. 280,177. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 59,322. 7 57,103. Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 740,296. basis. Complete Part VI of Schedule D 10a 124,619 549,980. 615,677. b Less accumulated depreciation 10b 10c 11 investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 1,250. 250. 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 889,149. 954,421. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 251,060. 288,371. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 288,371. <u>251,060.</u> Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporanly restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 600,778.703,361. Retained earnings, endowment, accumulated income, or other funds 32 600,778. 33 703,361. 33 Total net assets or fund balances 889,149. 954,421. Total liabilities and net assets/fund balances

| Form | 990 (2013) | CHS | ATHLETIC | BOOSTER | ASSOC, | INC. | 58-232 | 23830 | _ Pag | _{le} 12 |
|------|---------------------------|-------------|-----------------------|---------------------|------------------|--------------------------------|--------------|---------|----------|------------------|
| Par | t XI Reconciliatio | n of Ne | t Assets | | | | | | | |
| | Check if Schedule | O contai | ins a response or i | note to any line ii | n this Part XI | | | | | |
| | | | | | | | | | | |
| 1 | Total revenue (must equ | ıal Part VI | III, column (A), line | 12) | | | 1 | | 3,98 | |
| 2 | Total expenses (must e | qual Part I | IX, column (A), line | 25) | | | 2 | | ,40 | |
| 3 | Revenue less expenses | . Subtract | t line 2 from line 1 | | | | 3 | | 2,58 | |
| 4 | Net assets or fund bala | nces at be | eginning of year (n | nust equal Part X | (, line 33, colu | ımn (A)) | 4 | 600 | 7', (| <u>78.</u> |
| 5 | Net unrealized gains (lo | sses) on II | nvestments | | | | 5 | | | |
| 6 | Donated services and u | se of facil | lities | | | | 6 | | | |
| 7 | Investment expenses | | | | | | 7 | | | |
| 8 | Prior period adjustment | s | | | | | 8 | | | |
| 9 | Other changes in net as | sets or fu | ınd balances (expl | aın ın Schedule (| O) | | 9 | | | 0. |
| 10 | Net assets or fund bala | nces at er | nd of year. Combir | ne lines 3 through | h 9 (must equ | ial Part X, line 33, | } } | | | |
| | column (B)) | | | | | · | 10 | 703 | 3,36 | <u>51.</u> |
| Par | t XII Financial Sta | tements | s and Reporti | ng | | | | | | |
| | Check if Schedule | O contai | ins a response or | note to any line i | n this Part XII | | | | | <u> </u> |
| 1 | Accounting method use | | | | X Accrual | Other | | | Yes | No |
| | | | | | | d "Other," explain in Sched | ule O. | 1 1 | Ī | 17 |
| 2a | Were the organization's | | | | | | | 2a | \dashv | <u>X</u> |
| | If "Yes," check a box be | elow to inc | dicate whether the | financial statem | ents for the y | ear were compiled or reviev | ved on a | - 1 - 1 | ŀ | |
| | separate basis, consolid | dated bas | is, or both: | | | | | | | |
| | Separate basis | | Consolidated basis | | | and separate basis | | | l | ** |
| b | Were the organization's | | | • | | | | 2b | | <u> </u> |
| | If "Yes," check a box be | elow to inc | dicate whether the | financial statem | ents for the y | ear were audited on a sepa | rate basis, | | ŀ | |
| | consolidated basis, or b | | | | | | | | l | |
| | Separate basis | | Consolidated basis | | | and separate basis | | | | |
| С | | | | | | esponsibility for oversight of | the audit, | | | |
| | review, or compilation of | | | | | | | 2c | | |
| | | | | | | ng the tax year, explain in S | | | | |
| За | | | s the organization | required to unde | ergo an audit | or audits as set forth in the | Single Audit | | ļ | 7.7 |
| | Act and OMB Circular A | | | | | | | 3a | | <u>X</u> |
| b | | | | | | ation did not undergo the re | quired audit | | ļ | |
| | or audits, explain why ir | Schedul | e O and describe | any steps taken | to undergo su | uch audits | | 3b | 200 | |
| | | | | | | | | Form | 55U (2 | 2013) |

