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## , Form 990

## 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

Department of the Treasury Internal Revenue Service

SCANNED SEP 1 8

► 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

| Ā                         | For the 2        | 2013 calendar year, or tax year beginning 7/01 , 2013, and ending   | 6/30  |   | 2014                     |  |
|---------------------------|------------------|---|---|---|--------------------------|--|
| В                         | Check if ap      | olicable C  | D Employ  |   | ation Number             |  |
|                           | Addres           | s change Tennessee Secondary School Athletic  | 62-   | 055548                                  | ₹1                       |  |
|                           | H                | change Association  |   | one number                              |                          |  |
|                           | $\vdash$         | IP O Roy 319  | I '   |   |                          |  |
|                           | Initial          | Hermitage, TN 37076   | - 012   | /889-6                                  | 0/40                     |  |
|                           | Termin           | aled  |   |   |                          |  |
|                           | Amend            | led return  | G Gross   |   | 3,808,389.               |  |
|                           | Applica          | non penang  | H(a) is this a group retui                          |   |                          |  |
|                           |                  | Same As C Above   | H(b) Are all subordinates<br>If 'No,' attach a list | s included?<br>(see instru-             | ctions) Yes No           |  |
| ļ                         | Tax-exen         | npt status X 501(c)(3) 501(c) ( ) 		 (Insert no ) 4947(a)(1) or 527   |   | •                                       | •                        |  |
| J                         | Websit           | e: Nwww.tssaa.org   | H(c) Group exemption n                              | umber 🟲                                 |                          |  |
| K                         | Form of o        | organization Corporation Trust X Association Other ► L Year of formation  | n 1967 M:   | State of lega                           | al domicife TN           |  |
| Pa                        | rt L             | Summary   |   |   |                          |  |
|                           |                  |   | op sportsman  | shin                                    | character                |  |
|                           |                  | nd integrity through athletic competition   | b porcaman  | Surb.                                   | _cnaracter               |  |
| Activities & Governance   |                  | id incodited compositions   |   |   |                          |  |
| īā                        |                  |   |   |   |                          |  |
| Ş                         | 2 Ch             | eck this box I if the organization discontinued its operations or disposed of mor                                   | e than 25% of its                                   | net asset                               | - <b></b>                |  |
| ၓ                         | 3 Nu             | mber of voting members of the governing body (Part VI, line 1a)   |   | 3                                       | 9                        |  |
| <b>ಿ</b> ಶ                | 4 Nu             | mber of independent voting members of the governing body (Part VI, line 1b)   |   | 4                                       | 9                        |  |
| Ę.                        | 5 Tot            | al number of individuals employed in calendar year 2013 (Part V, line 2a)   |   | 5                                       | 77                       |  |
| ₹                         | <b>6</b> Tot     | al number of volunteers (estimate if necessary)   |   | 6                                       | 8.0                      |  |
| Ac                        | 7 a Tot          | al unrelated business revenue from Part VIII, column (C), line 12   |   | 7 a                                     | 0.                       |  |
|                           | <b>b</b> Ne      | t unrelated business taxable income from Form 990-T, line 34  |   | 7 b                                     | 0.                       |  |
|                           |                  |   | Prior Year  |   | Current Year             |  |
|                           | 8 Co             | ntributions and grants (Part VIII, line 1h)   | 57,5  | 510.                                    | 57,640.                  |  |
| Revenue                   | 9 Pro            | ogram service revenue (Part VIII, line 29)  | 3,664,9   | 38.                                     | 3,715,618.               |  |
| Š                         | 10 Inv           | estment income (Part VIII, column (A) lines 3, 4, and (a)   | 19,6  |   | 18,915.                  |  |
| æ                         | 11 Oti           | ner revenue (Part VIII, column A), lines 5, 6d, 80 (9c, 100, and 11e)   | 12,   |   | 16,216.                  |  |
|                           | 12 Tot           | al revenue — add lines 8 through IT (must equal Part VIII, column (A), line 12)                                     | 3,754,9   |   | 3,808,389.               |  |
|                           | <b>13</b> Gra    | ants and similar amounts paid (Part IX) column (A), (ines 1-3)  | 27,0  | 000.                                    | 27,000.                  |  |
|                           | 14 Be            | nefits paid to or for members (PartTX, column (A), line 4)  |   |   |                          |  |
|                           | 15 Sa            | aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                      | 1,535,0   | 186                                     | 1,693,228.               |  |
| ses                       | 16a Pro          | ofessional fundraising fees (Part IX, Column (A), line 11e)   |   |   |                          |  |
| ě                         |                  | at Containing 1000 (1 dit 17) Containing 1000 (1 dit 17) Containing 1000 (1 dit 17)                                 |   | 18 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                          |  |
| Expenses                  | <b>D</b> 101     | al fundraising expenses (Part IX, column (D), line 25)  | <u> </u>  | 5 - 1 Y - 1                             | their oz. the s          |  |
| _                         | 17 Ott           | ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 1,762,9   |   | 1,777,677.               |  |
|                           | 1                | al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   | 3,325,0   |   | 3,497,905.               |  |
|                           |                  | venue less expenses. Subtract line 18 from line 12  | 429,8   | 341.                                    | 310,484.                 |  |
| 0 0                       |                  |   | Beginning of Currer                                 | nt Year                                 | End of Year              |  |
| Net Assets<br>Fund Belanc | <b>20</b> Tot    | al assets (Part X, line 16)   | 3,359,3   | 300.                                    | 3,740,953.               |  |
| ¥ P                       | <b>21</b> Tot    | al liabilities (Part X, line 26)  | 56,1  | 156.                                    | 127,325.                 |  |
| žζ                        | 22 Ne            | t assets or fund balances. Subtract line 21 from line 20  | 3,303,1   | 44.                                     | 3,613,628.               |  |
| Pa                        | rt II            | Signature Block   |   |   |                          |  |
|                           |                  | of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the | ne hest of my knowledge                             | and helief                              | it is true, correct, and |  |
| com                       | plete Declar     | ation of preparer (other than officer) is based on all information of which preparer has any knowledge              |   |   |                          |  |
|                           |                  | Dermand Childrean   | 8/25/19   | ļ — —                                   |                          |  |
| Sig                       | n                | Signature of officer  | Date  |   |                          |  |
| He                        | re               | Bernard Childress   | Executive   | Direct                                  | or                       |  |
|                           | -                | Type or print name and title  | DACCUCIVE   | 211666                                  | .01                      |  |
|                           |                  | Print/Type preparer's name Preparer's signature Date  | Check   | ıf PT                                   | IN                       |  |
| ъ-                        | :                |   | 1 1.1   |   | 10021600                 |  |
| Pa                        |                  |   | self employ   | eu IP                                   | 00031688                 |  |
| TIC.                      | eparer<br>e Only | Firm's name Cooper, Travis & Company, PLC   | <u> </u>  |   | 217055                   |  |
| US                        | Conny            | Firm's address 3008 Poston Ave.   | Firm's EIN  |   | 317955                   |  |
|                           | :==              | Nashville, TN 37203   | Phone no  |   | 329-4500                 |  |
| Mar                       | v the IRS        | discuss this return with the preparer shown above? (see instructions)   |   |   | X Yes No                 |  |

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

Form 990 (2013)

TEEA0113L 11/08/13

| Paittill: Statement of Program Service Accomplishments  | 62-0555481                   | Page 2   |
|---|------------------------------|----------|
| Facility Statement of Frogram Service Accomplishments   |                              |          |
| Check if Schedule O contains a response or note to any line in this Part III  |                              | <u> </u> |
| Briefly describe the organization's mission.  |                              |          |
| To develop sportsmanship, character and integrity through athlet  | ic competition               |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
| 2 Did the organization undertake any significant program services during the year which were not listed on the pr   | nor                          |          |
| Form 990 or 990-EZ?   | Yes                          | X No     |
| If 'Yes,' describe these new services on Schedule O   |                              |          |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program se   | ervices? 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 service   | vices, as measured by ex     | penses   |
| Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported | of grants and allocations to |          |
| others, the total expenses, and revenue, if any, for each program service reported  |                              |          |
|   |                              |          |
|   | Revenue \$                   | )        |
| 70% of indirect expenses in Part IX are allocated to program ser  | <u>vices</u>                 |          |
|   | <b>-</b>                     |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   | - <b></b>                    |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
| <b>4b</b> (Code ) (Expenses \$ 503, 692. including grants of \$ ) (   | Revenue \$                   | )        |
| Catastrophic insurance provides necessary coverage to allow for   | football and                 |          |
| basketball competition. Insurance coverage is also provided for   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
|   |                              |          |
| As (Code ) (Expanses \$ 121 GDE including grants of \$ ) (  | Pevenue \$                   |          |
|   | Revenue \$                   | )        |
| 4c (Code) (Expenses \$131,695. including grants of \$) (Rule books for various sports, newsletters, and various other pu  |                              | )        |
|   |                              |          |
|   |                              | )        |
|   |                              | )        |
|   |                              | )        |
|   |                              | )        |
|   |                              | )        |
|   |                              | )        |
|   |                              | )        |
|   |                              | )        |
|   |                              | )        |
| Rule books for various sports, newsletters, and various other pu  |                              | )        |
| Rule books for various sports, newsletters, and various other pu  | blications                   |          |
| Rule books for various sports, newsletters, and various other pu  | blications                   | )        |

|      |   |      | 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    | Х   |          |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 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    |     | Х        |
| 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    | Х   | <u> </u> |
| 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    |     | Х        |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I  | 6    |     | _X       |
| 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    |     | Х        |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III   | 8    |     | Х        |
| 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    |     | Х        |
| 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   |     | Х        |
| 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  | 11 a | Х   |          |
| 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   | 11 Ь |     | Х        |
| 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   | 11 c |     | Х        |
| d    | I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX  | 11 d |     | Х        |
| е    | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e |     | X        |
|      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X  | 11 f |     | Х        |
| 12 a | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII   | 12a  | Х   |          |
|      | 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  |     | Х        |
|      | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13   |     | X        |
|      | a 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  |     | Х        |
| 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   |     | 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   |     | Х        |
| 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 (see instructions)   | 17   |     | 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,' complete Schedule G, Part III  | 19   |     | Х        |
|      | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H   | 20   |     | X        |
| b    | olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20 b |     |          |

|      |   |      | Yes   | No    |
|------|---|------|-------|-------|
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II   | 21   |       | х     |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III  | 22   | Х     |       |
| 23   | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J  | 23   | Х     |       |
| 24 8 | a 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     |
| ı    | b 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  |       |       |
| (    | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d  |       | -     |
| 25 a | a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I   | 25a  |       | х     |
| l    | b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I                                     | 25b  |       | Х     |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II                                    | 26   |       | Х     |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27   |       | Х     |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).   | 350  |       |       |
| ä    | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28a  |       | Х     |
| ŀ    | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28b  |       | Х     |
|      | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  | 28c  |       | Х     |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29   |       | X     |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>   | 30   |       | X     |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31   |       | Х     |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  | 32   |       | Х     |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I  | 33   |       | Х     |
| 34   | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1   | 34   |       | Х     |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |       | Х     |
| ŧ    | olf '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   |       | х     |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI   | 37   |       | Х     |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197<br>Note. All Form 990 filers are required to complete Schedule O   | 38   | Х     |       |
| BAA  |   | Form | 990 ( | 2013) |

