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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	4 F	or the 20)11 calendar year, or tax year beginning $$	ending (<u>JUN 30, 20</u>	<u> 12 </u>				
E	3 Cr ap	neck if	C Name of organization		D Employer ide	ntificatio	on number			
		Address	COLLINS PERLEY SPORTS CENTER, INC.							
		Name change	Doing Business As		03	-034	7985			
		Instial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
		Termin- ated	890 FAIRFAX ROAD		80	2 52	7-1202			
	<u> </u>	Amended return	City or town, state or country, and ZIP + 4		G Gross receipts \$		1,036,169.			
	<u> </u>	Applica- tion pending	ST. ALBANS, VT 05478		H(a) Is this a gro					
			F Name and address of principal officer:KEVIN MANAHAN		for affiliates? Yes X No H(b) Are all affiliates included? Yes No					
-			SAME AS C ABOVE	or 527	-					
-			ot status X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1) c ► WWW.COLLINSPERLEY.COM	01 327	H(c) Group exen		(see instructions)			
			panization: X Corporation Trust Association Other	1 Year			ate of legal domicile: VT			
ĺ		_	ummary		0110/ma.on. 233	<u> </u>				
			efly describe the organization's mission or most significant activities: PUBL	IC EDU	JCATION &	RECR	EATION.			
	Governance		, <u> </u>							
	r a	2 Ch	eck this box if the organization discontinued its operations or dispose	sed of mor	e than 25% of its n	et assets	S			
	8	3 Nu	mber of voting members of the governing body (Part VI, line 1a)			3	6			
7 7 7 7	8		mber of independent voting members of the governing body (Part VI, line 1b)			4	6			
	ctivities &		tal number of individuals employed in calendar year 2011 (Part V, line 2a)			5	22			
9	Ĭ.		tal number of volunteers (estimate if necessary)			6	75			
⇒	Ac		• • • • • • • • • • • • • • • • • • • •			7a	0.			
MAR @	_	b Ne	t unrelated business taxable income from Form 990-T, ine 34	· · · · · · · · · · · · · · · · · · · 	Prior Year	7b	Current Year			
2		8 Cc	ntributions and grants (Part VIII, line 1h)	<u> </u>	107,20	00.	38,150.			
Ä	Revenue		ogram service revenue (Part VIII, line 2g)		971,58		975,467.			
5	š		restment income (Part VIII, column (A), Inces 2, 4 and 10	· · · ·	1,33		1,274.			
	œ	11 Ot	her revenue (Part VIII, column (A), lines 5 5d, 8c, 9c, 10c, and 15e)		33,43		21,278.			
S S			tal revenue - add lines 8 through 11 (must equal Part VIII, column A), line 12)		1,113,55		1,036,169.			
2			ants and similar amounts paid (Part X, column (A), lines 1.3)			0.	0.			
		14 Be	nefits paid to or for members (Part IK, column (A), line 4)			0.	0.			
	S	15 Sa	lanes, other compensation, employee panents (FarAlx, collumn (A), lines 5-10)		274,45		281,950.			
	Expenses	16a Pr	ofessional fundraising fees (Part X, column (A) line 116)			0.	0.			
	ž		tal fundraising expenses (Part IX, column (D), line 25)	0.						
	ш		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ļ	721,71		735,951.			
			tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	996,16		1,017,901.			
	r SS	19 Re	venue less expenses. Subtract line 18 from line 12		117,38		18,268.			
	ance	00 To	tal accets (Dart V. Eng. 10)	<u>B</u>	eginning of Current \		End of Year 609,802.			
	Asse	20 To	tal assets (Part X, line 16)	·· · ·	68,32		75,612.			
	Net Assets or Fund Balances	22 Ne	et assets or fund balances. Subtract line 21 from line 20	· · · ·	515,92		534,190.			
	Pa		Signature Block	·· · .	<u> </u>	- V ₁				
			s of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	ments, and to the bes	of my kn	owledge and belief, it is			
	true,	correct, a	and complete Declaration of prepare other than officer) is based on all information of w	hich prepare	er has any knowledge	1.1	. 7			
		h	Muy Manuelle CPA		/2	-////	7			
	Sigr	۱	Supporture of officer		Date	, ,				
	Her	e h	KEVIN MANAHAN, TREASURER							
			Type or print name and title	/	Data	. —	PTIN			
		,	rint/Type preparer's name EXTN T MANAHAN CPA Preparer's signature	wem	Date Chi					
	Paid	<u> </u>					P00937947			
	-		rm's name A M PEISCH & COMPANY, LLP rm's address 181 NORTH MAIN STREET		Firm's El	V U	3-0210880			
	USE	Only F	rm's address 181 NORTH MAIN STREET ST. ALBANS, VT 05478		Phone no	802	527-0505			
	Mar	the IRS	discuss this return with the preparer shown above? (see instructions)		I i none no	<u>,. </u>	X Yes No			
		01 01-23-		ions.		111	Form 990 (2011)			