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

| Itallie OI | uie organizati | | LETIC BOOSTE | R ASS | oc, i | NC. | | - | _ | 8-2323 | | |
|------------|------------------|-----------------------|--|---------------|--------------------|--------------------|--|--------------------|------------------|---------------|-------------|----------|
| Part I | Reason | | rity Status (All organiz | | | | t.) See ins | tructions. | | | | |
| The organ | ization is not a | a private foundation | because it is (For lines | 1 through | 11, check | only one l | oox.) | | | | | |
| 1 🗀 | | | es, or association of chur | | | | |). | | | | |
| 2 🔲 | A school des | cnbed in section 1 | 70(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | |
| з 🗔 | | | ital service organization | | | 170(b)(1) | (A)(iii). | | | | | |
| 4 🔲 | A medical re- | search organization | operated in conjunction | with a hos | prtal desc | nbed in s e | ection 170 | (b)(1)(A)(i | ii). Enter | the hospital | 's nam | ne, |
| | city, and stat | e: | | | | | | | | | | |
| 5 🔲 | An organizat | on operated for the | benefit of a college or u | niversity o | wned or or | perated by | y a govern | mental un | rt describ | ed in | | |
| | section 170 | (b)(1)(A)(iv). (Compf | ete Part II.) | | | | | | | | | |
| 6 🔲 | A federal, sta | ite, or local governm | nent or governmental uni | t describe | d ın sectio | n 170(b)(| 1)(A)(v). | | | | | |
| 7 🗀 | An organizat | on that normally red | ceives a substantial part | of its supp | ort from a | governme | ental unit d | or from the | general | public desc | nbed : | ın |
| | section 170(| b)(1)(A)(vi). (Comple | ete Part II.) | | | | | | | | | |
| 8 🗌 | A community | trust described in s | section 170(b)(1)(A)(vi). | (Complete | Part II.) | | | | | | | |
| 9 X | An organizat | on that normally red | ceives (1) more than 33 | 1/3% of its | support f | rom contr | abutions, n | nembersh | p fees, a | nd gross red | eipts | from |
| | activities rela | ted to its exempt fu | nctions - subject to certa | an excepti | ons, and (2 | 2) no more | e than 33 ⁻ | 1/3% of its | s support | from gross | ınvest | lment |
| | income and i | ınrelated business t | axable income (less sec | tion 511 ta | x) from bu | sinesses | acquired b | y the orga | anızatıon | after June 3 | 0, 197 | 75. |
| | See section | 509(a)(2). (Complete | e Part III.) | | | | | | | | | |
| 10 | | | perated exclusively to te | | | | | | | | | |
| 11 | An organizati | on organized and o | perated exclusively for the | ne benefit : | of, to perfo | orm the fu | nctions of | , or to carr | y out the | purposes o | f one | or |
| | more publicly | supported organiza | ations described in secti | on 509(a)(° | 1) or section | on 509(a)(| 2). See se e | ction 509 (| a)(3). Ch | eck the box | that | |
| | describes the | | organization and compl | | | | | | | | | |
| | a Type | | | | nctionally i | | | | | n-functionall | | _ |
| e 📖 | | | at the organization is not | | | | | | | | | |
| | | • | than one or more publicly | | • | | | | 9(a)(1) or | section 509 | (a)(2). | |
| f | If the organiz | ation received a writ | tten determination from t | the IRS tha | atrtisa Ty | pe I, Type | II, or Type | e III | | | | _ |
| | | rganızation, check tl | | - | | | - | | | | | |
| g | | | organization accepted ar | | | | | | | i | | |
| | | | lirectly controls, either al | lone or tog | ether with | persons of | described | ın (ii) and (| (III) below | | Yes | No |
| | • | • • | upported organization? | | | | - | | | 11g(i) | | \vdash |
| | | • | n described in (i) above? | | | | | | | 11g(ii) | | |
| | • • | • | person described in (i) o | | | | | | | 11g(iii) | | <u> </u> |
| h | Provide the f | ollowing information | about the supported or | ganization | (s). | | | | | | | |
| | | | T | Viu) lo the c | organization | (w) Did vo | u notify the | (vi) Is | the | | | |
| | of supported | (ii) EIN | (iii) Type of organization (described on lines 1-9 | | sted in your | | tion in col. | organization | on ın çol. | (vii) Amount | | netary |
| orga | anization | | above or IRC section | | document? | | r support? | (i) organiz U.S | eu III me | supp | Jurt | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part II Support Schedule for 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.)

| Se | ction A. Public Support | | | | | | <u></u> |
|-----------|---|---------------------|-----------------------|------------------------|----------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Gifts, grants, contributions, and | | <u> </u> | | | | |
| | membership fees received. (Do not | | | | | 1 | |
| | include any "unusual grants.") | | | | | Į | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | ì | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | 1 | J | J . | |
| | 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 | | | | | | |
| | ction B. Total Support | | | | | | |
| Cale | ndar 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 | | | ĺ | | | |
| | 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 | | | | } | 1 | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | s first, second, thii | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) | |
| | organization, check this box and stor | here . | | | | | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | <u></u> ., | | | |
| 14 | Public support percentage for 2013 (| ine 6, column (f) d | rvided by line 11, o | column (f)) | | 14 | % |
| | Public support percentage from 2012 | | | - | | 15 | % |
| 16a | 33 1/3% support test - 2013. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or r | nore, check this bo | ox and |
| | stop here. The organization qualifies | | _ | | - | | |
| b | 33 1/3% support test - 2012. If the | | | | d line 15 is 33 1/3% | 6 or more, check th | nis box |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | - | | | | | |
| | and if the organization meets the "fac | | | | | rt IV how the organ | nization |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets the | | | | | | , |
| | organization meets the "facts-and-circ | | - | | | | P - |
| <u>18</u> | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | and see instruction | S PL_ |