| Part V   Statements Regarding Other IRS Filings and Tax Compliance  |              |            |                   |               |
|---|--------------|------------|-------------------|---------------|
| Check if Schedule O contains a response or note to any line in this Part V  |              |            |                   |               |
|   |              | T          | Yes               | No            |
| 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 38           | ^          | 3,                | •             |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   |              | ai.        | 232               | ļ             |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |              |            | 18                |               |
| (gambling) winnings to prize winners?   |              | 1 c        | X                 |               |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-   |              | .          |                   | - 2           |
| ments, filed for the calendar year ending with or within the year covered by this return  | 77 🛒         | -اب        | · <del>*;</del> - |               |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  |              | 2 b        | Χ                 |               |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |              |            | .,.<br>           |               |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?   | <u> </u>     | 3 a        |                   | X             |
| <b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O   | <u> </u> -   | 3 Ь        |                   |               |
| 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a<br>financial account in a foreign country (such as a bank account, securities account, or other financial account)? |              | 4 a        |                   | Х             |
| <b>b</b> If 'Yes,' enter the name of the foreign country. ▶   |              | Ž          |                   | \$            |
| See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  | <u> </u>     |            | 1                 | -,<br>ـ ئىد   |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | !            | 5 a        |                   | Х             |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |              | 5 b        |                   | Х             |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  |              | 5 c        |                   |               |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                       |              | 6 a        |                   | Х             |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |              | 6 b        |                   |               |
| 7 Organizations that may receive deductible contributions under section 170(c).   |              | A 78       | * <u>A</u>        | 186 J         |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | -Z202        | 7 a        |                   | ئند<br>X      |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   | ļ            | , а<br>7 b |                   |               |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file   | <u> </u>     | +          |                   |               |
| Form 8282?  | 7            | 7 c        |                   | Х             |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d   | - 3          | (A)        | 75.               |               |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .   |              | 7 e        |                   | X             |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |              | 7 f        |                   | X             |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899   | -            |            |                   |               |
| as required?  |              | 7 g        |                   |               |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |              | 7 h        |                   |               |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the  | ne 📝         |            | 1                 |               |
| supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  | [            | 8          |                   |               |
| 9 Sponsoring organizations maintaining donor advised funds.   | 88           | g: 1       | 7°4%,4            | <u>دې"،</u> د |
| a Did the organization make any taxable distributions under section 4966?   | ļ            | 9 a        |                   |               |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?   |              | 9 b        |                   |               |
| 10 Section 501(c)(7) organizations. Enter:  | C.           | ٤          | ,                 |               |
| a Initiation fees and capital contributions included on Part VIII, line 12  | 2            | \$ 77      | 32                | ٠.,           |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |              |            | 5-                | w             |
| 11 Section 501(c)(12) organizations. Enter:   | <del> </del> |            | Š.                | Ž.            |
| a Gross income from members or shareholders   | là:          |            | 'a <sub>n</sub>   |               |
| b 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?  | 17           | 2a         |                   |               |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b   |              |            | Ī                 |               |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.   |              | _ _        |                   |               |
| a Is the organization licensed to issue qualified health plans in more than one state?  | 1:           | 3 a        |                   |               |
| Note. See the instructions for additional information the organization must report on Schedule O  | 1            |            |                   |               |
| b Enter the amount of reserves the organization is required to maintain by the states in  | ļ.           |            |                   |               |
| which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  | <b></b>      | -          | İ                 |               |
|   |              | 1          |                   | X             |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  If 'Vos' has it filed a Form 720 to report these payments? If 'No' receive an explanation in Schooling O  |              | 4 a        | -                 |               |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O   | 14           | 4 b        | ı                 |               |

Form 990 (2013)

62-0555481 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 3 ď. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X See Schedule 0 6 Did the organization have members or stockholders? 6 Х 7 a 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? See Schedule O 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or other persons other than the governing body? 7 h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8 b 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 See Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10 a Did the organization have local chapters, branches, or affiliates? 10 a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 43/44.4.4 ŶĿ See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Χ 15 a **b** Other officers of key employees of the organization See Schedule O Х 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions ) 34 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its .... **,**1 participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 1000 organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Other (explain in Schedule O) |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization Bernard Childress 3333 Lebanon Road, Hermitage, TN 37076 615/889-6740

TEEA0106L 07/02/13

## Partivil Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

| Check this box if neither the organization | nor any rela  | ited or                           | ganı                  | zatio   | n co         | mpen                               | sated      | d any current officer, di                          | rector, or trustee.                                     |  |
|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------------|------------|--|---|--|
|  |   |                                   |                       | (C      | <b>;</b> )   |                                    |            |  |   |  |
| (A)<br>Name and Title                      | (B)<br>Average<br>hours per   | one bo                            | ox, un<br>cer an      | iless i | perso        | k more t<br>in is bot<br>or/truste | n an<br>e) | (D)  Reportable compensation from the organization | (E)  Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|  | week (list<br>any hours<br>for related<br>organiza<br>tions<br>below<br>dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer | Key employee | Highest compensated employee       | Former     | (W 2/1099 MISC)                                    | (W 2/1099 MISC)   | from the<br>organization<br>and related<br>organizations |
| (1) Mike Reed                              | 1   |                                   |                       |         |              |                                    |            |  |   |  |
| Director                                   | 0   | X                                 |                       | X       |              |                                    |            | 0.   | 0.  | 0.   |
| (2) Ricky Catlett                          | 1   |                                   |                       |         |              |                                    |            |  |   |  |
| Director                                   | 0   | Х                                 |                       |         |              |                                    |            | 0.   | 0.  | 0.   |
| (3) Jerry Mathis                           | 1   |                                   |                       |         |              |                                    |            |  |   |  |
| Director                                   | 0   | X                                 |                       | Χ       |              |                                    |            | 0.   | 0.  | 0.   |
| (4) Tommy Layne                            | 1_1_  |                                   |                       |         |              |                                    |            |  | ·   |  |
| Director                                   | 0   | X                                 |                       |         |              |                                    |            | 0.   | 0.  | 0.   |
| (5) Steve Chauncy                          | 11  |                                   |                       |         |              |                                    |            |  |   |  |
| Director                                   | 0   | Х                                 |                       |         |              |                                    |            | 0.   | 0.  | 0.   |
| _(6) Ike White                             | 1_1_  | l                                 |                       |         |              |                                    |            |  |   |  |
| Director                                   | 0   | X                                 |                       |         |              |                                    |            | 0.   | 0.  | 0.   |
| _(7) Bryan True                            | 11  |                                   |                       |         |              |                                    |            |  |   |  |
| Director                                   | 0   | X                                 |                       |         |              |                                    |            | 0.   | 0.  | 0.   |
| (8) Chuck West                             | 1_1_  | 1                                 |                       |         |              |                                    |            |  |   |  |
| Director                                   | 0   | X                                 |                       |         |              |                                    |            | 0.   | 0.  | 0.   |
| (9) Jody Wright                            | 1_1_  | ļ                                 |                       |         |              |                                    |            |  |   |  |
| Director                                   | 0   | X                                 |                       |         |              |                                    |            | 0.   | 0.  | 0.   |
| (10) Greg McCullough                       | 0   | 1                                 |                       |         |              |                                    |            |  |   |  |
| Council Member                             | 0   | X                                 | <u> </u>              |         |              |                                    |            | 0.   | 0.  | 0.   |
| (11) Dan Black                             | 0   | 1                                 |                       |         |              |                                    |            |  |   |  |
| Council Member                             | 0   | X                                 |                       | Χ       |              |                                    |            | 0.   | 0.  | 0.   |
| (12) Danny Gilbert                         | 0   |                                   |                       |         |              |                                    |            |  |   |  |
| Council Member                             | 0   | Х                                 |                       |         |              |                                    |            | 0.   | 0.  | 0.   |
| (13) Michael Reynolds                      | 0   |                                   |                       |         |              |                                    |            |  |   |  |
| Council Member                             | 0   | X                                 |                       |         |              |                                    |            | 0.   | 0.  | 0.   |
| (14) Mike Tatum                            | 0   |                                   |                       |         |              |                                    |            |  |   |  |
| Council Member                             | 0   | X                                 |                       |         |              |                                    | L.,        | 0.   | 0.  | 0.   |