	Form 990 (2011) COLLINS PERLEY SPORTS CENT	ER, INC.	03-0347985 Page 2
Paı	Part III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u> </u>
1	· · · · · · · · · · · · · · · · · · ·		
	PUBLIC EDUCATION & RECREATION.		
2	Did the organization undertake any significant program services during the year	r which were not listed on	
	the pnor Form 990 or 990 EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	3 Did the organization cease conducting, or make significant changes in how it of	conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	, , ,		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are		rants and allocations to
_	others, the total expenses, and revenue, if any, for each program service repo		006 745
4a	4a (Code) (Expenses \$ 861,602. Including grants of \$ MANAGEMENT OF EDUCATIONAL AND PUBLIC RE		
	PROVIDES CLASSROOM, ATHLETIC FIELDS, RU		
	AND RACQUETBALL COURTS, AEROBIC AND WEI		
	CLIENTS SERVED ARE TOO MANY TO COUNT.	GIII IIMINING I ACI	LITTED: TOTAL
	CHILITO DERIVED INCO INNII 10 COURT		
4b	4b (Code) (Expenses \$ including grants of \$) (Revenue	e\$)
	V-1-34		
			
	- tt		
		······································	
			_
4c	4C (Code) (Expenses \$ including grants of \$) (Revenu	e\$)
		-	<u> </u>
			<u> </u>
		.	
	4-4		
4d	4d Other program services (Describe in Schedule O.)		
₩	, •) (Revenue \$)
4e	(Expenses \$ including grants of \$ 4e Total program service expenses ▶ 861,602.	V Augastrag &	
			Form 990 (2011)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>X</u>
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			.
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	,		
a	Part VI	11a	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	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	l		,,
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u>14a</u>	 	<u> </u>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	ĺ	ĺ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

Par	t IV Checklist of Required Schedules (continued)			
-			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
250	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
J	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
20	person outstanding as of the end of the organization's tax year? If "Yes," 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	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		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		x
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		X
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		X
35a	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	35a		Х
	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	L	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			ļ
	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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

	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	l	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X _
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		<u>X</u> _
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?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b	<u> </u>	<u>X</u> _
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	ļ	<u>X</u> _
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ĺ		
	exempt status with respect to such arrangements?	16b	L	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ivailab	ie	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
•-	statements available to the public during the tax year.	>		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	HON: 🍍	-	
	DAVID KIMEL - 802-527-1202		-	
4000-	164 FAIRFAX ROAD, ST. ALBANS, VT 05478			

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COLLINS PERLEY SPORTS CENTER, INC.

03-0347985

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

X Check this box if neither the organizat		orga	anıza			nper	nsat	· · · · ·		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	son is both an ector/trustee)		compensation	compensation	amount of
	week						<u> </u>	from	from related	other
	describe	liect						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	E	ste			Sate		(W-2/1099-MISC)	(** 2 1000 111100)	organization
	organizations	tast	Institutional trustee),ee	ed m		(and related
	in Schedule	/d ual	te te	, E	뼕	est	声			organizations
	(describe hours for related organizations in Schedule O)	혈	먑	Officer	Ş.	Highest compensated employee	ğ			
(1) GEOFF LYONS				1				_		
DIRECTOR	0.00	X	ļ	ļ	<u> </u>	<u> </u>		0.	0.	0.
(2) ALBERT COREY					İ			_		_
DIRECTOR	0.00	X	ļ	ļ	ļ	ļ		0.	0.	0.
(3) HAROLD HEBERT								_		_
PRESIDENT	0.00	ļ	ļ	X	ļ			0.	0.	0.
(4) MICHAEL BLOUIN								_		_
VICE-PRESIDENT	0.00	<u> </u>	<u> </u>	X		ļ	<u> </u>	0.	0.	0.
(5) KEVIN MANAHAN								_		_
TREASURER	0.00	_	ļ	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(6) CLAUDETTE BOSTWICK									_	_
SECRETARY	0.00	_		X		╙		0.	0.	0.
			├	-	-	-				
		_		_			_			
		-	<u> </u>	├	-	├				
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			<u> </u>	\vdash		-				
	<u> </u>		٠				_	·	'	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest C									Compensated Employees (continued)						
	(A)	(B)	ľ			C)			(D)	(E)			(F)		
	Name and title	Average	Position (do not check more than one						Reportable	Reportable	,	Es	timate	d	
		hours per					ns bo		compensation	compensation		an	nount (of	
		week					or/trus		from	from related			other		
		(describe	횮						the	organization	s	com	pensa	tion	
		hours for	a e				뮲		organization	(W-2/1099-MIS	3C)	fr	om the	Э	
		related	te	age a	l		las la		(W-2/1099-MISC)			org	anızatı	on	
		organizations	Ē	를		oye	È.					and	d relate	ed	
		in Schedule	Individual trustee or director	Institutional trustee	喜	를	lest (盲				orga	ınizatio	วทร	
		O)	豆	is i	office.	<u>§</u>	Highest compensated employee	臣							
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1h	Sub-total	<u> </u>	٠	<u> </u>	Ь	1			0.		0.			0.	
	Total from continuation sheets to Part V		•			• ••			Ŏ.		0.			Ö.	
		•		-					0.		Ö.			0.	
	Total (add lines 1b and 1c) Total number of individuals (including but i					hou	2) 141	<u> </u>		\ 000 of reported		<u> </u>		<u> </u>	
2	-	iot iimitea to tr	1056	; iiSte	eu a	DOV	e) w	no r	eceived more than \$100	,000 or reportab	ie			C	
	compensation from the organization												Yes	No	
_	District the second second								land the same of the same		I		163	ÍAÓ	
3	Did the organization list any former officer				•	-			-	mployee on	i		.		
	line 1a? If "Yes," complete Schedule J for		-						· · · · · · · · · · · · · · · · · · ·			_3_		X	
4	For any individual listed on line 1a, is the s	-								the organization				i	
	and related organizations greater than \$15			-								4		X	
5	Did any person listed on line 1a receive or	accrue compe	nsat	tion 1	from	an	y un	relat	ted organizatıon or indıv	idual for services	,			i	
	rendered to the organization? If "Yes, " con	nplete Schedu	<u>le J</u>	for s	<u>uch</u>	per	son		<u></u>	<u></u>		5		X	
Sec	tion B. Independent Contractors	 												_	
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	ract	ors t	that received more than	\$100,000 of con	npens	ation f	rom		
	the organization Report compensation for	the calendar y	/ear	end	ıng v	with	or w	/ithir	n the organization's tax	year.					
	(A)							_	(B)			(0	;)		
	Name and business	s address	N	ON	E]	Description of s	services	С	ompe	nsatio	n	
								-							
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				-											
								ł		Ì					
							_	-							
2	Total number of independent contractors	-	not l	ımıte	d to	tho	ose li	stec	d above) who received in	nore than	ı				
	\$100,000 of compensation from the organ	ization 📂					<u>u</u>								

Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b Fundraising events 1c d Related organizations 1d 38,150. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 38,150. h Total. Add lines 1a-1f Business Code 486,222 486,222. 2 a PROGRAM SERVICE REVENU 713940 Program Service Revenue 713940 380,346. 380,346 b BFA IN-KIND REVENUE 108,899. 108,899. 713940 c MEMBERSHIP DUES-SERVIC f All other program service revenue 975,467. q Total, Add lines 2a-2f Investment income (including dividends, interest, and 1,274 1,274. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) 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) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 12,007. 12,007. 11 a PROSHOP SALES 713940 9,271. 9,271. 713940 ь MISCELLANEOUS C d All other revenue 21,278. e Total, Add lines 11a-11d 0. 1036169. 996,745 Total revenue. See instructions. Form **990** (2011)

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and		İ								
	organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22										
3	Grants and other assistance to governments,	[
	organizations, and individuals outside the										
	United States See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	252 258	110 265	1.45 000							
7	Other salanes and wages	258,357.	110,367.	147,990.							
8	Pension plan accruals and contributions (include										
_	section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits	22 502	15 204	9 300	·						
10	Payroll taxes	23,593.	15,284.	8,309.							
11	Fees for services (non-employees)										
a	Management										
b	Legal										
ن م	Accounting										
d	Lobbying Professional fundraising services. See Part IV, line 17										
f	Investment management fees		·								
9	Other										
12	Advertising and promotion	2,275.	2,275.								
13	Office expenses	4,329.	2,275. 4,329.								
14	Information technology										
15	Royalties										
16	Occupancy .	155,905.	155,905.								
17	Travel	6,858.	6,858.								
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates .										
22	Depreciation, depletion, and amortization	31,443.	31,443.								
23	Insurance										
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	-	-								
а	BFA IN-KIND EXPENSES	380,346.	380,346.								
b	REPAIRS	52,054.	52,054.								
c	FIELD MAINTENANCE	24,928.	24,928.								
d		20,881.	20,881.								
е	All other expenses	56,932.	56,932.								
25	Total functional expenses. Add lines 1 through 24e	1,017,901.	861,602.	156,299.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

Pai	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			240,551.	1	40,584.
	2	Savings and temporary cash investments			177,331.	2	102,605.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			19,308.	4	29,439.
	5	Receivables from current and former officers, dil	ectors	, trustees, key			
		employees, and highest compensated employee		· ·			
	}	of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section	-		
		4958(f)(1)), persons described in section 4958(c)		l e			
		employers and sponsoring organizations of sect		- 1	*-		
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net		·		7	
Assets	8	Inventories for sale or use	•		3,831.	8	3,420.
1	9	Prepaid expenses and deferred charges		·		9	
	_	Land, buildings, and equipment: cost or other	1	i · · · ·	· · · · · · · · · · · · · · · · · · ·		
		basis. Complete Part VI of Schedule D	10a	942,343.			
	ь	Less: accumulated depreciation	10b		143,229.	10c	_ 433,754.
	11	Investments - publicly traded securities		00070001		11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	• •	, ,		14	
	15	Other assets. See Part IV, line 11	•			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	584,250.	16	609,802.
	17	Accounts payable and accrued expenses	21 111 10	5-7	27,239.	17	21,651.
	18	Grants payable	•	•	4772331	18	21,0010
	19	Deferred revenue			41,089.	19	53,961.
	20	Tax-exempt bond liabilities			12/00/51	20	33,3011
w	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director		F			
Ϊg	_	highest compensated employees, and disqualifi					
Ë		of Schedule L	ou po	corio. compioto i art ii		22	
	23	Secured mortgages and notes payable to unrela	Itad th	urd parties		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · ·		24	
	25	Other liabilities (including federal income tax, pa		· · · · · · · · · · · · · · · · · · ·			
		parties, and other liabilities not included on lines	•				
	ļ	Schedule D		y. Complete rative of		25	
	26	Total liabilities. Add lines 17 through 25			68,328.	26	75,612.
-	20	Organizations that follow SFAS 117, check he	70	and complete	0075201		73,0121
v		lines 27 through 29, and lines 33 and 34.		und complete		İ	
ဥ	27	Unrestricted net assets		į		27	•
<u>a</u>	28	Temporarily restricted net assets		• • • •		28	
Ä	29	Permanently restricted net assets		• •		29	
Ĕ	23	Organizations that do not follow SFAS 117, c	hack k	nere 🕨 🗓 and		25	
F		complete lines 30 through 34.	I CCK I	iere P Las, and			
S.	20	Capital stock or trust principal, or current funds		j	0.	30	0.
šše	30			ont fund	0.	31	0.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed		· · · · F	515,922.	32	534,190.
Re	32	Retained earnings, endowment, accumulated in	come,	or outer fulfus	515,922.	_	534,190.
	33	Total liabilities and not assets/fund balances		· ·	584,250.	33	609,802.
	34	Total liabilities and net assets/fund balances			J04,430.	34	Form 990 (2011)