(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

| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ- | (f) Total 10,897. |
|--|----------------------------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ- | 10,897. |
| membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization. | |
| Include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization in the organization is tax-exempt purpose. | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organizations. | |
| merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization of the or | 3,566,731. |
| any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-exempt purpose 463,383. 606,845. 854,124. 797,927. 844,452. | 3,566,731. |
| organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ- | 3,566,731. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ- | 3,366,731. |
| are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- | |
| Iness under section 513 4 Tax revenues levied for the organ- | |
| 4 Tax revenues levied for the organ- | |
| | |
| | |
| ization'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 5 585, 254. 1,255,681. 918,943. 833,907. 883,843. | 4,477,628. |
| 7a Amounts included on lines 1, 2, and | |
| 3 received from disqualified persons | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that | |
| exceed the greater of \$5,000 or 1% of the | |
| amount on line 13 for the year | 0. |
| c Add lines 7a and 7b | 0. |
| | 4,477,628. |
| Section B. Total Support | |
| | (f) Total |
| 9 Amounts from line 6 585, 254. 1,255,681. 918,943. 833,907. 883,843. | 4,477,628. |
| 10a Gross income from interest, | |
| dividends, payments received on securities loans, rents, royalties | |
| and income from similar sources 1,081. 901. | 2,983. |
| b Unrelated business taxable income | |
| (less section 511 taxes) from businesses | |
| acquired after June 30, 1975 | |
| c Add lines 10a and 10b 1,081. 901. 1,001. | 2,983. |
| 11 Net income from unrelated business | |
| activities not included in line 10b, whether or not the business is | |
| regularly carned on | |
| 12 Other income. Do not include gain | |
| or loss from the sale of capital | |
| accore (Evolution to Mart IV.) | 4,480,611. |
| assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 586, 335. 1,256,582. 918, 943. 833, 907. 884, 844. | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918,943. 833,907. 884,844. | 1_ |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918,943. 833,907. 884,844. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. |), ▶□ |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918,943. 833,907. 884,844. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here |), ▶□ |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918,943. 833,907. 884,844. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here Section C. Computation of Public Support Percentage | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918,943. 833,907. 884,844. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 99 | ▶ □ |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918,943. 833,907. 884,844. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918,943. 833,907. 884,844. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage | 9.93 % 9.94 % |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918, 943. 833, 907. 884, 844. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 44, 844. 19 918, 943. 833, 907. 884, 844. 19 918, 943. 833, 907. 884, 844. 10 918, 943. 833, 907. 884, 844. 10 918, 943. 833, 907. 884, 844. 10 918, 943. 833, 907. 884, 844. 10 918, 943. 833, 907. 884, 844. 10 918, 943. 833, 907. 884, 844. 10 918, 943. 833, 907. 884, 844. 10 918, 943. 833, 907. 884, 844. 10 918, 943. 833, 907. 884, 844. 10 918, 943. 833, 907. 884, 844. 11 918, 943. 833, 907. 884, 844. 12 918, 943. 833, 907. 884, 844. 13 918, 943. 833, 907. 884, 844. 14 918, 943. 833, 907. 884, 844. 15 918, 943. 833, 907. 884, 844. 16 918, 943. 833, 907. 884, 844. 17 918, 943. 833, 907. 884, 844. 18 918, 943. 844. 18 | 9.93 % 9.94 % .07 % |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918,943. 833,907. 884,844. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 9.93 % 9.94 % 0.07 % |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918, 943. 833, 907. 884, 844. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is 19a 33 1/3% support tests - 2013. | 9.93 % 9.94 % .07 % mot |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918,943. 833,907. 884,844. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | 9.93 % 9.94 % 0.07 % |
| 13 Total support. (Add lines 9, 10c, 11, and 12) 586, 335. 1,256,582. 918, 943. 833, 907. 884, 844. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is 19a 33 1/3% support tests - 2013. | 9.93 % 9.94 % .07 % mot |

| Schedule A | (Form 990 or 990-EZ) 2013 C | CHS ATHLETIC | BOOSTER | ASSOC, | INC. | 58-2323830 Page 4 |
|-------------|---------------------------------------|--------------------------|--|-----------------|----------------------------|---------------------------------------|
| Part IV | Supplemental Informa | ation. Provide the exp | lanations require | d by Part II, I | ne 10; Part II, line 17a o | r 17b; and Part III, line 12. |
| · | Also complete this part for a | ny additional informatio | n. (See instructio | ns). | | |
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.us.gov/tomp990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CHS ATHLETIC BOOSTER ASSOC, INC.

Employer identification number 58-2323830

| Pai | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds o | r Accounts. Complete if the |
|----------|---|--|--|
| | organization answered "Yes" to Form 990, Part IV, line | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | - |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised | funds |
| | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be us | ed only |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose co | nfernng |
| | impermissible private benefit? | | Yes No |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" to Form 990, Part | IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or e | education) Preservation of an histor | ically important land area |
| | Protection of natural habitat | Preservation of a certifie | d historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form of | a conservation 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 |
| c | Number of conservation easements on a certified historic str | • • | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a histonc structure | |
| | listed in the National Register | | _2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the or | rganization during the tax |
| | year ▶ | _ | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the per | | |
| | violations, and enforcement of the conservation easements i | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(n) | (4)(B)(I) Yes |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservat | | |
| | include, if applicable, the text of the footnote to the organization. | tion's financial statements that describes the | e organization's accounting for |
| Do | conservation easements. III Organizations Maintaining Collections o | f Art Historical Treasures or Oth | er Similar Assets. |
| Га | Complete if the organization answered "Yes" to Form | | or ominar / toodtor |
| | If the organization elected, as permitted under SFAS 116 (AS | | at and halance sheet works of art |
| 18 | historical treasures, or other similar assets held for public ex | | |
| | the text of the footnote to its financial statements that descri | | o or public dorvido, provido, in tractium, |
| . | If the organization elected, as permitted under SFAS 116 (AS | | nd balance sheet works of art, historical |
| b | treasures, or other similar assets held for public exhibition, e | | |
| | relating to these items: | oddation, or research in rather and or public | s service, provide the fellowing amounts |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| • | If the organization received or held works of art, historical tre | easures, or other similar assets for financial d | aın. provide |
| 2 | the following amounts required to be reported under SFAS 1 | | |
| _ | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| a h | Assets included in Form 990. Part X | - | > \$ |