| Pa       | tiVII   Section A. Officers, Directors, Trus   | tees, I                 | <u>ney</u>      | En                   | _              |                    | es,                          | and  | Hignest Con                        | ipensated Emp                            | loyees (continued)                    |
|----------|--|-------------------------|-----------------|----------------------|----------------|--------------------|------------------------------|--|------------------------------------|--|---------------------------------------|
|          |  | (B)                     | (C)             |                      |                |                    |                              |  |                                    | •  |                                       |
|          | (A)  | Average                 | (do             | Pos<br>heck          | sition<br>more | than               | one                          | (D)  | (E)                                | (F)                                      |                                       |
|          | Name and title   | hours<br>per            | box             | , unle               | ess pe         | erson              | is bot<br>or/trus            | h an   | Reportable                         | Reportable compensation from             | Estimated                             |
|          |  | week                    |                 |                      |                |                    |                              |  | compensation from the organization | related organizations<br>(W 2/1099 MISC) | amount of other compensation          |
|          |  | hours                   | <u>6</u> §      | nstrt.               | Officer        | é                  | 를                            | 듺  | (W 2/1099 MISC)                    | (W 2/1099 MISC)                          | from the<br>organization              |
|          |  | for related             | E E             | υtor                 | ď              | \ <u>\</u>         | st c                         | ৰ্   |                                    |  | and related<br>organizations          |
|          |  | organiza<br>- tions     | or director     | nstitutional trustee | ŀ              | Key employee       | ) A                          |  |                                    |  | ,                                     |
|          |  | below<br>dotted         | Ste             | Isn                  |                | Õ                  | ĕns                          |  |                                    |  |                                       |
|          |  | line)                   | "               | ee                   |                |                    | Highest compensated employee |  |                                    |  |                                       |
| (15)     | Keith Turner   | 0_                      | ┢               | -                    | -              |                    |                              |  |                                    |  |                                       |
| <u> </u> | Council Member   | 1 - ō -                 | X               |                      |                |                    |                              | '  | l o.                               | 0.                                       | 0.                                    |
| (16)     | Jeff Luttrell  | 0                       | 1               | -                    | <u> </u>       | _                  |                              | T  |                                    |  | <u> </u>                              |
| 7.2/_    | Council Member   | - ŏ-                    | X               |                      | ļ              |                    | ļ                            |  | 0.                                 | 0.                                       | 0.                                    |
| (17)     | Mike Henson  | 0                       | ^               |                      | $\vdash$       |                    |                              | $\vdash$   | 0.                                 | 0.                                       | 0.                                    |
| 7.7.7    | Council Member   | - 5-                    | X               |                      | X              |                    |                              |  | 0.                                 | 0.                                       | _                                     |
| (1.0)    |  |                         | 1^              | -                    | ^              | <u> </u>           | -                            | $\vdash$   | 0.                                 | 0.                                       | 0.                                    |
| (18)     | Ron Woodard  | 0_                      |                 |                      |                |                    |                              | İ  |                                    |  |                                       |
|          | Council Member   | 0                       | X               |                      |                |                    |                              | ⊢  | 0.                                 | 0.                                       | 0.                                    |
| (19)     | Bernard Childress  | _40_                    | ļ               |                      |                |                    |                              |  |                                    |  |                                       |
|          | Executive Direc  | 0                       |                 |                      | Х              | <u> </u>           |                              |  | 146,749.                           | 0.                                       | 31,595.                               |
| (20)     | Matthew Gillespie  | 0_                      | ]               |                      |                | ŀ                  |                              |  |                                    |  |                                       |
|          | Assistant Director   | 0                       |                 |                      |                | X                  |                              |  | 84,691.                            | 0.                                       | 18,234.                               |
| (21)     | Gene Menees  | 0_                      |                 |                      |                |                    |                              |  |                                    |  |                                       |
|          | Assistant Director   | 0                       | ]               |                      |                | X                  |                              |  | 98,028.                            | 0.                                       | 21,105.                               |
| (22)     | Mark Reeves  | 0                       |                 |                      |                |                    |                              |  |                                    | ·  |                                       |
|          | Assistant Director   | 0                       | 1               | 1                    |                | Х                  |                              |  | 84,691.                            | O.                                       | 18,234.                               |
| (23)     | Richard McWhirter  | 0_                      |                 |                      |                |                    |                              |  |                                    |  |                                       |
|          | Assistant Director   | 1-0-                    | 1               |                      |                | Х                  | 1                            |  | 88,692.                            | 0.                                       | 19,095.                               |
| (24)     |  |                         |                 |                      |                |                    |                              | T  | 00,0021                            |  |                                       |
|          | · <b></b>  | 1                       | 1               |                      |                |                    |                              |  |                                    |  |                                       |
| (25)     |  |                         | <del> </del>    | -                    | -              | -                  | <del> </del>                 | <del>                                     </del> |                                    |  |                                       |
| <u> </u> |  |                         | 1               |                      |                |                    |                              |  |                                    |  |                                       |
| 1 h      | Sub-total  |                         | 1               | 1                    |                |                    | <u> </u>                     | <b>•</b>   | 502,851.                           | 0.                                       | 108,263.                              |
|          | Total from continuation sheets to Part VII, Section  | . Δ                     |                 |                      |                |                    |                              | •  | 0.                                 | 0.                                       | 0.                                    |
|          | Total (add lines 1b and 1c)  | 1.7                     |                 |                      |                |                    |                              | <b>•</b>   | 502,851.                           | 0.                                       | 108,263.                              |
|          | Total number of individuals (including but not limited to  | those I                 | ıctod           | aha                  | ٠ ١٠٠          | who                | *^^                          | wod  |                                    |  |                                       |
| 2        |  | i iilose i              | isicu           | auu                  | ve) i          | WIIU               | iecei                        | veu  | more man proo,oc                   | o or reportable comp                     | Delisation                            |
|          | from the organization 1  |                         |                 |                      |                |                    |                              |  |                                    |  | Iv I ii.                              |
|          |  |                         |                 |                      |                |                    |                              |  |                                    |  | Yes No                                |
| 3        | Did the organization list any former officer, directo  |                         |                 | key                  | em em          | ploy               | γee,                         | or h   | iighest compensat                  | ted employee                             | [                                     |
|          | on line 1a? If 'Yes,' compléte Schedule J for such   | inaiviau                | aı              |                      |                |                    |                              |  |                                    |  | 3 X                                   |
| 4        | For any individual listed on line 1a, is the sum of re   | eportabl                | е со            | mpe                  | ensa           | tion               | and                          | oth  | er compensation t                  | from                                     | Comment of the second                 |
|          | the organization and related organizations greater such individual   | than \$1                | 50,0            | 00?                  | If 'Y          | es'                | com                          | plet   | e Schedule J for                   |  | 4 X                                   |
| _        |  |                         |                 | ,                    |                |                    |                              |  |                                    |  | Y A                                   |
| 5        | Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'    | compen<br><i>comple</i> | isatio<br>te So | n tr                 | om .<br>Iule   | any<br><i>J fo</i> | unre<br>r suc                | late<br>ch p                                     | d organization or<br><i>erson</i>  | individual                               | 5 X                                   |
| Sec      | tion B. Independent Contractors  |                         |                 |                      |                |                    |                              |  |                                    |  |                                       |
| 1        | Complete this table for your five highest compensa compensation from the organization. Report compensation | ted inde                | epen            | dent                 | cor            | ntrac              | tors                         | tha  | t received more th                 | nan \$100,000 of                         | •                                     |
|          | (A)  | ILIOIT IOI              | uie c           | alell                | luai           | year               | enui                         | ng v   | (B)                                | <u> </u>                                 | (C)                                   |
|          | Name and business addre  | SS                      |                 |                      |                |                    |                              |  | Description                        |  | Compensation                          |
|          |  |                         |                 |                      |                |                    |                              |  |                                    |  | · · · · · · · · · · · · · · · · · · · |
|          |  |                         |                 |                      |                |                    |                              |  |                                    |  |                                       |
|          |  |                         |                 |                      |                |                    |                              |  |                                    |  |                                       |
|          |  |                         |                 |                      |                |                    |                              |  |                                    |  |                                       |
|          | Total number of independent contractors (nativaling to   | l not lea-              | الم من          | 0 16                 |                |                    | 1 66 6                       |  | who recoved =====                  | than                                     |                                       |
| 2        | Total number of independent contractors (including but \$100,000 of compensation from the organization ▶   |                         | neu l           | บ เทด                | use I          | iste               | a00                          | ve)  | wilo received more                 | uidii                                    |                                       |
| BAA      | 4100,000 or compensation from the organization   |                         | TEEA            |                      |                |                    |                              |  |                                    |  | Form 990 (2013)                       |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) (C) (D) Unrelated Related or Revenue exempt business excluded from tax under sections 512-514 function revenue revenue 1 a Federated campaigns 1 a CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS **b** Membership dues 1 b c Fundraising events 1 c 1 d d Related organizations e Government grants (contributions) 1 e 57.640 f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f. \$ h Total. Add lines 1a-1f 57,640 PROGRAM SERVICE REVENUE Business Code 2a Membership Dues & Assessments 826,952 826,952 b Basketball tournament 736,137 736,137 c Football playoffs 726,506 726,506 d <u>Sponsorships</u> 697,365 697,365 Var. sports competitions 361,133 361,133 f All other program service revenue **WKS** 367,525 367,525 g Total. Add lines 2a-2f 3,715,618. Investment income (including dividends, interest and other similar amounts) 18,915 18,915 Income from investment of tax-exempt bond proceeds. Royalties (ı) Real (II) Personal 6 a Gross rents. b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events OTHER REVENUE (not including . \$ of contributions reported on line 1c). See Part IV, line 18 b Less, direct expenses 2428 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 265 22 Ą. b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Misc<u>ellaneous</u> 16,216 16,216 d All other revenue e Total. Add lines 11a-11d 16,216 Total revenue. See instructions 3,808,389 3,731,834 0 18,915

Form 990 (2013) Tennessee Secondary School Athletic 62-0555481 Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses. general expenses expenses Grants and other assistance to governments and organizations in the United States See Ø; Million File . 1/2 J. 1 16 Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 27,000 27,000 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 1. July 180 Ů, 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 611,114 427,780 183,334 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages 602,122 421,485 180,637 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 128,062 89,643 38,419 Other employee benefits 261,752 183,226 78,526 10 Payroll taxes 90,178 63,125 27,053 11 Fees for services (non-employees). a Management **b** Legal 75,917 53,142 22,775 5,130 c Accounting 17,100 11,970 d Lobbying 50,300 50,300 e Professional fundraising services See Part IV, line 17 Salai . The 28×3 f Investment management fees g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (1) 12 Advertising and promotion 13 Office expenses 82,608. 57,826. 24,782. Information technology 102,811 102,811 14 Royalties 15 Occupancy 16,531 16 55,105 38,574 17 Travel 80,342 56,239. 24,103. Payments of travel or entertainment expenses for any federal, state, or local public officials 10,315Conferences, conventions, and meetings 14,735 4,420. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 76,585 53,610 22,975 23 Insurance 611,846. 503,692. 108,154. Other expenses. Itemize expenses not 24 covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Printing and Publications 161,764 131,695 30,069 b Supervision of Officials 117,336 117,336 c Student Svcs Program\_ <u>115,310</u> <u>115,310</u>

| d  | TSSAA Board of Control                             |
|----|--|
| е  | All other expenses                                 |
| 25 | Total functional expenses. Add lines 1 through 24e |

| 26 | joint costs from a | C               | ete this line only if<br>corted in column (B)<br>ombined educational<br>raising solicitation |
|----|--------------------|-----------------|--|
|    | Check here ►       | ٦               | if following   |
|    | SOP 98-2 (ASC 5    | <del>9</del> 58 | 8-720)   |

<u>53,21</u>7

162,701.

3,497,905

0.

15,965

34,994.

817,867

37,252

127,707

680,038

|              |      | Check if Schedule O contains a response or note to any line in this Part X  |   |            |                     |
|--------------|------|---|---|------------|---------------------|
|              |      |   | (A)<br>Beginning of year                  |            | (B)<br>End of year  |
|              | 1    | Cash — non-interest-bearing   | 1,161,150.                                | 1          | 1,301,659.          |
|              | 2    | Savings and temporary cash investments  | 1,539,353.                                | 2          | 1,802,460.          |
|              | 3    | Pledges and grants receivable, net.   | 33,423.                                   | 3          | 22,369.             |
|              | 4    | Accounts receivable, net  | 7,750.                                    | 4          | 50,319.             |
| i            | 5    | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete   |   |            |                     |
|              | 6    | 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 instructions) Complete Part II of Schedule L | Se se se se se se se se se se se se se se | 5<br><br>6 |                     |
| A<br>S       | 7    | Notes and loans receivable, net   |   | 7          |                     |
| ASSETS       | 8    | Inventories for sale or use   |   | 8          |                     |
| T<br>S       | 9    | Prepaid expenses and deferred charges   | 3,709.                                    | 9          | 9,981.              |
|              | 10 a | Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D  1,389,291.   |   |            |                     |
|              |      | Less accumulated depreciation 10b 835, 126.   | 613,915.                                  | 10 c       | 554,165.            |
|              | 11   | Investments – publicly traded securities  | 010/3101                                  | 11         | 301/100.            |
|              | 12   | Investments – other securities. See Part IV, line 11  |   | 12         |                     |
|              | 13   | Investments – program-related See Part IV, line 11  |   | 13         |                     |
|              | 14   | Intangible assets   |   | 14         |                     |
|              | 15   | Other assets See Part IV, line 11   |   | 15         |                     |
|              | 16   | Total assets. Add lines 1 through 15 (must equal line 34)   | 3,359,300.                                | 16         | 3,740,953.          |
|              | 17   | Accounts payable and accrued expenses   | 56,156.                                   | 17         | 127,325.            |
|              | 18   | Grants payable  |   | 18         |                     |
|              | 19   | Deferred revenue  |   | 19         |                     |
| L<br>Ļ       | 20   | Tax-exempt bond liabilities   |   | 20         |                     |
| A            | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |   | 21         |                     |
| AB-L-T-ES    | 22   | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |   | 22         |                     |
|              | 23   | Secured mortgages and notes payable to unrelated third parties  |   | 23         |                     |
| S            | 24   | Unsecured notes and loans payable to unrelated third parties  |   | 24         |                     |
|              | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |   | 25         |                     |
|              | 26   | Total liabilities. Add lines 17 through 25  | 56,156.                                   | 26         | 127,325.            |
| mz           |      | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.   |   |            |                     |
| Ş            | 27   | Unrestricted net assets   | 3,303,144.                                | 27         | 3,613,628.          |
| 女のとして        | 28   | Temporarily restricted net assets.  |   | 28         |                     |
|              | 29   | Permanently restricted net assets   |   | 29         |                     |
| O<br>R<br>F. |      | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.   |   |            | inger of the second |
| ロエロ・         | 30   | Capital stock or trust principal, or current funds .  | ·   | 30         |                     |
|              | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |   | 31         |                     |
| Ã.           | 32   | Retained earnings, endowment, accumulated income, or other funds  |   | 32         | -                   |
| 四人 よくさいしゅん   | 33   | Total net assets or fund balances   | 3,303,144.                                | 33         | 3,613,628.          |
| Ĕ            | 34   | Total liabilities and net assets/fund balances  | 3,359,300.                                | 34         | 3,740,953.          |
| BA           | Δ    | · · · · · · · · · · · · · · · · · · ·   | -,,                                       |            | Form 990 (2013)     |

| ,  | 62-0555481   | Page <b>12</b>  |
|--|--------------|-----------------|
| Part XI Reconciliation of Net Assets   |              |                 |
| Check if Schedule O contains a response or note to any line in this Part XI  |              |                 |
| 1 Total revenue (must equal Part VIII, column (A), line 12)  | 1            | 3,808,389.      |
| 2 Total expenses (must equal Part IX, column (A), line 25)   | 2            | 3,497,905.      |
| 3 Revenue less expenses Subtract line 2 from line 1  | 3            | 310,484.        |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                              | 4            | 3,303,144.      |
| 5 Net unrealized gains (losses) on investments   | 5            | 0/000/2111      |
| 6 Donated services and use of facilities   | 6            |                 |
| 7 Investment expenses  | 7            |                 |
| 8 Prior period adjustments   | 8            |                 |
| 9 Other changes in net assets or fund balances (explain in Schedule O)   | 9            | 0.              |
| 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                     |              |                 |
| column (B))  | 10           | 3,613,628.      |
| Part:XII Financial Statements and Reporting  |              |                 |
| Check if Schedule O contains a response or note to any line in this Part XII   |              |                 |
|  | <del> </del> | Yes No          |
| 1 Accounting method used to prepare the Form 990. Cash X Accrual Other   |              |                 |
|  |              |                 |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.        |              |                 |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                       |              | 2a X            |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev               | iewed on a   | 282/3/2011      |
| separate basis, consolidated basis, or both.   |              |                 |
| Separate basis Consolidated basis Both consolidated and separate basis   |              |                 |
| b Were the organization's financial statements audited by an independent accountant?                                     |              | 2b X            |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se               | parate       | 1 1 2 2 3 1     |
| basis, consolidated basis, or both   | <b>,</b>     |                 |
| X Separate basis Consolidated basis Both consolidated and separate basis   |              |                 |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the     | audit,       |                 |
| review, or compilation of its financial statements and selection of an independent accountant?                           |              | 2c X            |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O |              |                 |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | nle          |                 |
| Audit Act and OMB Circular A-133?  | aic.         | 3a X            |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required  | d audit      |                 |
| or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                 |              | 3 Б             |
| BAA  |              | Form 990 (2013) |