Form **990** (2011)

Form	990 (2011) COLLINS PERLEY SPORTS CENTER, INC.	<u>03-03</u>	47985	Pag	<u> 12 12 </u>	
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,036	5,1	<u>69.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>1,017,901</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	18	<u>68.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51!	5,9	<u> 22.</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	534	1,1	90.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII	<u></u>				
				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	Ο.]		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_	
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,		-	ĺ	
	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 Scho	edule O.	-		į	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a	- 1			
	separate basis, consolidated basis, or both:				-	
	X Separate basis Consolidated basis Both consolidated and separate basis				1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			İ	
	Act and OMB Circular A-133?		. <u>3a</u>		<u>X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			ļ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b			
			Form 9	9 90 (2011)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

COLLINS PERLEY SPORTS CENTER, INC. Employer identification number 03-0347985

Part I	Reason 1	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See ınst	ructions.				
he organ	zation is not a	private foundation	because it is (For lines 1	through 1	11, check o	only one b	ox.)					
1 🗀			s, or association of churc					•				
2 🔲	•		70(b)(1)(A)(ii). (Attach Scl									
3 🗔			ital service organization of		n ection	170(b)(1)(A)(iii).					
4	•		operated in conjunction					(b)(1)(A)(ii	ii). Enter th	ne hospital	's nam	e.
-	city, and state				,			(~, /, ·, /, · /, ·				·
5 🔲			benefit of a college or ur	niversity ov	vned or on	erated by	a governn	nental un	t describe	d in		
у Ш	_	(b)(1)(A)(iv). (Compl	=			,	- 9					
•			ete i ait ii) ient or governmental unit	docaribac	t in coetic	n 170/h)/1	VAVW					
6 L 7 X	-	. •	ceives a substantial part					r from the	neneral n	ublic desc	ribed ii	n
لما	=			oi ita aupp	OIT HOIH a	governine	ina unito	1 110111 1110	gonorai p	aplic dosc	ibca ii	''
• 🗀	=	b)(1)(A)(vi). (Comple		(Complete	Dort II \							
8	-		section 170(b)(1)(A)(vi). (om contri		ombombi	in food on	d aross ro	nointe i	from
9 📖	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
			•	ion 511 ta	x) irom bu:	siriesses a	cquirea b	y the orga	arnzation a	iter June 3	0, 197	5.
—		509(a)(2). (Complet			a anfahu C	\	F00/-\/A					
<u>" </u>			perated exclusively to tes								of one	
11 📖			perated exclusively for th									01
			ations described in section) See sec	euc noir:	(a)(3). Che	ck the box	mai	
			organization and comple						. —	Tunn III (Other.	
	a ∐ Type i			Typ						Type III - (_
e L			at the organization is not									11
_		_	than one or more publicly						3(a)(1) 01 S	ection sos	/(a)(Z)	
f	_		tten determination from t	ine ins ina	atitisa iy	pe i, Type	ii, or Type	, 111				
		rganization, check t	• •								•	
g			organization accepted ar								V	N1_
			directly controls, either al	one or tog	etner with	persons o	escribea i	n (II) and I	(iii) below,	44-0	Yes	No
	•		supported organization?					• • • • • •		11g(i)		
	.,	•	n described in (i) above?							11g(ii)	1 1	
_	• •	•	a person described in (i) o							11g(iii)	<u> </u>	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
(i) Nome	of cupported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) !	s the	(vii) An	nount o	ıf
• •	of supported anization	(ii) EIN	organization	in col. (i) lis	sted in your	organizat	ion in col.	organizatı (i) organiz	on in col. I		port	•
Uig	amzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	\',' 0.9an.	5.?		,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				-					1			
		-	***************************************						1			
				Ì			_					
			 		<u> </u>	<u> </u>		†				
				ľ								
	·					ļ			1			
l'otal									-			