| <u>Schè</u> | | LETIC BO | | | | | | -232383 | |
|-------------|---|----------------------|----------------------|-----------------------|--|-------------------------|---------------------------------------|-------------------|--------------|
| Par | t III Organizations Maintaining C | Collections of | of Art, H | istorical Tı | reasures, | or Other | Similar A | Assets(conti | nued) |
| . 3 | Using the organization's acquisition, access | on, and other re | ecords, ch | eck any of the | following that | at are a sigr | nificant use | of its collection | n rtems |
| | (check all that apply) | | _ | _ | | | | | |
| а | Public exhibition | | d L | Loan or exc | change progra | ams | | | |
| ь | Scholarly research | | e L | 」 Other | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and e | xplain hov | they further t | the organizati | ion's exem _i | pt purpose | ın Part XIII. | |
| 5 | During the year, did the organization solicit of | or receive donat | ions of art | , historical trea | asures, or oth | er sımilar a | ssets | | |
| | to be sold to raise funds rather than to be m | aintained as pa | rt of the or | ganization's c | ollection? | | | Yes_ | No_ |
| Par | t IV Escrow and Custodial Arran | _ | omplete if | the organization | on answered | "Yes" to Fo | orm 990, Pa | rt IV, line 9, or | • |
| | reported an amount on Form 990, Pa | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | lian or other inte | rmediary 1 | or contribution | ns or other as | ssets not in | cluded | | |
| | on Form 990, Part X? | | | | | | | L Yes | L∐ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete t | he followir | ig table [.] | | | | | |
| | | | | | | | \vdash | Amoun | t |
| C | Beginning balance | | | | | | 1c | | |
| d | Additions during the year | | | | | | 1d | | |
| е | Distributions during the year | | | - | | | 1e | | |
| f | Ending balance | . | | | | | 1f | 1 1. | 1 1 |
| | Did the organization include an amount on F | | | | | - | | └── Yes | ⊢ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Par | t V Endowment Funds. Complete | 1 | | | ľ | | | book to Sou | - wases back |
| | | (a) Current ye | ear (b |) Prior year | (c) Two yea | is back (a |) Three years | Dack (e) Fou | r years back |
| 1a | Beginning of year balance | | | | 1 | | | | |
| ь | Contributions | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | - | | | |
| d | Grants or scholarships | <u> </u> | | | | | | <u> </u> | |
| е | Other expenditures for facilities | | | | 1 | | | | |
| _ | and programs | | | | | | | | |
| Ť | Administrative expenses | | | | | | | | |
| 9 | End of year balance | | alanaa (lua | a 1 a column (| 'all hold as: | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end b | aiarice (iii ii % | e rg, column (| ajj rielu as. | | | | |
| | Board designated or quasi-endowment | % | | | | | | | |
| | Permanent endowment | 70 | % | | | | | | |
| С | Temporarily restricted endowment | uld agual 100% | - | | | | | | |
| 0- | The percentages in lines 2a, 2b, and 2c shown Are there endowment funds not in the posses | | | that are held : | and administr | ered for the | organizatio | nn. | |
| Эa | | ession of the or | jai nzation | triat are riese t | and daminion | 5104 101 1110 | organizado | | Yes No |
| | by: (i) unrelated organizations | | | | | | | 3a(i) | 100 100 |
| | (ii) related organizations | | | | • | | | 3a(ii) | |
| h | If "Yes" to 3a(ii), are the related organization | s listed as regu | red on Sc | nedule R? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | <u> </u> |
| | t VI Land, Buildings, and Equipn | | 000 | | | | | _ | |
| | Complete if the organization answere | | n 990. Par | t IV. line 11a. S | See Form 990 |), Part X, lin | ie 10. | | |
| | Description of property | | t or other | | t or other | | umulated | (d) Boo | k value |
| | 2000piloti of proporty | ' ' | vestment) | | (other) | | eciation | | |
| 12 | Land | - ` | <u> </u> | 1 | | | | 1 | |
| b | Buildings | ··· - ··· | | 59 | 99,815. | | 72,414 | . 52 | 7,401. |
| | Leasehold improvements | | | | | | | | |
| | Equipment | | | | 54,481. | | 49,338 | | 5,143. |
| | Other | | | { | 36,000. | | 2,867 | | 3,133. |
| | l. Add lines 1a through 1e. (Column (d) must e | equal Form 990, | Part X, co | lumn (B), line | 10(c)) | | | 61 | 5,677. |

Schedule D (Form 990) 2013

| Part X Other Liabilities. | · · · · · · · · · · · · · · · · · · · |
|---|---|
| Complete if the organization answered "Yes" t | to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. |
| (a) Description of liability | (b) Book value |
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| | |
| (8) | |
| (9) | |
| Total, (Column (b) must equal Form 990, Part X, col. (B) line | 25.) |

2. Liability for 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

| hedule D (Form 990) 2013 CHS ATHLETIC BOOSTER AS | | 58-2323830 Page |
|---|---------------------|------------------|
| art XI Reconciliation of Revenue per Audited Financial Sta | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, Iir | e 12a. | |
| Total revenue, gains, and other support per audited financial statements | | 1 |
| Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 1 1 | |
| a Net unrealized gains on investments | 2a | |
| b Donated services and use of facilities | 2b | |
| c Recovenes of pnor year grants | 2c | |
| d Other (Describe in Part XIII.) | | |
| e Add lines 2a through 2d | - | 2e |
| Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | 3 |
| Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 11 | |
| Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| Other (Describe in Part XIII.) | . 4b | |
| Add lines 4a and 4b | | 4c |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 art XII Reconciliation of Expenses per Audited Financial St | atements With Exper | 5 |
| | | ises per neturn. |
| Complete if the organization answered "Yes" to Form 990, Part IV, lin | <u> </u> | |
| Total expenses and losses per audited financial statements | • • | 1 |
| Amounts included on line 1 but not on Form 990, Part IX, line 25: | ا وو ا | |
| a Donated services and use of facilities | 2a | |
| Prior year adjustments | 2b 2c | |
| Other losses | 2d | |
| 1 Other (Describe in Part XIII.) | <u> </u> | 2e |
| Add lines 2a through 2d | | 3 |
| Subtract line 2e from line 1 | - | 3 |
| Amounts included on Form 990, Part IX, line 25, but not on line 1: | 4a | i l |
| Investment expenses not included on Form 990, Part VIII, line 7b | 4b | |
| Other (Describe in Part XIII.) Add lines 4a and 4b | [40] | 4c |
| c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | 8) | 5 |
| art XIII Supplemental Information. | | · |
| | | |
| | | |
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SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