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

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

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

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization

Tennessee Secondary School Athletic Association

Employer identification number

62-0555481

|                |       | T =  |  |  |                       | <del> </del>  |   |                    | <del>'</del>                |  |                         |                     |          |  |
|----------------|-------|--|--|--|-----------------------|---|---|--------------------|-----------------------------|--|-------------------------|---------------------|----------|--|
|                |       |  |  | (All organizations   |                       |   |   |                    | ) See i                     | nstruct                                | tions                   |                     | _        |  |
| The o          | orgai | •  |  | e it is. (For lines 1 thro   | •                     |   | -   |                    |                             |  |                         |                     |          |  |
| 1              | Ш     | A church, convention   | tion of churches or association of churches described in section 170(b)(1)(A)(i).  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
| 2              |       | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  |  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
| 3              | П     | A hospital or a coope  | hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
| 4              | П     | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's  |  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
|                |       | name, city, and state  | ame, city, and state.  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
| 5              |       | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)   |  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
| 6              | П     | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   |  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
| 7              |       | An organization that no in section 170(b)(1)(  | t normally receives a substantial part of its support from a governmental unit or from the general public described<br>I <b>XAXvi).</b> (Complete Part II )  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
| 8              | Ш     | A community trust de   | escribed in section 17   | <b>70(b)(1)(A)(vi).</b> (Comple  | te Part I             | I)  |   |                    |                             |  |                         |                     |          |  |
| 9              | X     | from activities related investment income a  | ganization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross trient income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 30, 1975 See section 509(a)(2). (Complete Part III) |  |                       |   |   |                    |                             |  |                         |                     |          |  |
| 10             |       | An organization orga   | inized and operated e  | xclusively to test for pu  | ıblıc safe            | ety See   | section   | n <b>509</b> (a)   | (4).                        |  |                         |                     |          |  |
| 11             |       | An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. |  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
|                |       | a Type I b   | Type II c  | Type III - Function  | nally inte            | egrated   |   | d 🔲 .              | Type III                    | - Non-f                                | unctionally             | ıntegrated          | d        |  |
| е              |       | By checking this box other than foundation is section 509(a)(2).   | , I certify that the organized and other that  | anization is not controll<br>an one or more publicly s   | ed direc<br>supported | tly or in<br>I organiz                                | directly<br>ations d  | by one<br>escribed | or more<br>I in secti       | disquali<br>on 509(a)                  | ified person<br>)(1) or | s                   |          |  |
| f              |       |  | eived a written determii   | nation from the IRS that i   | ıs a Type             | I, Type   | II or Typ   | e III sup          | porting                     | organızat                              | ion,                    | [                   |          |  |
| g              |       | Since August 17, 200   | 06, has the organizati   | on accepted any gift of  | r contrib             | ution fro   | om any  | of the fo          | ollowing                    | persons                                | ;?                      |                     |          |  |
| _              |       |  |  |  |                       |   |   |                    |                             |  | I                       | Yes No              | <u> </u> |  |
|                |       | (i) A person who obelow, the gove  | directly or indirectly co<br>erning body of the sup  | ontrols, either alone or opported organization?  | together              | with pe   | rsons d   | escribe            | d in (ii) i                 | and (III)                              | 11 g (i)                |                     |          |  |
|                |       | (ii) A family member   | er of a person describ   | oed in (i) above?  |                       |   |   |                    |                             |  | 11 g (ii)               |                     |          |  |
|                |       | (iii) A 35% controlle  | ed entity of a person of   | described in (i) or (ii) a   | bove?                 |   |   |                    |                             |  | 11 g (iii)              |                     | _        |  |
| h              |       | • •  | • •  | e supported organization   |                       |   |   |                    |                             |  | 119(11)                 |                     |          |  |
|                |       | (i) Name of supported organization   | (ii) EiN   | (iii) Type of organization<br>(described on lines 1 9<br>above or IRC section<br>(see instructions)) | organiz<br>column (i  | s the<br>ation in<br>) listed in<br>everning<br>ment? | (v) Did you notify<br>the organization in<br>column (i) of your<br>support? |                    | organiz<br>colui<br>organiz | Is the sation in min (i) ed in the S ? | (VII) Amount<br>sup     | of monetary<br>port | <i>,</i> |  |
|                |       |  |  |  | Yes                   | No  | Yes   | No                 | Yes                         | No                                     |                         |                     |          |  |
| (A)            |       |  |  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
| (B)            |       |  |  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
| <del>(-)</del> |       | -  |  |  | <del> </del>          |   |   | <del> </del>       | <del> </del>                |  |                         |                     | _        |  |
| (C)            |       |  |  |  |                       | ,   |   |                    |                             |  |                         |                     | _        |  |
| (D)            |       |  |  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
| (E)            |       |  |  |  |                       |   |   |                    |                             |  |                         |                     |          |  |
|                |       |  | ,  | * * * /  | ,                     | 75  | l .   | , 1 , ,,           |                             |  |                         |                     | _        |  |
| Total          |       |  |  | •  |                       |   | <u> </u>  |                    |                             | -                                      |                         |                     |          |  |

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sec   | tion A. Public Support   |  |  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |              |
|---|--|--|--|---|---|---------------------------------------|--------------|
| Cale<br>begi  | ndar year (or fiscal year<br>nning in) ►   | (a) 2009                               | <b>(b)</b> 2010                        | <b>(c)</b> 2011                             | <b>(d)</b> 2012                         | <b>(e)</b> 2013                       | (f) Total    |
| 1   | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')   |  |  |   |   |                                       |              |
| 2   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |  |  |   |   |                                       |              |
| 3   | The value of services or facilities furnished by a governmental unit to the organization without charge  |  |  |   |   |                                       |              |
| 4   | Total. Add lines 1 through 3   |  |  |   | -                                       |                                       |              |
| 5   | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  |  |  |   |   |                                       |              |
| 6   | <b>Public support.</b> Subtract line 5 from line 4   |  |  |   |   |                                       |              |
| Sec   | tion B. Total Support  |  |  |   |   |                                       |              |
| Cale<br>begi  | ndar year (or fiscal year<br>nning in) ►   | (a) 2009                               | <b>(b)</b> 2010                        | <b>(c)</b> 2011                             | <b>(d)</b> 2012                         | <b>(e)</b> 2013                       | (f) Total    |
| 7   | Amounts from line 4  |  |  |   |   |                                       |              |
| 8   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |  |  |   |   |                                       |              |
| 9   | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on  |  |  |   |   |                                       |              |
| 10  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |  |  |   |   |                                       |              |
| 11  | Total support. Add lines 7 through 10  |  |  |   |   |                                       |              |
| 12  | Gross receipts from related activ  | ities, etc (see ins                    | tructions)                             |   |   | 12                                    |              |
| 13  | First five years. If the Form 990 is organization, check this box and  | for the organization stop here         | n's first, second, th                  | ard, fourth, or fifth t                     | ax year as a section                    | on 501(c)(3)                          | ► 🗌          |
| Sec   | tion C. Computation of Pu  | blic Support P                         | ercentage                              |   |   |                                       |              |
| 14  | Public support percentage for 20   | 113 (line 6, columi                    | n (f) divided by lir                   | ne 11, column (f))                          |   | 14                                    | %            |
| 15  | Public support percentage from   | 2012 Schedule A,                       | Part II, line 14                       |   |   | 15                                    | %            |
| 16 a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization |  |  |  |   |   |                                       |              |
| b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |  |  |  |   |   |                                       |              |
| 17 a  | 17a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.   |  |  |   |   |                                       |              |
|   | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization meets and organization | meets the 'facts-a<br>d-circumstances' | and-circumstances<br>test The organiza | s' test, check this<br>ition qualifies as a | box and stop her<br>a publicly support  | e. Explain in Part<br>ed organization | IV how the ► |
| 18  | Private foundation. If the organi  | zation did not che                     | ck a box on line 1                     | 13, 16a, 16b, 17a,                          | or 17b, check thi                       | s box and see ins                     | structions   |