03-0347985 Page 2 Schedule A (Form 990 or 990-EZ) 2011 COLLINS PERLEY SPORTS CENTER, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	125,367.	35,000.	82,810.	92,200.	38,150.	373,527.
2	Tax revenues levied for the organ-			•			
	ization's benefit and either paid to						
	or expended on its behalf			ĺ			
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	125,367.	35,000.	82,810.	92,200.	38,150.	373,527.
	The portion of total contributions	223,3071	3370001	<u> </u>	<u> </u>		<u> </u>
Ŭ	by each person (other than a					-	
	governmental unit or publicly		1	1			
	supported organization) included						
	on line 1 that exceeds 2% of the		1		ł		
	amount shown on line 11,						
	column (f)	-					•
6	Public support. Subtract line 5 from line 4						373,527.
	etion B. Total Support						373,3271
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	125,367.	35,000.	82,810.	92,200.	38,150.	373,527.
	Gross income from interest,	123,307.	33,000	02/0201		3072301	0.0702.1
٠	dividends, payments received on						
	securities loans, rents, royalties				ŀ		
	and income from similar sources	864.	153.	97.	1,332.	1,274.	3,720.
a	Net income from unrelated business	003.			1,001	<u> </u>	37,207
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)	12,864.	13,433.	26,698.	33,439.	21 278	107,712.
11	Total support. Add lines 7 through 10	12,004.	13, 433.	20,030.	33,133.	217270.	484,959.
	Gross receipts from related activities,	etc (see instruction	nne)			12 3	,667,527.
	First five years. If the Form 990 is for						700775274
	organization, check this box and stor	-	mat, second, triin	5, 10artii, 01 iiitii ta	or your as a section	1001(0)(0)	▶□
Se	ction C. Computation of Publ	ic Support Per	rcentage		·		
	Public support percentage for 2011 (column (f))		14	77.02 %
	Public support percentage from 2010	• • • • • • • • • • • • • • • • • • • •	•			15	83.22 %
	33 1/3% support test - 2011. If the			n line 13, and line 1	14 is 33 1/3% or m		
	stop here. The organization qualifies					,	▶\\
ì	33 1/3% support test - 2010. If the		-		line 15 is 33 1/3%	or more, check t	•
	and stop here. The organization qual					,	
17:	10% -facts-and-circumstances tes				 13. 16a. or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					tilo organ	▶□
	10% -facts-and-circumstances tes	•	=			 17a and line 15 is	10% or
•	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						▶ □
12	Private foundation. If the organization		=				
10	r rivate roundation. It the organization	AT GIG HOL CHECK A	DON OF HITE 10, 100	u, 100, 17a, 01 17t			or 990.F7) 2011

Schedule A (Form 990 or 990-EZ) 2011 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 t	to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received (Do not						
	include any "unusual grants ")					l	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
ł	3 received from disqualified persons 2 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support		L		·		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
1	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the Organization'	s first second the	rd fourth or fifth t	lax vear as a secti	on 501(c)(3) organi	zation
	check this box and stop here				· · ·		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (column (f))		15	%
16	Public support percentage from 2010	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inve			!			
17	Investment income percentage for 20	011 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2011. If the	•		on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20							'·····【片
<u>20</u>	rivate loundation. If the organization	on did flot check a	DOX OF THE 14, 15	a, or rab, theth	I IIIO DON AUTO SEE II	istructions	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COLLINS PERLEY SPORTS CENTER, INC.

Employer identification number 03-0347985

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	=	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	
	year >	,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i	• .	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expensi	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		•
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exi		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	at and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	,.
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		·· • \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		Q , Pre
а	Payanues included in Form 990, Part VIII, line 1	. , ,	▶ \$
	Assets included in Form 990. Port Y		·· • • • • • • • • • • • • • • • • • •
_	· · · · · · · · · · · · · · · · · · ·		·· · · · · · · · · · · · · · · · · · ·