| Department of the Treasury nternal Revenue Service | Attach to Form 990 | | | | | Inspection |
|---|---|---|-------------------|-----------------------------------|---|----------------------|
| Information a | bout Schedule G (Form 990 or 990-EZ) | and its | instru | ctions is at www.irs.o | | dentification number |
| Name of the organization CHS ATH | LETIC BOOSTER ASSO | C, | INC | ! . | 58-232 | |
| Part I Fundraising Activities. required to complete this part | Complete if the organization answer | ered "Y | 'es" to | Form 990, Part IV, I | ne 17. Form 990-l | Z filers are not |
| Indicate whether the organization rais | | ng acti | vrties. | Check all that apply | | |
| a Mail solicitations | e Solicitat | tion of | non-g | overnment grants | | |
| b Internet and email solicitations | s f Solicitat | tion of | gover | nment grants | | |
| c Phone solicitations | g L Special | fundra | using | events | | |
| d In-person solicitations | | | | | | |
| 2 a Did the organization have a written of | - | - | - | | | |
| key employees listed in Form 990, P | art VII) or entity in connection with p | rofess | ional 1 | fundraising services? | Y . | es L No |
| b If "Yes," list the ten highest paid indi | | uant to | agre | ements under which | the fundraiser is t | o be |
| compensated at least \$5,000 by the | organization. | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have co or con contribu | ustody trol of | (iv) Gross receipts from activity | (v) Amount paid to (or retained by fundraiser listed in col. (i) | |
| | | Yes | No | | | - |
| | | | | | | |
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| | <u> </u> | | | | | |
| Total | | | <u> </u> | | | |
| 3 List all states in which the organization or licensing. | in is registered or licensed to solicit | contri | oution | s or nas been notmed | a it is exempt from | registration |
| | | | | | | |
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| Pa | edu | lle G (Form 990 or 990-EZ) 2013 CHS ATH | | | . 58- | 2323830 Page 2 |
|--------------------------|---|--|--|--|--------------------------|--|
| Pa | irt i | Fundraising Events. Complete if the of fundraising event contributions and gi | | | | |
| | _ | of fundraising event contributions and gi | (a) Event #1 | (b) Event #2 | | pts greater than \$5,000. |
| | ł | | (a) Event #1 | CONCESSION | (c) Other events NONE | (d) Total events |
| | | | ALL OTHERS | STANDS | NONE | (add col. (a) through |
| | 1 | | (event type) | (event type) | (total number) | col. (c)) |
| Jue I | | | (event type) | (event type) | (total flumber) | |
| Revenue | 1 | Gross receipts | 299,202. | 32,520. | | 331,722. |
| ъ. | 1 | | | | | |
| | 2 | Less: Contributions | | | | |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 299,202. | 32,520. | | 331,722. |
| | | | | | | |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| S | 5 | Noncash pnzes | | | | |
| Direct Expenses | _ | D 46 1 | | | | |
| ğ | 6 | Rent/facility costs | | | | |
| ω E | _ | Part of the con- | | | | |
| irec | 7 | Food and beverages | | | | |
| | | Fatanta: | | } | | 1 |
| | 8 | Entertainment Other direct expenses | 34,862. | 20,995. | | 55,857. |
| | | Direct expense summary. Add lines 4 throug | | 2073331 | | 55,857. |
| | | Net income summary. Subtract line 10 from I | | - | | 275,865. |
| Pa | rt | Gaming. Complete if the organization | answered "Yes" to Form | 990, Part IV, line 19, or re | eported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | • | |
| - | | | | | | |
| - - 3 | | | (a) Pieses | (b) Pull tabs/instant | (a) Other genera | (d) Total gaming (add |
| 렸 | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| even | | | (a) Bingo | | (c) Other gaming | |
| Revenue | 1 | Gross revenue | (a) Bingo | | (c) Other gaming | |
| Reven | 1 | Gross revenue | (a) Bingo | | (c) Other gaming | |
| _ | | | (a) Bingo | | (c) Other gaming | |
| _ | | | (a) Bingo | | (c) Other gaming | |
| _ | | | (a) Bingo | | (c) Other gaming | |
| _ | 2 | Cash prizes Noncash prizes | (a) Bingo | | (c) Other gaming | |
| _ | 2 | Cash prizes | (a) Bingo | | (c) Other gaming | |
| Direct Expenses Reveni | 2 | Cash prizes Noncash prizes Rent/facility costs | (a) Bingo | | (c) Other gaming | |
| _ | 2 | Cash prizes Noncash prizes | | bingo/progressive bingo | | |
| _ | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses | Yes % | bingo/progressive bingo Yes % | Yes% | |
| _ | 2 3 4 | Cash prizes Noncash prizes Rent/facility costs | | bingo/progressive bingo | | |
| _ | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | Yes% | bingo/progressive bingo Yes % | Yes% | |
| _ | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses | Yes% | bingo/progressive bingo Yes % | Yes% | |
| _ | 2 3 4 5 6 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug | Yes % No h 5 in column (d) | bingo/progressive bingo Yes % | Yes% | |
| _ | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | Yes % No h 5 in column (d) | bingo/progressive bingo Yes % | Yes% | |
| Direct Expenses | 2 3 4 5 6 7 8 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 | Yes % No h 5 in column (d) 7 from line 1, column (d) | bingo/progressive bingo Yes % | Yes% | |
| o Direct Expenses | 2 3 4 5 6 7 8 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 | Yes % No h 5 in column (d) from line 1, column (d) ates gaming activities | bingo/progressive bingo Yes % No | Yes% | col. (a) through col. (e)) |
| Direct Expenses | 2 3 4 5 6 7 8 Entist | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization operate organization licensed to operate gaming active. | Yes % No h 5 in column (d) from line 1, column (d) ates gaming activities | bingo/progressive bingo Yes % No | Yes% | |
| Direct Expenses | 2 3 4 5 6 7 8 Entist | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 | Yes % No h 5 in column (d) from line 1, column (d) ates gaming activities | bingo/progressive bingo Yes % No | Yes% | col. (a) through col. (c)) |
| Direct Expenses | 2 3 4 5 6 7 8 Entist | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization operate organization licensed to operate gaming active. | Yes % No h 5 in column (d) from line 1, column (d) ates gaming activities | bingo/progressive bingo Yes % No | Yes% | col. (a) through col. (c)) |
| d a C | 2 3 4 5 6 7 8 Entitle If " | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization operate organization licensed to operate gaming active. | Yes % No h 5 in column (d) from line 1, column (d) ates gaming activities ctivities in each of these | bingo/progressive bingo Yes% No states? | Yes% No | col. (a) through col. (c)) |