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

| Sec    | tion A. Public Support  |                        |                               |                      |   |                    |                     |
|--------|---|------------------------|-------------------------------|----------------------|---|--------------------|---------------------|
| Calend | lar year (or fiscal yr beginning in)                            | (a) 2009               | <b>(b)</b> 2010               | (c) 2011             | (d) 2012                                | (e) 2013           | (f) Total           |
| 1      | Gifts, grants, contributions and membership fees                |                        |                               |                      |   |                    |                     |
|        | received (Do not include  |                        | _                             |                      |   |                    |                     |
| _      | any 'unusùal grants ')  | 894,439.               | 892,367.                      | 905,701.             | 868,007.                                | 884,592.           | 4,445,106.          |
| 2      | Gross receipts from admis-                                      |                        |                               |                      |   |                    |                     |
|        | sions, merchandise sold or<br>services performed, or facilities |                        |                               |                      |   |                    |                     |
|        | furnished in any activity that is                               |                        |                               | İ                    |   |                    |                     |
|        | related to the organization's                                   |                        |                               |                      |   |                    |                     |
|        | tax-exempt purpose  | 2,957,590.             | 2,912,115.                    | 2,660,369.           | 2,854,441.                              | 2,888,666.         | 14,273,181.         |
| 3      | Gross receipts from activities                                  |                        | •                             |                      | +                                       |                    |                     |
|        | that are not an unrelated trade or business under section 513   |                        |                               |                      |   |                    | o.                  |
| Δ      | Tax revenues levied for the                                     |                        |                               |                      | <del> </del>                            |                    | 0.                  |
| 7      | organization's benefit and                                      |                        |                               |                      | ,                                       |                    |                     |
|        | either paid to or expended on                                   |                        |                               |                      |   |                    |                     |
| _      | its behalf<br>The value of services or                          |                        |                               |                      |   |                    | 0.                  |
| 5      | facilities furnished by a                                       |                        |                               |                      |   |                    |                     |
|        | governmental unit to the  |                        |                               |                      |   |                    | _                   |
|        | organization without charge                                     |                        |                               |                      |   |                    | 0.                  |
| 6      | Total. Add lines 1 through 5                                    | 3,852,029.             | 3,804,482.                    | 3,566,070.           | 3,722,448.                              | 3,773,258.         | 18,718,287.         |
| 7 a    | Amounts included on lines 1,                                    |                        |                               |                      |   |                    |                     |
|        | 2, and 3 received from disqualified persons                     | م ا                    | _                             | _                    | 0                                       | 0.                 | ۸ ا                 |
|        | ,   | 0.                     | 0.                            | 0.                   | 0.                                      | U.                 | 0.                  |
| D      | Amounts included on lines 2 and 3 received from other than      |                        |                               |                      |   |                    |                     |
|        | disqualified persons that                                       |                        |                               | İ                    |   |                    |                     |
|        | exceed the greater of \$5,000 or                                |                        |                               |                      |   |                    |                     |
|        | 1% of the amount on line 13 for the year                        | _                      | _                             | _                    | _                                       | 0.                 | ۸ .                 |
|        | •   | 0.                     | 0.                            | 0.                   | 0.                                      |                    | 0.                  |
| _      | Add lines 7a and 7b   | 0.                     | 0.                            | 0.                   | 0.                                      | 0.                 | 0.                  |
| 8      | <b>Public support</b> (Subtract line 7c from line 6.)           |                        |                               | (数字数55字为h)           |   |                    | 10 710 207          |
|        | <u> </u>  |                        | 1.4 #5.17.5 <b>3.38</b> + 416 | ( A 17 )             | 4 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 |                    | 18,718,287.         |
|        | tion B. Total Support   | ( ) 0000               | 4 > 0010                      | ( ) 0011             | 40.0010                                 | 4.20012            | (0.T.)              |
|        | dar year (or fiscal yr beginning in)                            | (a) 2009               | <b>(b)</b> 2010               | (c) 2011             | (d) 2012                                | <b>(e)</b> 2013    | (f) Total           |
| _      | Amounts from line 6   | 3,852,029.             | 3,804,482.                    | 3,566,070.           | 3,722,448.                              | 3,773,258.         | 18,718,287.         |
| 10 a   | Gross income from interest,                                     |                        |                               |                      |   |                    |                     |
|        | dividends, payments received on securities loans, rents,        |                        |                               |                      |   |                    |                     |
|        | royalties and income from                                       |                        |                               |                      |   | i                  |                     |
|        | similar sources   | 142.                   | 5,206.                        | 15,425.              | 19,675.                                 | 18,915.            | 59,363.             |
| b      | Unrelated business taxable income (less section 511             |                        |                               |                      |   |                    |                     |
|        | taxes) from businesses  |                        |                               |                      |   |                    |                     |
|        | acquired after June 30, 1975                                    |                        |                               |                      |   |                    | 0.                  |
| С      | Add lines 10a and 10b   | 142.                   | 5,206.                        | 15,425.              | 19,675.                                 | 18,915.            | 59,363.             |
| 11     | Net income from unrelated business                              |                        |                               |                      |   |                    |                     |
|        | activities not included in line 10b,                            |                        |                               |                      |   |                    |                     |
|        | whether or not the business is regularly carried on             |                        |                               |                      |   |                    | 0.                  |
| 12     | Other income. Do not include                                    |                        |                               |                      |   |                    | <u>ÿ.</u>           |
|        | dain or loss from the sale of                                   |                        |                               |                      |   |                    |                     |
|        | capital assets (Explain in Part IV) See Part IV                 | 11,628.                | 13,503.                       | 14,838.              | 12,797.                                 | 16,216.            | 68,982.             |
| 13     | Total Support. (Add Ins 9,10c, 11 and 12)                       | 3,863,799.             | 3,823,191.                    |                      |   |                    | 18,846,632.         |
| 14     | First five years. If the Form 990                               |                        | <del></del>                   |                      | <del></del>                             | <u> </u>           |                     |
| 14     | organization, check this box and                                | stop here              | auorra mat, secol             | ia, uma, iourui, 0   | inin iax year as                        | a section 301(c)(  | <b>→</b> □          |
| Sec    | tion C. Computation of Pu                                       | blic Support P         | ercentage                     |                      | <del>, _ , _ ,</del>                    |                    |                     |
| 15     | Public support percentage for 20                                |                        |                               | ne 13, column (fl)   |   | 15                 | 99.32 %             |
| 16     | Public support percentage from                                  | •                      | •                             | , (.,,               |   | 16                 | 99.40 %             |
|        |   |                        |                               |                      |   |                    | J J J J 4 U 0       |
|        | tion D. Computation of Inv                                      |                        |                               |                      | <b>'0</b> '                             | 1                  | 2 5 7 0             |
| 17     | Investment income percentage f                                  | -                      |                               | •                    | ımn (f))                                | 17                 | 0.31 %              |
| 18     | Investment income percentage f                                  | rom <b>2012</b> Schedu | le A, Part III, line          | 17                   |   | 18                 | 0.23 %              |
| 19 a   | 33-1/3% support tests - 2013.                                   | the organization       | did not check the             | box on line 14, a    | and line 15 is more                     | e than 33-1/3%, a  | ind line 17         |
|        | is not more than 33-1/3%, check                                 | this box and sto       | <b>p here.</b> The orgar      | nization qualifies a | as a publicly supp                      | orted organization | ר <b>►</b> <u>X</u> |
| b      | 33-1/3% support tests - 2012. It                                | the organization       | did not check a b             | ox on line 14 or l   | ine 19a, and line                       | 16 is more than 3  | 3-1/3%, and         |
|        | line 18 is not more than 33-1/3%                                | •                      | •                             | •                    | •                                       |                    | inization [         |
| 20     | Private foundation. If the organi                               | zation did not che     | ck a box on line              | 14, 19a, or 19b, c   | heck this box and                       | see instructions.  | <b>&gt;</b>         |
| RΛΛ    |   |                        | TEEADAD31                     | 06/20/13             | 9                                       | hadula A (Form 90  | 00 or 000 E7) 2012  |

| Schedule A  | (Form 990 or 990-EZ) 2                             | 2013 Ten    | nessee S                | secondary                    | Schoo <u>l</u>             | Athletic                  | 62-0555481                              | Page 4  |
|-------------|--|-------------|-------------------------|------------------------------|----------------------------|---------------------------|---|---------|
| Part IV     | Supplemental In or 17b; and Part (See Instructions | formation.  | Provide th<br>Also comp | e explanati<br>plete this pa | ions requil<br>art for any | red by Part<br>additional | II, line 10; Part II, line information. | 17a     |
|             |  |             |                         |                              |                            |                           |   |         |
|             |  |             |                         |                              |                            |                           |   |         |
|             |  |             |                         |                              |                            |                           |   |         |
|             |  |             |                         |                              |                            |                           | <del></del>                             | <b></b> |
|             |  | . <b></b>   |                         |                              |                            |                           |   |         |
|             |  | . <b>-</b>  |                         |                              |                            |                           |   |         |
|             |  |             |                         |                              |                            |                           | <b> </b>                                |         |
|             |  | . <b></b>   |                         |                              |                            |                           |   |         |
|             |  |             |                         |                              | - <del>-</del>             |                           |   |         |
|             |  | . – – – – - |                         |                              |                            |                           | . <b></b>                               |         |
|             |  |             |                         |                              |                            |                           |   |         |
|             |  |             |                         |                              |                            |                           |   |         |
|             |  |             |                         |                              | <b>-</b>                   |                           |   |         |
|             |  |             |                         |                              |                            |                           |   |         |
|             |  |             |                         |                              |                            | <del>-</del> -            |   |         |
|             |  |             |                         |                              |                            |                           |   | <b></b> |
|             |  |             |                         |                              |                            |                           | . <b></b>                               |         |
|             |  |             |                         | <b></b>                      |                            |                           | ·                                       |         |
|             |  | · <b></b>   |                         |                              | <b>-</b>                   | <b>-</b> -                |   |         |
|             |  | <b>-</b>    |                         |                              |                            |                           |   |         |
| <del></del> |  |             | - <b></b>               | <del>-</del>                 | - <b></b> -                | <b></b>                   |   |         |

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

#### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

(6)

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete. Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

| • ,   | 3ection 301(c)(4), (3), or (6) 0   | rganizations. Complete Fart III   |                            |  |  |  |  |
|-------|--|---|----------------------------|--|--|--|--|
| ivame | of organization  |   |                            | Employer identifica  | ntion number   |  |  |
|       | nnessee Secondary S  |   |                            | 62-055548  |  |  |  |
| Pa    | Complete if the o  | rganization is exempt under section   | on <b>501(c)</b> or is a s | section 527 organiz  | zation.  |  |  |
| 1     | Provide a description of the   | organization's direct and indirect political o  | ampaign activities in      | Part IV  |  |  |  |
| 2     | Political expenditures   |   |                            | \$   | <b>•</b>   |  |  |
|       | Volunteer hours  |   |                            |  |  |  |  |
| Pa    | rt I B Complete if the o   | rganization is exempt under section   | on 501(c)(3).              |  |  |  |  |
| 1     | Enter the amount of any exc  | ise tax incurred by the organization under  | section 4955               | ▶\$  | 0.   |  |  |
| 2     | Enter the amount of any exc  | cise tax incurred by organization managers  | under section 4955         | ►\$  | 0.   |  |  |
| 3     | If the organization incurred a   | a section 4955 tax, did it file Form 4720 for   | this year?                 |  | Yes No   |  |  |
| 4 :   | a Was a correction made?   |   |                            |  | ∏Yes ∏No   |  |  |
| 1     | b If 'Yes,' describe in Part IV.   |   |                            |  |  |  |  |
| Pai   | ttl-G≝ Complete if the o   | rganization is exempt under section   | on 501(c), excep           | t section 501(c)(3).   |  |  |  |
|       |  | pended by the filing organization for section   |                            |  | <del></del>  |  |  |
| 2     | Enter the amount of the filing of function activities  | organization's funds contributed to other organ   | izations for section 52    | 7 exempt ►\$   |  |  |  |
| 3     | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b |   |                            |  |  |  |  |
| 4     | Did the filing organization file   | e Form 1120-POL for this year?  |                            |  | Yes No   |  |  |
| 5     | organization made payments<br>amount of political contribution                                   | and employer identification number (EIN) s. For each organization listed, enter the arist received that were promptly and directly delal action committee (PAC). If additional span | mount paid from the f      | iling organization's fund<br>ditical organization, such                  | ls. Also enter the   |  |  |
|       | (a) Name   | (b) Address   | (c) EIN                    | (d) Amount paid from filing<br>organization's funds. If<br>none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter 0 |  |  |
| (1)   |  |   |                            |  |  |  |  |
| (2)   |  |   |                            |  |  |  |  |
| (3)   |  |   |                            |  |  |  |  |
| (4)   |  |   |                            |  |  |  |  |
| (5)   |  |   |                            |  |  |  |  |
|       |  |   |                            |  | -  |  |  |