	dule D (Form 990) 2011 COLLINS t III Organizations Maintaining Co	PERLEY SPO								Page 2
3	Using the organization's acquisition, accession									
	(check all that apply)	,	•	•	·		J			
а	Public exhibition	d	Lo	oan or excl	hange progra	ams				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	n how the	v further th	ne organizati	on's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or	•		-	_					
_	to be sold to raise funds rather than to be mail								Yes	☐ No
Par	t IV Escrow and Custodial Arrang					"Yes" to	Form 990	. Part IV.	ine 9, or	
	reported an amount on Form 990, Part	•		•				,		
1a	Is the organization an agent, trustee, custodial		lary for co	ontribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?							Γ	Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV a		ilowina ta	ple.	•		•	. —		
_	and the second s								Amount	
c	Beginning balance						1c			
	Additions during the year			••	••	• • •	1d			
	British and the state of the st	······································		• •			1e			
f	Ending balance				•••••	•••	1f			
2a	Did the organization include an amount on For				•	•	· <u> </u>		Yes	No
	If "Yes," explain the arrangement in Part XIV.	111 000, 1 tat 7, and						—	_, 103	
Par		he organization an	swered "	Yes" to Fo	rm 990, Part	IV. line 1	0.			
		(a) Current year		or year	(c) Two year			ears back	(e) Four	vears back
1a	Beginning of year balance	(a) Canoni your	(2)	<u></u>	(0)0) 00	J Just	(6) 55)	00.0 0001	(0).00.	, , , , , , , , , , , , , , , , , , ,
h	Contributions								· · · · · · · · · · · · · · · · · · ·	
Č	Net investment earnings, gains, and losses								· · · · · ·	
4	Grants or scholarships		•						 	
u	Other expenditures for facilities									
-	and programs									
	Administrative expenses					-			 	
'	End of year balance					-				
, y	Provide the estimated percentage of the curre	nt von and holono	o (lino 1a	column (a)) hold no				<u> </u>	
2	Board designated or quasi-endowment		e (iirie 19,	, coluitiii (a	ij) rieiu as.					
a _	Permanent endowment	%								
D -										
С	Temporarily restricted endowment	%								
2-	The percentages in lines 2a, 2b, and 2c should	•	-4	ara bald a	ad administra	und far t	ha araanii	ation.		
Sa	Are there endowment funds not in the posses	sion of the organiza	ation that	are neio a	na aaministe	ered for t	rie organiz	ation	Γ,	
	by.									Yes No
	(i) unrelated organizations	• • • •			•	• •			. 3a(i)	
	(ii) related organizations		. 0-6-4	 D0	• •	••			3a(ii)	
D	If "Yes" to 3a(ii), are the related organizations	•				•			3b	
Pai	Describe in Part XIV the intended uses of the cit VI Land, Buildings, and Equipme									
Га									4 D D = -1-	
	Description of property	(a) Cost or o		,	or other		ccumulate	ea	(d) Book	value
		basis (investri	nent)	Dasis	(other)	ae	preciation			
	Land .	<u> </u>			2 (57		7 0	04		
	Buildings			34	2,657.		7,0	54.	335	5,573.
	Leasehold improvements									
d	Equipment				0.555		F04 =			
	Other .				9,686.		501,5	<u>U5.</u>		3,181.
<u>Tota</u>	l. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part	X, ∞lumi	1 (B), line 1	(O(c))	• _			433	<u>,754.</u>

	dule D (Form 990) 2011 COLLINS PERLEY SPORTS CENTER, INC.			/985 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	cial St		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	<u>1</u>	<u>,036,169.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1	,017,901.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		18,268.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		<u></u>
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		18,268.
	t XII Reconciliation of Revenue per Audited Financial Statements With Rever		r Return	10,200.
	<u> </u>	ide pe		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	•	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments 2a		_	
þ	Donated services and use of facilities			
¢	Recovenes of prior year grants	<u>. </u>		
q	Other (Describe in Part XIV)			
e	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses p	er Return	
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities 2a			
b	Prior year adjustments 2b		_	
c	Other losses 2c			
4	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d	-		
3	Subtract line 2e from line 1	• •	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			· · · · · · · · · · · · · · · · · · ·
7_				
	Other (Describe in Part XIV)			
b			 	
	Add lines 4a and 4b		4c	
<u>5</u>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	••	5	
	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	ert IV, line	es 1b and 2b; Pa	art V, line 4, Part
X, lìn	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro	vide any	additional infor	nation.
			-	
		 .		

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.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** COLLINS PERLEY SPORTS CENTER INC 03-0347985 FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE TAX RETURN WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) 990

► Attach to your tax return.