| Sch | nedule G (Form 990 or 990-EZ) 2013 CHS ATHLETIC BOOSTER ASSOC, INC. 58-2323830 Page 3 |
|-----|---|
| | Does the organization operate gaming activities with nonmembers? |
| | 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? |
| 13 | Indicate the percentage of gaming activity operated in. |
| | The organization's facility % |
| t | An outside facility % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: |
| | |
| | Name |
| | |
| | Address |
| 45. | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No |
| 158 | Does the organization have a contract with a third party from whom the organization receives gaming revenue: |
| ŀ | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount |
| | of gaming revenue retained by the third party > \$ |
| | or If "Yes," enter name and address of the third party |
| | , |
| | Name |
| | |
| | Address > |
| | |
| 16 | Gaming manager information: |
| | . |
| | Name |
| | Gaming manager compensation ▶ \$ |
| | Garning manager compensation |
| | Description of services provided |
| | |
| | |
| | <u> </u> |
| | Director/officer Employee Independent contractor |
| | |
| | Mandatory distributions: |
| á | a Is the organization required under state law to make charitable distributions from the gaming proceeds to |
| | retain the state gaming license? |
| ŀ | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |
| _ | organization's own exempt activities during the tax year ▶ \$ |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), 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). |
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SCHEDULE 0 (Form 990 or 990-EZ)

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

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

CHS ATHLETIC BOOSTER ASSOC, INC.

Employer identification number 58-2323830

| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: |
|--|
| THE CENTENNIAL HIGH SCHOOL ATHLETIC BOOSTER ASSOCIATION PROVIDES |
| FINANCIAL FUNDING FOR ALL HIGH SCHOOL ATHLETICS FOR CENTENNIAL HIGH |
| SCHOOL, LOCATED IN ROSWELL, GA. INCLUDES BASKETBALL, BASEBALL, CROSS |
| COUNTRY, CHEERLEADING, FOOTBALL, GOLF, GYMNASTICS, LACROSSE, SOFTBALL, |
| SOCCER, SWIM & DIVE, TRACK, TENNIS, VOLLEYBALL, AND WRESTLING. |
| EXPENSES \$ 547,460. INCLUDING GRANTS OF \$ 2,000. REVENUE \$ 214,273. |
| FORM 990, PART VI, SECTION B, LINE 11: |
| EXPLANATION: NO REVIEW WAS OR WILL BE CONDUCTED |
| FORM 990, PART VI, SECTION C, LINE 19: |
| EXPLANATION: NO DOCUMENTS AVAILABLE TO PUBLIC |
| FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: |
| REGISTRATION/UNIFORM: |
| PROGRAM SERVICE EXPENSES 48,309 |
| MANAGEMENT AND GENERAL EXPENSES 0 |
| FUNDRAISING EXPENSES 0 |
| TOTAL EXPENSES 48,309 |
| TEAM ADMINISTRATION COSTS: |
| PROGRAM SERVICE EXPENSES |
| MANAGEMENT AND GENERAL EXPENSES 31,199 |
| FUNDRAISING EXPENSES 0 |
| TOTAL EXPENSES 31,199 |
| LUA For Resembled Particle Act Notice and the Instructions for Form 900 or 900-F7 Schodule O (Form 900 or 900-F7) (901 |

| CHS ATHLETIC BOOSTER ASSOC, INC. | 58-2323830 |
|--|---------------|
| | |
| TRAINING COSTS: | |
| PROGRAM SERVICE EXPENSES | 20,161 |
| MANAGEMENT AND GENERAL EXPENSES | 0 |
| FUNDRAISING EXPENSES | |
| TOTAL EXPENSES | 20,161 |
| JAMBOREE/CAMP: | |
| PROGRAM SERVICE EXPENSES | 17,581 |
| MANAGEMENT AND GENERAL EXPENSES | 0 |
| FUNDRAISING EXPENSES | 0 |
| TOTAL EXPENSES | 17,581 |
| SUPPLIES: | |
| PROGRAM SERVICE EXPENSES | 11,045 |
| MANAGEMENT AND GENERAL EXPENSES | 0 |
| FUNDRAISING EXPENSES | 0 |
| TOTAL EXPENSES | 11,045 |
| PROGRAM PRODUCTION: | |
| PROGRAM SERVICE EXPENSES | 5,150 |
| MANAGEMENT AND GENERAL EXPENSES | 0 |
| FUNDRAISING EXPENSES | 0 |
| TOTAL EXPENSES | 5,150 |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, C | COL A 133,445 |