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

Schedule C (Form 990 or 990-EZ) 2013

|  | ••   |  |                                 |  |  |
|--|--|--|---------------------------------|--|--|
| Part II-A Complete if section 501(                                   | the organization i                         | condary School is exempt under se  | Athletic<br>ction 501(c)(3) and | 62-055<br>d filed Form <b>5768 (e</b>    |  |
|  | · · · · · · · · · · · · · · · · · · ·      | o an affiliated group (and   | Llist in Part IV each affil     | rated group member's nam                 |  |
|  | • •  | hare of excess lobbying  |                                 | iated group member 3 han                 | .с,                                      |
|  | ·  |  |                                 |  |  |
| B Check ► ☐ If the filli   | ng organization checke                     | ed box A and 'limited co   | iltroi provisions apply         |  |  |
| (The term  | Limits on Lobbying<br>'expenditures' means | Expenditures<br>amounts paid or incur  | red.)                           | (a) Filing organization's totals         | (b) Affiliated group totals              |
| 1 a Total lobbying expenditi   | ures to influence public                   | opinion (grass roots lo  | bbying)                         |  |  |
| <b>b</b> Total lobbying expendition                                  | ures to influence a leg                    | slative body (direct lobb  | ying)                           |  |  |
| c Total lobbying expendition   | ures (add lines 1a and                     | 1b).   |                                 |  |  |
| d Other exempt purpose of  |  | •  |                                 |  |  |
| e Total exempt purpose e   | •  | 1c and 1d)   |                                 |  |  |
| f Lobbying nontaxable an   | ,  | •  | ole in                          |  |  |
| If the amount on line 1e, col  | lumn (a) or (h) is Th                      | e lobbying nontaxable  | amount is                       | 90 A 2 8 X 8 2 3 3 3 3                   | 1. 1.少共产品的建筑成革通                          |
| Not over \$500,000   | · <del></del>                              | % of the amount on line 1e   | umount is.                      |  |  |
| Over \$500,000 but not over \$1                                      |  | 00,000 plus 15% of the excess  | over \$500,000                  |  |  |
| Over \$1,000,000 but not over \$1                                    | · · · · · · · · · · · · · · · · · · ·      | 75,000 plus 10% of the excess  |                                 |  |  |
|  | · · · · · · · · · · · · · · · · · · ·      | <del></del>  |                                 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1    |  |
| Over \$1,500,000 but not over \$17,000,000                           |  | 25,000 plus 5% of the excess   | over \$1,500,000                | · 公司 · · · · · · · · · · · · · · · · · · |  |
| Over \$17,000,000  | 1  | 000,000  |                                 | an che din la March                      | \$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| <b>g</b> Grassroots nontaxable                                       |  |  |                                 |  |  |
| h Subtract line 1g from lin  |  |  |                                 |  | <u> </u>                                 |
| i Subtract line 1f from lin  | ne 1c If zero or less, e                   | nter -0-   |                                 |  |  |
| j If there is an amount othe<br>section 4911 tax for this            |  | e 1h or line 1i, did the org   | ganization file Form 4726       | ) reporting                              | Yes No                                   |
| (Som   | ne organizations that n                    | Year Averaging Period (<br>nade a section 501(h) e<br>pelow. See the instructi | lection do not have to          |  |  |
|  | Lobbyir                                    | ng Expenditures During   | 4-Year Averaging Per            | iod                                      |  |
| Calendar year (or fiscal year beginning in)                          | (a) 2010                                   | <b>(b)</b> 2011  | <b>(c)</b> 2012                 | ( <b>d</b> ) 2013                        | (e) Total                                |
| 2 a Lobbying non-taxable amount                                      |  |  |                                 |  |  |
| <b>b</b> Lobbying ceiling<br>amount (150% of line<br>2a, column (e)) |  |  |                                 |  |  |
| c Total lobbying expenditures  |  |  |                                 |  |  |
| d Grassroots nontaxable<br>amount                                    |  |  |                                 |  |  |

BAA

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

… %

4, 1

Schedule C (Form 990 or 990-EZ) 2013

\* . 4 \* \* \* \*\* \*

9 4 3 4 9 5

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| Schedule C (Form 990 or 990-EZ) 2013 Tennessee Secondary School Athletic   |                                       |             | 55481                  |            | Page 3  |
|--|---------------------------------------|-------------|------------------------|------------|---------|
| Partill-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).   | T filed                               | For         | m 5768                 |            |         |
| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description  | (8                                    | 3)          |                        | (b)        |         |
| of the lobbying activity   | Yes                                   | No          | Ar                     | nount      | •       |
| See Part IV 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 51          |                        |            |         |
| a Volunteers?  | <u> </u>                              | Х           | 20                     |            | . /     |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  | <u> </u>                              | X           | 2                      |            | ·       |
| c Media advertisements?  |                                       | Х           |                        |            |         |
| d Mailings to members, legislators, or the public?   |                                       | X           |                        |            |         |
| e Publications, or published or broadcast statements?  |                                       | Х           |                        |            |         |
| f Grants to other organizations for lobbying purposes?   | ļ                                     | X           |                        |            |         |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |                                       | Х           |                        |            |         |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                                       | Х           |                        |            |         |
| i Other activities?  | X                                     |             |                        | 50,        | 300.    |
| j Total. Add lines 1c through 1i   |                                       | 1326        |                        | 50,        | 300.    |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |                                       | X           | 78/4                   | <b>*</b> , | : - 3/2 |
| <b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912   |                                       |             |                        |            |         |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912   | 9                                     | <b>**</b>   |                        |            |         |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                                       |             |                        | W.         |         |
| Rantill-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).   | l(c)(5)                               | , or        |                        |            |         |
|  |                                       |             |                        | Yes        | s No    |
| 1 Were substantially all (90% or more) dues received nondeductible by members?   |                                       |             | 1                      |            |         |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                                       |             | 2                      |            |         |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  |                                       |             | 3                      | 1          | 1       |
| Part III: B <sup>2</sup> Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.'  | (c)(5)<br>Part li                     | ors<br>I-A, | ection 5<br>line 3, is | 01(c       | )       |
| 1 Dues, assessments and similar amounts from members   |                                       | 1           |                        |            |         |
| <ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> </ul>                                       |                                       | 2 a         |                        |            |         |
| b Carryover from last year .   |                                       | 2 b         |                        |            |         |
| c Total  |                                       | 2 c         | <b></b>                |            |         |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                                       | 3           |                        |            |         |
| 3 Aggregate amount reported in section 6035(e)(1)(A) notices of nondeductible section 102(e) dues  |                                       | <b>文學等</b>  |                        |            |         |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? |                                       | 4           |                        |            |         |
| 5 Taxable amount of lobbying and political expenditures (see instructions)   |                                       | 5           |                        |            |         |
| Part IV Supplemental Information   |                                       |             |                        |            |         |
| Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group Part II-B, line 1 Also, complete this part for any additional information.   | up list),                             | Part        | II-A, line 2           | , and      |         |
| Part II-B - Description of Lobbying Activity   | . <b>_</b>                            |             |                        |            |         |
| Professional fees paid to monitor legislative activity.  |                                       |             |                        | <b></b> .  |         |
|  |                                       |             |                        | <b></b>    |         |

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

| Name | of the organization   |  |  | Employer identification number                                      |  |  |  |
|------|---|--|--|---|--|--|--|
|      | Tennessee Secondary School Athletic Association 62-0555481  |  |  |   |  |  |  |
|      | Organizations Maintaining Dono  | r Advised Funds or Oth   | er Similar Funds o                                       |   |  |  |  |
|      | Complete if the organization answ   | wered 'Yes' to Form 990  | , Part IV, line 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 dor are the organization's property, subject to the  | nor advisors in writing that the organization's exclusive legal      | assets held in donor accontrol?                          | dvised funds Yes No   |  |  |  |
| 6    | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?                                     | rs, and donor advisors in writi<br>of the donor or donor advisor     | ng that grant funds can<br>r, or for any other purpo     | be used only se conferring Yes No                                   |  |  |  |
| Pai  | Conservation Easements. Complete if the organization ansi   | wered 'Yes' to Form 990  | , Part IV, line 7.                                       |   |  |  |  |
| 1    |   |  |  |   |  |  |  |
|      | Preservation of land for public use (e.g., re   | ecreation or education)  | Preservation of an h                                     | nistorically important land area                                    |  |  |  |
|      | Protection of natural habitat   |  | Preservation of a ce                                     | rtified historic structure  |  |  |  |
|      | Preservation of open space  |  | _  |   |  |  |  |
| 2    | Complete lines 2a through 2d if the organization hast day of the tax year.  | neld a qualified conservation cor                                    | itribution in the form of a                              |   |  |  |  |
|      | T   |  |  | Held at the End of the Tax Year                                     |  |  |  |
|      | a Total number of conservation easements  |  |  | 2a  |  |  |  |
|      | b Total acreage restricted by conservation easer  |  | <b>⊢-</b>  | 2 b   |  |  |  |
|      | c Number of conservation easements on a certif  |  | ``   | 2c  |  |  |  |
|      | d Number of conservation easements included in<br>structure listed in the National Register   | ,  |  | 2 d   |  |  |  |
| 3    | Number of conservation easements modified, trantax year ►   | sferred, released, extinguished,                                     | or terminated by the orga                                | anization during the  |  |  |  |
| 4    | Number of states where property subject to conse  | rvation easement is located 🟲  |  |   |  |  |  |
| 5    | Does the organization have a written policy regard enforcement of the conservation easement   |  | g, inspection, handling                                  | of violations, Yes No   |  |  |  |
| 6    | Staff and volunteer hours devoted to monitoring, i  | nspecting, and enforcing conser                                      | vation easements during                                  | the year  |  |  |  |
| 7    | Amount of expenses incurred in monitoring, insper ▶\$   | cting, and enforcing conservation                                    | on easements during the y                                | year  |  |  |  |
| 8    | Does each conservation easement reported on and section 170(h)(4)(B)(ii)?   | line 2(d) above satisfy the re                                       | equirements of section 1                                 | 70(h)(4)(B)(ı) Yes No   |  |  |  |
| 9    | In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to   | conservation easements in its to the organization's financial        | revenue and expense stat<br>statements that describe     | tement, and balance sheet, and es the organization's accounting for |  |  |  |
| Pai  | conservation easements  Type Organizations Maintaining Colle  | ctions of Art, Historical  | Treasures, or Othe                                       | er Similar Assets.  |  |  |  |
|      | Complete if the organization answ   | wered Yes to Form 990  | , Part IV, line 8.                                       |   |  |  |  |
| 1 a  | a If the organization elected, as permitted under<br>art, historical treasures, or other similar assets he<br>in Part XIII, the text of the footnote to its finan | ld for public exhibition, education                                  | n, or research in furtherar                              | atement and balance sheet works of nce of public service, provide,  |  |  |  |
| i    | If the organization elected, as permitted under<br>historical treasures, or other similar assets held for<br>following amounts relating to these items            | SFAS 116 (ASC 958), to report public exhibition, education, o        | ort in its revenue statem<br>r research in furtherance ( | nent and balance sheet works of art, of public service, provide the |  |  |  |
|      | (i) Revenues included in Form 990, Part VIII,   | line 1   |  | <b>►</b> \$   |  |  |  |
|      | (ii) Assets included in Form 990, Part X  |  |  | <b>►</b> \$   |  |  |  |
| 2    | If the organization received or held works of art, hamounts required to be reported under SFAS  | istorical treasures, or other simi<br>116 (ASC 958) relating to thes | lar assets for financial gase items                      | nn, provide the following   |  |  |  |
| ā    | a Revenues included in Form 990, Part VIII, line  |  |  | <b>►</b> \$   |  |  |  |
| t    | Assets included in Form 990, Part X   |  |  | <b>►</b> \$   |  |  |  |