Attachment Sequence No 179

OMB No 1545-0172

Name(s) shown on return

► See separate instructions. Business or activity to which this form relates

Identifying number

	LINS PERLEY SI			INC.				GE 10		_	03-0347985
Par	t Election To Expense Cer	tain Property	y Under Section 17	79 Note: If yo	ou have any lis	ted pro	perty, co	mplete Part	V bef	ore yo	ou complete Part I
1 M	axımum amount (see ınstru	ctions)							L	1	<u>500,000.</u>
2 To	otal cost of section 179 pro	perty place	d in service (see	instructions)				. [2	
3 Th	2,000,000.										
4 R											
5 D	ollar limitation for tax year Subtract I	ne 4 from line 1	I If zero or less, enter	-0- If married fil	ling separately, see	instructi	ons .	•	Γ	5	
6		cription of prop			(b) Cost (busine			(c) Elected	cost		
											-
	······································										-
7 L	sted property. Enter the am	ount from I	ine 29				7				n
	otal elected cost of section		•	in column (c). lines 6 and	7 '			I	8	
	entative deduction. Enter th		•		-,,				Ī	9	
	arryover of disallowed dedu			 010 Form 45	 562	•-	••		<i>"</i>	10	
	usiness income limitation. E		•			o) or li	ne 5	•• •• ••	`	11	
	ection 179 expense deduct			•		-				12	
	arryover of disallowed dedu		•				13	-			
	Do not use Part II or Part II					الـــــــــــــــــــــــــــــــــــــ		· ·			
Par						de liste	ed proper	ty)			
	pecial depreciation allowan			<u> </u>							
	ne tax year	oo tor qua	ilog proporty (oil	ioi triair iiote	д регоросту, ре			.	- 1	14	
	roperty subject to section 1	68(f)(1) elec	tion				• •			15	
	ther depreciation (including	,,,,			•				ŀ	16	3,072.
Par			include listed or	operty) (Se	e instructions.	١	· · ·	<u> </u>	·· <u></u>	<u></u>	<u> </u>
	t Mirtorio Depresati	OII (BO HOL	include noted pr		ection A	'					
17 N	IACRS deductions for asset	te placed in	senuce in tay ve			1			$\neg \tau$	17	24,847.
		•	•	•	•		· ·	▶ □	i t		41,017
10 11	you are electing to group any assets Section F		Placed in Servic					ral Deprecia	ation	Syste	
	00000011	7,000,01	(b) Month and	(c) Basis fo	or depreciation		Recovery				
	(a) Classification of property		year placed in service		investment use e instructions)		period	(e) Convention	(m Me	ethod	(g) Depreciation deduction
19a	3-year property										
	5-year property		1		3,124.	5	YRS.	MQ	20	ODB	406.
c	7-year property			·	23,245.		YRS.	MO	-	0DB	
d	10-year property		1								
е	15-year property				10,737.	15	YRS.	MQ	15	ODB	671.
	20-year property		1					<u> </u>			
	25-year property		1			2	5 yrs.		s	/L	
			,				.5 yrs.	MM		;/L	
h	Residential rental proper	ty			·		5 yrs.	ММ	$\overline{}$	/L	
			06/12		5,706.	 	9 yrs.	MM	_	:/L	6.
i	Nonresidential real prope	erty	06/12		48,959.			+		:/L	52.
	Section C	- Assets Pl	aced in Service	During 201							
20a	Class life					<u> </u>		T		/L	
<u>200</u>	12-year	······				1	2 yrs			/L	
	40-year		/			-	0 yrs.	MM		//L	
	t IV Summary (See Inst	ructions)		L			0	1		<i>"</i> L	
	isted property. Enter amoun			-						21	
	otal. Add amounts from line			 oe 10 and 2	 O in column (a	n and	 line 21		ŀ	I	
	inter here and on the approp		-		·-					22	31,443.
	or assets shown above and		-	•	-			<u> </u>		<u>ee</u>	<u> </u>
		•	-	c current ye	aı, einei nie		23				
	ortion of the basis attributa	DIE IO SECTI	UI ZUUM WISIS								

			•													
For	m 4562	(2011)	COL	LINS P	ERLE	Y SPC	RTS	CENT	ER,	INC.			03-	0347	985	Page 2
P	art V	Listed Proper amusement)	ty (Include a	utomobiles, c	ertain of	ther vehic	cles, cer	taın com	puters	s, and prop	perty use	ed for er	ntertainm	nent, rec	reation, o	or
		Note: For any through (c) of 3	vehicle for w Section A, al	hich you are t of Section B	ising the , and Se	e standar ection C n	d mileag f applica	e rate oi ble	dedu	cting lease	expens	e, comp	olete onl	y 24a, 24	ib, colun	nns (a)
		Section A	- Depreciati	on and Other	Inform	ation (C	aution: S	See the i	nstruc	tions for li	mits for	passeng	er auton	nobiles.)		
<u>24a</u>	Do you	have evidence to	support the bu	siness/investm	ent use c	laimed?	<u> </u>	es 🗌	No	24b If "Y	es," is th	e evide	nce writt	ten?	Yes	No
		(a) of property chicles first)	(b) Date placed in service	(c) Business investmen use percenta	t ,	(d) Cost or other basis	(bu)	(e) sis for depre siness/inve use only	stment	(f) Recovery period	Me	g) thod/ ention	Depre	h) eciation uction	Elec sectio co	n 179
25	•	depreciation all		•	propert	y placed	ın servi	ce durino	the t	ax year an	d					
		ore than 50% in					•			•		25	<u> </u>			
<u>26</u>	Propen	ty used more tha	in 50% in a c	1	1 .): 						_				
			 	f	%					-			 			
_			 	1	% %					-						
27	Propert	ty used 50% or l	ess in a qual							L	1		.l			
					%					<u> </u>	S/L -					
					%						S/L·		Ì	•		
					%						S/L·				-	-
28	Add an	nounts in column	n (h), lines 25	through 27.	Enter he	re and or	n line 21	, page 1				28				<u>.</u> .
<u>29</u>	Add an	nounts in column	ı (i), line 26. E	•							······································	 :	<u></u>	29		
						B - Info										
If y		his section for ve ded vehicles to y cles.												ng this s	ection fo	or
						(a)	(b)		(c)	(d)	(4	e)	(f)
30		siness/investment		•	Ve	ehicle	Vel	nicie	\ \ \ \	/ehicle	Vel	ncle	Vet	ncle	Vehi	icle
		not include com					 		├				1			
		ommuting miles	-	•			-				ļ		 			
32		ther personal (no	ncommuting)) miles												
33	driven	 niles driven durin	n the year		-		<u> </u>				-		····			
•		es 30 through 32	• •													
34		ie vehicle availab		al use	Yes	No	Yes	No	Yes	No.	Yes	No	Yes	No	Yes	No
		off-duty hours?												1		
35	Was th	e vehicle used p	nmanly by a	more									ì			
	than 59	% owner or relate	ed person?													
36	ls anot	her vehicle availa	able for perso	onal			1						ļ			
	use?		· · · · · · · · · · · · · · · · · · ·		<u></u>	J	1		<u></u>	_1	l			<u> </u>		
				- Questions		_										
		ese questions to	determine if	you meet an	exceptic	n to com	ipleting :	Section	B for v	ehicles us	ed by er	nployee	es who a	re not m	ore than	5%
		related persons. I maintain a writte	an nolicy sta	tement that n	robibite	all porco	nal uso i	of voluci	00 100	luding cor	nmutina	by you			Voc	No
31	employ				TOTHUILS				es, inc		nnuung	, by you			Yes	No
38	•	maintain a writte		•		•		-	•							
		rees? See the ins			•	•	fficers, c	Irrectors	, or 1%	6 or more	owners	•				
	•	treat all use of v	•							•	: :					
40		provide more th					intorma	tion from	ı your	employee	s about					
41		of the vehicles, meet the require				-	monetre	ation see	.2	•	•	•				-
→ 1		f your answer to								 Covered ve	hicles					Ь
P	art VI	Amortization	5., 50, 55, 4	ULUITIN I	<u>. uu 1</u>	.o. comp	000	ייליו די זיל	<u>.</u>	STREET VE						
		(a)			(b)]	(c)			(d)		(e)			(f)	-
		Description o	f costs	Dat	e amortizatioi begins		Amortizal amoun			Code section		Amortiza period or pe			nortization r this year	
42	Amorti	zation of costs th	nat begins du	iring your 201	1 tax ye	ear:										