4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

990

| . (0) | SHOWN ON FERGIN | | | | | | | , iouning names |
|----------------|---|--|------------------------------|--|------------------------|---|--|---------------------------------------|
| CHS | ATHLETIC BOOSTER A | SSOC, IN | c. | FOR | M 990 P | AGE 10 | | 58-2323830 |
| Part | I Election To Expense Certain Proper | ly Under Section 1 | 79 Note: <i>If yo</i> | ou have any lis | ted property, c | omplete Part | V before y | ou complete Part I. |
| 1 Ma | eximum amount (see instructions) | | | | | | 1 | 500,000. |
| | tal cost of section 179 property place | 2 | | | | | | |
| | reshold cost of section 179 property | 3 | 2,000,000. | | | | | |
| | duction in limitation. Subtract line 3 fi | 4 | | | | | | |
| | lar limitation for tax year Subtract line 4 from line | | | | instructions | | 5 | |
| 6 | (a) Description of pro | | | (b) Cost (busin | | (c) Electe | d cost | |
| - | | · | | | | | | 1 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | 1 |
| 7 1 10 | ted property. Enter the amount from | lino 20 | | <u> </u> | 7 | | | |
| | ted property. Enter the amount from tal elected cost of section 179 prope | | vin column (| o) lines 6 and | | | 8 | 1 |
| | | | s ii i Columin (| c), illies o aliu | • | | 9 | |
| | ntative deduction. Enter the smaller | | 010 5 45 | 60 | •• | - | 10 | |
| _ | rryover of disallowed deduction from | | | | o) or loo E | | | <u> </u> |
| | siness income limitation. Enter the sr | | - | | | | 11 | |
| | ction 179 expense deduction. Add lir | | | | | | 12 | <u></u> |
| | rryover of disallowed deduction to 20 Do not use Part II or Part III below for | | | | ▶ 13 | | | <u>L </u> |
| _ | | _ | | | | X | | |
| Part | | | | | | | 1 | T |
| 14 Sp | ecial depreciation allowance for qual | fied property (oth | her than liste | ed property) pl | aced in service | during | | |
| the | e tax year | - | | • | | | 14 | |
| 15 Pr | operty subject to section 168(f)(1) ele | ction | | | | | 15 | |
| | ner depreciation (including ACRS) | | <u> </u> | | | | 16 | |
| Part | III MACRS Depreciation (Do not | include listed pi | | |) | | | |
| | | | Se | ection A | | | | 17 426 |
| 17 M/ | ACRS deductions for assets placed in | service in tax ye | ears beginnii | ng before 2010 | 3 | | _ 17 | 17,436. |
| 18 If y | ou are electing to group any assets placed in servi | | | | | <u> </u> | | |
| _ | Section B - Assets | | | | Jsing the Gen | eral Depreci | ation Syst | em |
| | (a) Classification of property | (b) Month and year placed in service | (business/i | or depreciation investment use instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 100 | 3-year property | | | | | | | |
| 19a | | 1 | | | | <u> </u> | | |
| <u> </u> | 5-year property | - | | | | - | | |
| _ <u>c</u> _ | 7-year property | 1 | | | | + | | |
| <u>_d</u> _ | 10-year property | - | | 86,000. | 15 YRS | . HY | SL | 2,867. |
| <u>e</u> _ | 15-year property | 1 | | 00,000. | 15 1KB | | | 2,007. |
| | 20-year property | - | | | 0E | + | 6.0 | · · · · · · · · · · · · · · · · · · · |
| g | 25-year property | | | · | 25 yrs. | 1 | S/L | |
| h | Residential rental property | | - | | 27.5 yrs. | MM | S/L | |
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| i | Nonresidential real property | / | | | 39 yrs. | MM | S/L | |
| | | | <u> </u> | | | MM_ | S/L | <u> </u> |
| | Section C - Assets P | laced in Service | During 201 | 3 lax Year U | sing the Aiterr | native Depre | 1 | stem |
| <u>20a</u> | Class life | 4 | | | ļ | | S/L | |
| b_ | 12-year | | | | 12 yrs. | ļ | S/L | |
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| Part | - 1 | | | | | | | 1 |
| | sted property. Enter amount from line | | | | | | 21 | |
| | tal. Add amounts from line 12, lines 1 | | | | | | | |
| En | ter here and on the appropriate lines | of your return. P | artnerships a | and S corpora | tions - see inst | r. <u>, </u> | 22 | 20,303. |
| 23 Fo | r assets shown above and placed in | service during th | e current ye: | ar, enter the | | | | |
| | tion of the basis attributable to secti | on 263A coete | | | 23 | | | I |