| Schedule D (Form 990) 2013 Tenno  | <u>essee Secc</u>                     | ondary School                                 | Athletic   | 62-055                      |                           | Page 2 |
|---|---------------------------------------|---|--|-----------------------------|---------------------------|--------|
| Part III Organizations Mainta   | ining Collec                          | tions of Art, Hist                            | orical Treasures, o                                      | r Other Similar Ass         | ets (continue             | d)     |
| 3 Using the organization's acquisition items (check all that apply).                                  | i, accession, and                     | d other records, check                        | any of the following that a                              | re a significant use of its | collection                |        |
| a Public exhibition   |                                       | <b>d</b> Loan                                 | or exchange programs                                     |                             |                           |        |
| <b>b</b> Scholarly research   |                                       | e 💹 Othe                                      | r  |                             |                           |        |
| c Preservation for future gener   | rations                               |   |  |                             |                           |        |
| 4 Provide a description of the organia<br>Part XIII   |                                       | •   | ,  | ,                           |                           |        |
| 5 During the year, did the organiza<br>to be sold to raise funds rather the                           | ation solicit or re<br>han to be main | eceive donations of a tained as part of the c | rt, historical treasures, o<br>organization's collection | or other similar assets     | Yes                       | No     |
| Part IV Escrow and Custodia line 9, or reported an  | I Arrangeme<br>amount on f            | ents. Complete if<br>orm 990, Part X          | the organization ar<br>, line 21.                        | swered 'Yes' to For         | m 990, Part I             | V,     |
| 1 a Is the organization an agent, true on Form 990, Part X?   | stee, custodian                       | , or other intermedian                        | y for contributions or oth                               | ner assets not included     | Yes                       | No     |
| <b>b</b> If 'Yes,' explain the arrangement  | in Part XIII an                       | d complete the follow                         | ing table.   |                             | Amount                    |        |
| c Beginning balance   |                                       |   |  | 10                          | Amount                    |        |
| d Additions during the year   |                                       |   |  | 1 c                         |                           |        |
| e Distributions during the year   |                                       |   |  | 1 e                         |                           |        |
| f Ending balance  |                                       |   |  | 16                          |                           |        |
| 2a Did the organization include an a  | amount on Forn                        | n 990 Part X line 21                          | 7  |                             | Yes                       | No     |
| <b>b</b> If 'Yes,' explain the arrangement  |                                       |   |  | i ın Part XIII              |                           |        |
| Part V Endowment Funds. C   | omplete if the                        | ne organization a                             | nswered 'Yes' to Fo                                      | orm 990, Part IV, Im        | ie 10.                    |        |
|   | (a) Current y                         | ear (b) Prior ye                              | ar (c) Two years bac                                     | k (d) Three years back      | (e) Four years b          | oack   |
| 1 a Beginning of year balance.  |                                       |   |  |                             |                           |        |
| <b>b</b> Contributions  |                                       |   |  |                             |                           |        |
| c Net investment earnings, gains, and losses  |                                       |   |  |                             |                           |        |
| d Grants or scholarships  |                                       |   |  |                             |                           |        |
| <ul> <li>Other expenditures for facilities<br/>and programs</li> </ul>                                |                                       |   |  |                             |                           |        |
| f Administrative expenses   |                                       |   |  |                             |                           |        |
| <b>g</b> End of year balance  |                                       |   |  |                             |                           |        |
| <ol><li>Provide the estimated percentage</li></ol>  | e of the current                      | year end balance (lii                         | ne 1g, column (a)) held                                  | as:                         |                           |        |
| a Board designated or quasi-endowm  | ient ►                                | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~        |  |                             |                           |        |
| <b>b</b> Permanent endowment ▶  |                                       |   |  |                             |                           |        |
| c Temporarily restricted endowmer   | nt ►                                  | %   |  |                             |                           |        |
| The percentages in lines 2a, 2b,  | and 2c should                         | equal 100%.                                   |  |                             |                           |        |
| 3 a Are there endowment funds not in  | the possession c                      | of the organization that                      | are held and administered                                | d for the                   | LV.                       | A1-    |
| organization by: (i) unrelated organizations  |                                       |   |  |                             |                           | No     |
| (ii) related organizations  |                                       |   |  |                             | 3a(i)                     |        |
| •   | orannizationa lu                      | stad on ransurad on C                         | abadula D2   |                             | 3a(ii)                    |        |
| <ul><li>b If 'Yes' to 3a(ii), are the related of</li><li>Describe in Part XIII the intended</li></ul> | •                                     | •   |  |                             | 3b                        |        |
|   |                                       | gariization's endowin                         | ent lunus  |                             | <del></del>               |        |
| Part VI Land, Buildings, and Complete if the organi   |                                       | ered 'Yes' to For                             | m 990. Part IV. line                                     | 11a. See Form 990           | ). Part X. line           | 10.    |
| Description of property   |                                       | a) Cost or other basis                        |  | (c) Accumulated             | (d) Book value            |        |
|   |                                       | (investment)                                  | basis (other)  | depreciation                | (d) Book Value            |        |
| 1 a Land  | _                                     |   | 35,576.  |                             | 35,5                      | 76.    |
| <b>b</b> Buildings  | L                                     |   | 661,138.   | 418,789.                    | 242,3                     | 149.   |
| c Leasehold improvements  | L                                     |   |  |                             |                           |        |
| <b>d</b> Equipment  |                                       |   | 178,278.   | 37,995.                     | 140,2                     | 83.    |
| e Other .   |                                       |   | 514,299.   | 378,342.                    | 135,9                     |        |
| Total. Add lines 1a through 1e. (Colum  | ın (d) must equ                       | al Form 990, Part X,                          | column (B), line 10(c))                                  | •                           | 554,1                     |        |
| BAA   |                                       |   |  | Schedu                      | ule <b>D</b> (Form 990) 2 |        |

Schedule **D** (Form 990) 2013

| Part VII Investments - Other Securities.                                       |                   | N/A  |                         |
|--|-------------------|--|-------------------------|
| Complete if the organization answered  |                   | 1  |                         |
| (a) Description of security or category (including name of security)           | (b) Book value    | (c) Method of valuation Cost or end-               | of-year market value    |
| (1) Financial derivatives  |                   |  |                         |
| (2) Closely-held equity interests  |                   |  |                         |
| (3) Other  |                   |  |                         |
| (A)<br>(B)   |                   |  |                         |
| (C)  |                   |  |                         |
| (D)  |                   |  |                         |
| (E)  |                   |  |                         |
| (F)  |                   |  |                         |
| (G)  |                   |  |                         |
| (H)  |                   |  |                         |
| (1)  |                   |  |                         |
| Total (Column (b) must equal Form 990, Part X, column (B) line 12)             |                   | 17、黄州市、李明在一部港上下了                                   |                         |
| Part VIII Investments — Program Related. Complete if the organization answered | 'Vas' to Form 990 | N/A  | 00 Part V Juno 13       |
| (a) Description of investment type   | (b) Book value    | (c) Method of valuation. Cost or end               | of year market value    |
| (1)  | (L) Doon value    | (c) meaned or raination does or one                | or your marrier raise   |
| (2)  |                   |  |                         |
| (3)  |                   |  |                         |
| (4)  |                   |  |                         |
| (5)  |                   |  |                         |
| (6)  |                   |  |                         |
| (7)  |                   |  |                         |
| (8)  |                   |  |                         |
| (9)  |                   |  |                         |
| (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)        |                   |  | g : **                  |
| Part IX. Other Assets.   | N/A               |  |                         |
| Complete if the organization answered  | 'Yes' to Form 990 | , Part IV, line 11d. See Form 9                    |                         |
| <del></del>  | scription         |  | (b) Book value          |
| <u>(1)</u><br><u>(2)</u>   |                   |  |                         |
| (3)  |                   | ·  |                         |
| (4)  |                   |  |                         |
| (5)  |                   |  |                         |
| (6)  |                   |  |                         |
| (7)  |                   |  |                         |
| (8)  | -                 |  |                         |
| (10)   |                   |  |                         |
| Total. (Column (b) must equal Form 990, Part X, column (b)                     | 3), line 15.)     | <b>•</b>   |                         |
| Part X Other Liabilities.  |                   |  | l                       |
| Complete if the organization answered 'Yes' to Fo                              |                   | e or 11f. See Form 990, Part X, line 25            | ····                    |
| (a) Description of liability (1) Federal income taxes                          | (b) Book value    |  |                         |
| (2)  |                   |  |                         |
| (3)  |                   |  | ,•                      |
| (4)  |                   |  |                         |
|  |                   |  |                         |
| (5)  |                   |  |                         |
| (6)  |                   |  |                         |
| (6)<br>(7)   |                   |  |                         |
| (6)<br>(7)<br>(8)  |                   |  |                         |
| (6)<br>(7)<br>(8)<br>(9)   |                   |  |                         |
| (6)<br>(7)<br>(8)<br>(9)<br>(10)   |                   |  |                         |
| (6)<br>(7)<br>(8)<br>(9)<br>(10)<br>(11)                                       |                   |  |                         |
| (6)<br>(7)<br>(8)<br>(9)<br>(10)   |                   | nancial statements that reports the organization's | liability for uncertain |

| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrestituted gains on investments b Donaled services and use of facilities c Recoveries of prior year grants 2 c 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d  | Complete if the organization answered 'Yes' to Form 990                              | •                                 | eturn.   |                   |
|--|--|-----------------------------------|----------|-------------------|
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrestituted gains on investments b Donaled services and use of facilities c Recoveries of prior year grants 2 c 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d  | 1 Total revenue, gains, and other support per audited financial statements           |                                   | 1        | 3,670,612.        |
| b Donaled services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 3,670,612  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 17b b Other (Describe in Part XIII) c Add lines 4 and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part IV, line 18  2 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part IV, line 18  2 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part IV, line 18  4 Amounts included on Form 990, Part IX, line 25 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, Also complete this part to provide any additional information.   | 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12                 |                                   |          |                   |
| Recoveries of prior year grants d Other (Describe in Part XII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements With Expenses per Return.  Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements With Expenses per Return.  Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  1 Total expenses and use of facilities b Prior year adjustments c Other (Describe in Part XIII) 2 a losse and use of facilities b Prior year adjustments 2 b Prior year adjustments 2 c c c c c c c c c c c c c c c c c c c   | a Net unrealized gains on investments  | 2 a                               |          |                   |
| d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) See Part XIIII c Add lines 3 and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments 2 Ciber losses 2 Cc d Other (Describe in Part XIII) e Add lines 2a through 2d 3 3,360,128 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part XIII, line 7b 4 Other (Describe in Part XIII) C Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII; Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part  | <b>b</b> Donated services and use of facilities                                      | 2 b                               | 1        |                   |
| e Add lines 2a librough 2d 3 Subtract line Ze from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 5 Fotal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Phror year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses on included on Form 990, Part IXII, line 7b b Other (Describe in Part XIII) 5 See Part XIIII 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  Part XIII Supplemental Information.   | c Recoveries of prior year grants  | 2 c                               | 1        |                   |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) See Part XIIII 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 6 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 7 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered Yes's to Form 990, Part IV, line 12a. 7 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments c Other losses 2 c d Other (Describe in Part XIII) e Add lines 2a through 2d 3 3,360,128 4 a linestment expenses not included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part XIII 4 A mounts included on Form 990, Part XIII 4 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Part XIII 1 A linestment expenses not included on Form 990, Pa | d Other (Describe in Part XIII )   | 2 d                               | 1 1      |                   |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) See Part XIII 4b 137, 777, 4c  | e Add lines 2a through 2d  |                                   | 2 e      |                   |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII in Pb b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part XIII a line 25 b Uther (Describe in Part XIII) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII 1 Supplemental Information.  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  | 3 Subtract line 2e from line 1   |                                   | 3        | 3,670,612.        |
| b Other (Describe in Part XIII) See Part XIII  c Add Imes 4a and 4b  137,777  5 10al revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 12)  5 3,808,389  Part XIII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25.  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1.  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII)  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.   | 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:               | 1 1                               | 1 3%     |                   |
| c Add lines 4s and 4b  5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Inne 12).  Complete if the organization answered "Yes" to Form 990, Part IV, Inne 12a.  1 Total expenses and losses per audited financial Statements With Expenses per Return.  Complete if the organization answered "Yes" to Form 990, Part IV, Inne 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, Inne 25. a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, Inne 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, Inne 7b b Other (Describe in Part XIII) See Part X XIII c Add lines 4s and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Inne 18)  For You'de the descriptions required for Part II, Innes 3, 5, and 9, Part III, Innes 1a and 4, Part IV, Innes 1b and 2b, Part V, Inne 4, Part X, Inne 2, Part XI, Innes 2d and 4b, Also complete this part to provide any additional information.  |  | 4 a                               | 7 - 5    |                   |
| c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) 5 Total expenses per Return.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e 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. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) C Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, Also complete this part to provide any additional information.   | <b>b</b> Other (Describe in Part XIII) See Part XIII                                 | 4b 137,777.                       | 1/''/ [  |                   |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5 3, 808, 389  Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line I but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 3, 497, 905  Part XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  | c Add lines 4a and 4b  |                                   | 4 c      | 137,777.          |
| Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.    Total expenses and losses per audited financial statements   1   3,360,128  | 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line          | 12.)                              | 5        | 3,808,389.        |
| Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part XIII b Other (Describe in Part XIII) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XII, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  | Part XII Reconciliation of Expenses per Audited Financial State                      | ments With Expenses per           | Return   |                   |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3,360,128  4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) See Part XIII c Add lines 4a and 4b 5 137,777 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 3,497,905  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3,5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, ine 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  | · · · · · · · · · · · · · · · · · · ·  | •                                 |          |                   |
| a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) See Part XIII 5 Total expenses Add lines 3 and 4b. 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 3,497,905  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  | 1 Total expenses and losses per audited financial statements                         |                                   | 1        | 3,360,128.        |
| b Prior year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a investment expenses not included on Form 990, Part XIII   | 2 Amounts included on line 1 but not on Form 990, Part IX, line 25.                  |                                   |          |                   |
| c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d.  3 Subtract line 2e from line 1 3 3,360,128  4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 7 Total expenses required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.   | a Donated services and use of facilities   | 2 a                               | ]        |                   |
| d Other (Describe in Part XIII ) e Add lines 2a through 2d.  3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.   | <b>b</b> Prior year adjustments  | 2 b                               |          |                   |
| e Add lines 2a through 2d.  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) See Part XIII c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, ine 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.   | c Other losses   | 2 c                               | ] .      |                   |
| 3 3,360,128  4 Arrounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) See Part XIII c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18)  Provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.   | d Other (Describe in Part XIII)  | 2 d                               | <u> </u> |                   |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) See Part XIII c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 3, 497, 905 Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, ine 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.   | e Add lines 2a through 2d.   |                                   | 2 e      |                   |
| a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) See Part XIII c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 3,497,905  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  | 3 Subtract line 2e from line 1   |                                   | 3        | 3,360,128.        |
| b Other (Describe in Part XIII) See Part XIII  c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  5 3, 497, 905  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  |  |                                   | 3,42     |                   |
| c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 3, 497, 905  Part: XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  | 0 · · D - · · · · · · · · · · · · · · · ·  |                                   |          |                   |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.   |  | 4b 137,777.                       | المنينسا |                   |
| Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.   |  | 10.                               |          | 137,777.          |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, ine 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.   |  | 18)                               | 5        | 3,497,905.        |
| ine 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.   |  |                                   |          |                   |
|  | ine 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also | complete this part to provide any |          | al information.   |
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# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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OMB No 1545 0047