43 Amortization of costs that began before your 2011 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

	ou are filing for an Automatic 3-Month Extension, complet ou are filing for an Additional (Not Automatic) 3-Month Ex			 this forr		X		
Do no	t complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed	Form 8868.			
Electi	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file	e (6 months for a corp	oration		
requir	ed to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ile Form	8868 to request an e	extension		
	e to file any of the forms listed in Part I or Part II with the exc		· · · · · · · · · · · · · · · · · · ·		•			
	nal Benefit Contracts, which must be sent to the IRS in pap	-						
	www rs gov/efile and click on e-file for Charities & Nonprofits		(coo mondonomo). For more details	<i>3</i> 71 ti 10 0	ice a critic timing of this	101111,		
Par			ubmit original (no copies ne	eded).	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
A corp	poration required to file Form 990-T and requesting an auton		·-··					
Part I	• •			•	•	• 🗀		
All oth	er corporations (including 1120-C filers), partnerships, REM	ICs. and t	rusts must use Form 7004 to reaues	t an ext	ension of time			
	ıncome tax returns.							
Туре	or Name of exempt organization or other filer, see instru	ctions.		Emplo	yer identification num	ber (EIN) or		
print				•	•	, ,		
	COLLINS PERLEY SPORTS CENTE	ER, II	NC.	\mathbf{x}	03-034798	85		
File by to		ee instruc	tions.	Social	security number (SSI			
filing yo								
instructi		reign add	ress, see instructions.		· -			
	ST. ALBANS, VT 05478							
Enter	the Return code for the return that this application is for (file	a separa	te application for each return)			0 1		
Applie	cation	Return	Application			Return		
Is For		Code	Is For			Code		
Form		01	Form 990-T (corporation)			07		
	990·BL	02	Form 1041-A			08		
	990-EZ	01	Form 4720	· · · · · · · · · · · · · · · · · · ·	-	09		
	990-PF	04	Form 5227			10		
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11		
	990-T (trust other than above)	06	Form 8870	.		+		
1 OIIII	DAVID KIMEL	06	FORM 8870			12		
• The	e books are in the care of \blacktriangleright 164 FAIRFAX ROP	AD - 1	ST. ALBANS, VT 054	78				
Tel	ephone No. ► 802-527-1202		FAX No. ▶					
• If ti	ne organization does not have an office or place of business	in the Ur	ited States, check this box			• 🔲		
	nis is for a Group Return, enter the organization's four digit (f this is	for the whole group,	check this		
box 🕨	▶ . If it is for part of the group, check this box ▶	and atta	ch a list with the names and ElNs of	f all mer	nbers the extension is	s for.		
	I request an automatic 3-month (6 months for a corporation							
	FEBRUARY 15, 2013 , to file the exempt				e. The extension			
	is for the organization's return for:	.						
	calendar year or							
	► X tax year beginning JUL 1, 2011	an	d ending JUN 30, 2012					
					 •			
2	If the tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reas	on: Initial return I	Final ret	turn			
 За	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	nter the tentative tax less any		-			
	nonrefundable credits. See instructions.	o. 0000, d	the terrative tax, iess arry		a \$	0.		
		enter on:	refundable credite and	3	a 👽	<u> </u>		
	, , , , , , , , , , , , , , , , , , , ,							
				31	b \$	0.		
	Balance due. Subtract line 3b from line 3a. Include your pa	-	•		-	Δ		
	by using EFTPS (Electronic Federal Tax Payment System). Soon. If you are going to make an electronic fund withdrawal w			30 0rm 997		0.		

LHA

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