| Part V Listed Property (include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or the revenitive care using the stender medical period of the property set of the section A, and of Section B, and Section G of applicable. Section A - Depreciation and Other Information (Cautions Set the instructions for limits for passagger automobiles) | Form 4562 | | | ATHLET | | | | | | | | | | | 8830 | |
|--|--|----------------------|----------------------------------|---------------------------------|-------------------------------|------------------------|--|---------------------------|---|--------------|-------------|---------------------|--|--|---------------|------------------|
| Note: For any vehicle for which you are using the standard mileage had or deducting lease expenses, complete equilibrously (c) of Section A. Deprociation and Other Information (Gaution: See the instructions for Intel® for passenger automobiles) Section A. Deprociation and Other Information (Gaution: See the instructions for Intel® for passenger automobiles) 269. Do you have vederion to support the business/silvestiment use claiment? Ves No. 240 til *Yes.* * the evidence written?* Ves No. 170 (d) (d) (d) (d) (d) (d) (d) (d) (d) (d) | Part V | | ty (Include a | utomobiles, c | ertain of | ther vehi | cles, cer | rtain con | puters | s, and pro | perty use | ed for e | ntertain | ment, re | creation, | or |
| 262 Day thave evidence to support the business/investment use claimed? | | Note: For any | vehicle for wi Section A, all | hich you are u of Section B, | ising the and Se | e standar ction C i | d mileag f applica | ge rate o able. | r dedu | cting leas | e expens | e, com _l | olete on | _{ly} 24a, 2 | 4b, colui | mns (a) |
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| Special deprecation allowance for qualified intellectual services and processes of the basis o | 24a Do you | u have evidence to s | support the bu | sıness/investm | ent use c | laimed? | Y | es _ | No | 24b If "Y | es," ıs th | e evide | nce wri | tten? | _ Yes L | No |
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| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (b) Date amortization begins Amortization for this year (c) Amortization Section Amortization of costs that begins during your 2013 tax year. (a) Amortization Section Amortization of costs that began before your 2013 tax year (b) Amortization Section Amortization period or percentage Amortization for this year | | | | | | | | | _ | | | | | | <u> </u> | |
| Part VI Amortization (a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code Section Amortization pend or percentage Amortization for this year (a) Amortization of costs that begins during your 2013 tax year. (b) Amortization Section (d) Code Section Pend or percentage Amortization for this year (a) Amortization for this year (b) Amortization for this year (c) Amortization pend or percentage Amortization for this year | - | • | | 0. | | | | | | | | | | | <u> </u> | <u>L</u> |
| (a) Description of costs (b) Date amortization begins (c) Amortizable amount (c) Code section (f) Amortization pend or percentage (f) Amortization of costs that begins during your 2013 tax year. | | | 37, 38, 39, 40 |), or 41 is "Ye: | s," do n | ot compl | ete Sec | tion B fo | r the c | overed ve | hicles. | | | | 1 | |
| Description of costs Date amortization Da | rart VI | · | | | (b) | г . | (a) | | | ابر) | | 121 | | | (6) | · - - |
| 3 Amortization of costs that began before your 2013 tax year 43 1,000 | | Description of | costs | | amortization Amortizable Code | | | Amortization Amortization | | | | | | | | |
| 1 000 | 2 Amortiz | zation of costs the | at begins dui | nng your 2013 | 3 tax ye | ar. | | | | _ | | | | | | |
| 1 000 | | . <u>.</u> | | | | <u> </u> | | | \bot | | | | | | | |
| 1 000 | | | | | | l | | _ | | | | | | | - A | 000 |
| | | | - | - | • | - | | | | | - | | 43 | | 1, | 000. |

2013 DEPRECIATION AND AMORTIZATION REPORT

| | ing ulated iation | 8,390. | 72,414. | 16,046. | 1,856. | 4,750. | 2,867. | 106,323. | O Zone |
|------------------|--|---------------------------|-------------|-----------------------|----------------|--------------|-----------------------|----------------------------------|---|
| | Ending Accumulated Depreciation | | | | | | | | ction, G(|
| | Current Year Deduction | 0 | 15,380 | 1,843, | 213 | 1,000. | 2,867, | 21,303. | allzation Dedu |
| | Current Sec 179 Expense | | | | | | | | nercial Revita |
| | Beginning Accumulated Depreciation | 8,390. | 57,034. | 14,203. | 1,643. | 3,750. | | 85,020. | Bonus, Comr |
| | Basis For Depreciation | 8,390. | 599,815. | 20,655. | 2,390. | 5,000. | 86,000. | 722,250. | * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone |
| | Reduction In Basis | | | 20,655. | 2,391. | | | 23,046. | * |
| | Section 179 Expense | | | | | | - | | |
| 066 | Bus % Excl | | | | | | | | pesod |
| | Unadjusted Cost Or Basis | 8,390. | 599,815. | 41,310. | 4,781. | 5,000. | .000,98 | 745,296. | (D) - Asset disposed |
| | Soc> | 1 ТАН | MM17 | HX17 | HX17 | HY43 | HX19E | | |
| | Life | 5.00 | 39.00 | 7.00 | 7.00 | Ж09 | 15.00 | | |
| | Method | 200DE | SL | 200DE | 200DB | 248 | SI | · | |
| | Date Acquired | 07/10/07 200DB | 09/01/00 | 09/01/09 200DE | 09/01/09 200DB | 09/01/09 248 | 02/09/14 SL | | |
| FORM 990 PAGE 10 | Description | WEIGHT TRAINING EQUIPMENT | WEIGHT ROOM | WEIGHT ROOM EQUIPMENT | FURNITURE | 10 LOAN FEES | 11 STADIUM SCOREBOARD | * TOTAL 990 PAGE 10 DEPR & AMORT | |
| FORM 95 | Asset No. | 9 | 7 | 80 | σ | 9 | 11 | | 328111 05-01-13 |