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

Employer identification number

62-0555481

Tennessee Secondary School Athletic Name of the organization 1 Does the org the selection

| N C   | <u>!</u>   |   |
|---|--|---|
| X   | }<br><b>:</b>  | Yes' to   |
| the grants or assistance, and   | See Part IV  | Complete if the organization answered   |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | खेसी॥ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to |

| Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | for any recipient        | that received m               | טום וומון שט,טטט. ר      |                                   | מנכם וו ממפונוסוומ  | shace is liceach                       | •                                  |
|--|--------------------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| 1 (a) Name and address of organization or government   | (b) EIN                  | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non cash assistance | (h) Purpose of grant or assistance |
| (1)  |                          |                               |                          |                                   |   |  |                                    |
|  |                          |                               |                          |                                   |   |  |                                    |
| (2)  |                          |                               |                          |                                   |   |  |                                    |
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| (4)  |                          |                               |                          |                                   |   |  |                                    |
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| (8)  |                          |                               |                          |                                   |   |  |                                    |
|  |                          |                               |                          |                                   |   |  |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table                                      | (3) and government or    | rganizations listed in        | the line 1 table         |                                   |   | <b>A</b>                               | 0                                  |
| 3 Enter total number of other organizations listed in the line 1 table   | tions listed in the line | 1 table                       |                          |                                   |   | •                                      | 0                                  |
| BAA For Paperwork Reduction Act Notice, see the Instructions for Form  | e, see the Instruction   | s for Form 990.               |                          | TEEA3901L 07/12/13                | 07/12/13  | Schedule                               | Schedule I (Form 990) (2013)       |

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Page 2 Schedule I (Form 990) (2013) Tennessee Secondary School Athletic

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| nt of (e) Method of valuation (book, sistance FMV, appraisal, other) |                          |   |   |   |   |   |   | Part III, column (b), and any other additional information.                           |  | ecific  | idemic institutions   |   |             | 1                                     |      |  |
|--|--------------------------|---|---|---|---|---|---|---|--|---|---|---|-------------|---------------------------------------|------|--|
| (d) Amount of non-cash assistance                                    |                          |   |   |   |   |   |   | I, line 2, Parl   | 1 1 1 1 1 1  | eeting spe  | ective aca  | 1 1   | ;<br>;<br>; | <br>                                  | <br> |  |
| (c) Amount of cash grant   | 27,000.                  |   |   |   |   |   |   | n required in Part I  | s.Funds.in U.S.  | ent_athletes me   | rectly to respe   |   |             | <br>                                  |      |  |
| (b) Number of recipients   | 27                       |   |   |   |   |   |   | ride the information  | ring <u>Use of Grant</u>   | <u>ndividual_stud</u>   | ed_are_sent_di  | dents'_tuition                              |             |                                       |      |  |
| (a) Type of grant or assistance                                      | 1 Education Scholarships | 2 | က | 4 | 5 | 9 | 7 | Part IV Supplemental Information. Provide the information required in Part I, line 2, | Part J, Ling 2 - Procedures for Monitoring Use of Grants Funds in U.S. | Scholarships are awarded to individual student athletes meeting specific_ | requirementsThe_funds_awarded_are_sent_directly_to_respective_academic_institutions | to_be_applied_towards_the_students'_tuition |             | ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! |      |  |

BAA

Schedule I (Form 990) (2013)

#### SCHEDULE J (Form 990)

#### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer identification number 62-0555481

Department of the Treasury Internal Revenue Service Name of the organization

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

Tennessee Secondary School Athletic Part I **Questions Regarding Compensation** Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nongualified retirement plan? Δh c Participate in, or receive payment from, an equity-based compensation arrangement? If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 a Х b Any related organization? 5 b X If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. a The organization? 6 a Х **b** Any related organization? 6 b If 'Yes' to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and  $6^{\circ}$  If 'Yes,' describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? 'Yes,' describe in Part III 8 Х

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

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2013

Page 2

Tennessee Secondary School Athletic Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual

|                    |             | (B) Breakdown of              | Breakfown of W.2 and Zor 1099-MISC compensation | compensation                        | (C) Retirement                          | (D) Nontaxable                |                               | (F) Compensation                       |
|--------------------|-------------|-------------------------------|---|-------------------------------------|---|-------------------------------|-------------------------------|--|
| (A) Name and Title | 1           | (t) Base<br>compensation      | (ii) Bonus and incentive compensation           | (III) Other reportable compensation | and other<br>deferred<br>compensation   | benefits                      | columns(B)(ı)-(D)             | reported as deferred in prior Form 990 |
| Bernard Childress  | ε           | 146,749.                      | 0   | 0                                   | 31,595.                                 | 0                             | ١.                            |  |
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| ВАА                |             |                               | TEEA4102L 07/08/13                              | 13                                  |   |                               | Schedule <b>J</b>             | Schedule <b>J</b> (Form 990) 2013      |

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

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

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545 0047

Open to Public Unspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Tennessee Secondary School Athletic 62-0555481 Association Form 990, Part III, Line 4d - Other Program Services Description Supervision of officials for various sports Student Services Program - Various community programs designed to promote responsibility among students Web site services - provides information on the organization's activities and members' accomplishments as well as a means of allowing member schools to submit required filings with the organization Lobbying and legislature - provides education and legal response to potential laws impacting high school athletics Education scholarships - awarded to selected student athletes pursuing higher education Tournaments for secondary schools - tennis and track Awards - given to recognize individuals achieving various selected criteria Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder High schools and middle schools in the state of TN may elect to be members of the organization. Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body Members of the Board of Control and Legislative Council are elected by district by Those elected serve 3 year terms.

|                                   |                    | IV - Supple<br>e Secondary S<br>Association | emental Info             | rmation                        | Page                      |
|-----------------------------------|--------------------|---|--------------------------|--------------------------------|---------------------------|
| lient T0555481<br>/07/14          |                    | Association                                 | 1                        |                                | <b>62-05554</b><br>02 04F |
| Part III, Line 12 - Other Income  |                    |   |                          |                                | 02 041                    |
| Nature and Source                 | 2013               | 2012  | 2011                     | 2010                           | 2009                      |
|                                   |                    |   |                          |                                |                           |
| Miscellaneous income S<br>Total S | 16,216.<br>16,216. | \$ 12,797<br>\$ 12,797                      | \$ 14,838.<br>\$ 14,838. | \$ 13,503.<br>\$ 13,503.<br>\$ | 11,628.<br>11,628.        |
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| 2013                               | Schedule D, Part XIII - Supplemental I                         |                       | Page 5           |
|------------------------------------|--|-----------------------|------------------|
| Client T0555481                    | Tennessee Secondary School Athletic<br>Association             | :<br>62               | 2-055548°        |
| 8/07/14                            |  |                       | 02 04PN          |
| Schedule D, Par<br>Other Revenue I | t XI, Line 4b<br>Included On Form 990 But Not Included In F/S  |                       |                  |
| Program losse                      |  | \$ 22                 | 2,467.           |
| Student Svcs                       | Program expenses   | Total $\frac{115}{5}$ | 5,310.<br>7,777. |
|                                    |  | 10041 4 137           |                  |
| Schedule D, Par<br>Other Expenses  | t XII, Line 4b<br>Included On Form 990 But Not Included In F/S |                       | -                |
| Program losse                      | es   | \$ 22                 | 2,467.           |
| Student Svcs                       | Program expenses   | Total <u>\$ 137</u>   | 5,310.<br>7,777. |
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| 2 <b>013</b><br>Client T0555481  |                               | deral Work<br>see Secondary S<br>Associatio                       | chool Athletic  |   | Page<br>62-05554                |
|--|-------------------------------|---|---|---|---------------------------------|
| Form 990, Part III, Line 4e<br>Program Services Totals   |                               |   |   |   | 01 496                          |
|  | Progr<br>Servi<br><u>Tota</u> | ces   | 990   | Source  | ·                               |
| Total Expenses<br>Grants<br>Revenue  | 2,680                         | 0. 2  | 0,038. Part I<br>7,000. Part I<br>5,618. Part V                               | X, Lines 1-3,                                     | Col. B                          |
| Form 990, Part VIII, Line 2f<br>Other Program Service Revenue  Description Coach/AD/Official train. Merchandising Penalties Baseball tournaments Cheerleading competition Totals | Bus.<br>Code                  | Total Revenue \$ 116,221 78,936 73,408 52,697 46,263 \$ 367,525   | 78,936.<br>73,408.<br>52,697.<br>46,263.                                      |   | Revenue<br>Excluded<br>From Tax |
| Form 990, Part IX, Line 24e<br>Other Expenses  |                               | (A)   | (B)   | (C)   | (D)                             |
| Auto Expense Awards Golf Tournament Miscellaneous Postage and Shipping State Legislature Telephone Tennis Tournament   | -                             | Total 20,361. 21,688. 4,810. 3,187. 48,145. 1,897. 32,334. 8,702. | Program Services  14,253. 21,688. 4,810. 2,231. 33,702. 1,897. 22,634. 8,702. | Management & General 6,108.  956. 14,443.  9,700. | Fundraising                     |

8,702.

6,149.

12,622. 2,806. 162,701. \$

Total \$

8,702.

6,149.

8,835. 2,806. 127,707. \$

Track Meet
TSSAA Legislative Council
Wrestling Tournament

3,787.

34,994. \$

0.