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Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

~ '	COL CITY	e 2014 Calendar year, or tax year beginning UVII I, 2014 and	enung U	ON 20, 2013			
В	Check if	C Name of organization		D Employer identifi			
	Addre	COLLINS PERLEY SPORTS CENTER, INC.					
	Name chang	Doing business as	03-0	347985			
	Initial return	· ·	E Telephone numbe				
	Fınal return.			802	<u>527-1202</u>		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	786,718.		
	☐Amen return	ded ST. ALBANS, VT 05478		H(a) Is this a group re	eturn		
	Application	IF Name and address of principal officer KEVIN MANAHAN		for subordinates	? Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates ii	ncluded? Yes No		
ī	Гах-өх	empt status X 501(c)(3)	or 527		list. (see instructions)		
		te: WWW.COLLINSPERLEY.COM	- <u> </u>	H(c) Group exemptio	·		
		organization: X Corporation Trust Association Other	1 Year (A State of legal domicile: V1		
	art i	Summary	12 100, 0	77 TOTALICATE	y Carto or logar commono. V 2		
		Briefly describe the organization's mission or most significant activities: PUBL:	IC EDII	CATTON & RE	CREATION		
Activities & Governance	Ι'	billing describe the digamization a mission of most significant activities.	<u> </u>	CHITON & KD	CICELLI I OII.		
па		Check this box ft the organization discontinued its operations or dispos	and of more	than 25% of the not on			
Ver	1		sea or more	1 1			
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)		3	6		
ಈ	[Number of independent voting members of the governing body (Part VI, line 1b)		4	6		
Ë	i	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	26		
ΞΞ	1	Total number of volunteers (estimate if necessary)	•	6	10		
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
	_ b	Net unrelated business taxable income from Form 990-T,-line 34		7 <u>b</u>	0.		
		O MAN O E DOCC		Prior Year	Current Year		
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	42,800.	43,390.		
Revenue	9	Program service revenue (Part VIII, line 2g)	! _ _	634,577.	<u>691,883.</u>		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, ang DEN UT	<u> </u>	175.	48.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,	49,708.	46,461.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		727,260.	781,782.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		301,641.	348,672.		
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
þe		Total fundraising expenses (Part IX, column (D), line 25)	0.				
Ä	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		380,891.	353,423.		
	1	Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)	 	682,532.	702,095.		
	l	Revenue less expenses. Subtract line 18 from line 12	 -	44,728.	79,687.		
- S		nevenue less expenses. Subtract line 10 from line 12	Pos				
3 3 3 3 3 3 3	 	Total accests (Dart V. Iran 16)	Dea	inning of Current Year 745, 495.	End of Year 838, 295.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	 				
팔	21	Total liabilities (Part X, line 26)	-	63,202.	76,315.		
	ırt II	Net assets or fund balances Subtract line 21 from line 20	·	682,293.	761,980.		
		· · · · · · · · · · · · · · · · · · ·			the state of the s		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
rue,	correc	t, and complete. Deglaration of preparer (other than afficer) is based on all information of whi	ich preparer i	nas any knowledge.	16 / 11		
		Supplying of officers			10/16		
Sigr	וו	Signature of officer		Date			
Her	е	KEVIN MANAHAN, TREASURER					
		Type or print name and title\					
		Print/Type preparer's name		ate Check) PTIN		
Paid		KEVIN J. MANAHAN, CPA / CULCULULU	17r 3	16 6 if self-employe	□ P00937947		
Preparer Firm's name A M PEISCH & COMPANY, ALP Firm's EIN 03-0210880							
Use	Only	Firm's address 181 NORTH MAIN STREET(
		ST. ALBANS, VT 05478		Phone no. 802	2-527-0505		
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

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

	Int.,III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1.	Briefly describe the organization's mission.
•	PUBLIC EDUCATION & RECREATION.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$517,315. including grants of \$) (Revenue \$738,344.) MANAGEMENT OF EDUCATIONAL AND PUBLIC RECREATIONAL FACILITY WHICH
	PROVIDES CLASSROOM, ATHLETIC FIELDS, RUNNING TRACK, ICE RINK, TENNIS
	AND RACQUETBALL COURTS, AEROBIC AND WEIGHT TRAINING FACILITIES. TOTAL
	CLIENTS SERVED ARE TOO MANY TO COUNT.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
4	Other program and in a (Describe in Cabadida O.)
4 d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 517.315.

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1'	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Ì	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		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,			1
•	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	<u> </u>		
•	Schedule D, Part III	8	Į	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
v	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		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	10		A
••	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		X	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Α.	1
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	445		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		^
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		х
	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	11c		^
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		x
_		11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	Α
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	امددا		v
40-	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	المدا	v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?]		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	_14a		X
D	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		1	v
45	· · · · · · · · · · · · · · · · · · ·	14b		<u>X</u>
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			v
40		15	-	<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ŀ	v
4~	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.		7.7
40	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,"			
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

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

20b

Form 990 (2014) COLLINS PERLEY SPORTS CENTER, INC.

Part JV Checklist of Required Schedules (continued)

ra	Checkist of Vedanes (continued)			
	District the state of the state		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	├—	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	}	ĺ	1,,
	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	-	ł	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	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]		1
	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	<u> </u>	↓X _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1 1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1 1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	i i		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1 1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):] [
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1 1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1 1		
	contributions? If "Yes," complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l l		
	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	1 1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity]]		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38 Form	X	

ra	Check if Schedule O contains a response or note to any line in this Part V			
.		<u>-</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	i	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ł		1
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return2a26]	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country: ▶		İ	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	<u> </u>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	İ		1
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		—
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7a	<u> </u>	X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b	 	_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7.		v
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8	1	x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	ł		ı
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	İ	
11	Section 501(c)(12) organizations. Enter:		[
а	Gross income from members or shareholders]	Ì	
b	Gross income from other sources (Do not net amounts due or paid to other sources against]	J	
	amounts due or received from them.)	1		
		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		- (
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	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 which the		- 1	
	organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand			
		14a		<u> </u>
<u> b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

Form 990 (2014) COLLINS PERLEY SPORTS CENTER, INC. 03-0347985 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line day of the beam, executed the small ending of the day of the beam of t			
•	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		Γ	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6		ì	
	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.			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 6		l	
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	ļ	X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
6	Did the organization have members or stockholders?	6		Х
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
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
_	persons other than the governing body?	_7b	_	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	17	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
202	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V 1	
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva	-	
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	l	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	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		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	į	l	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	- 1	
	taxable entity during the year?	16a		_X_
b	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		ł	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	/aılabi	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	DAVID KIMEL - 802-527-1202			
	164 FATRFAX ROAD, ST. ALBANS, VT. 05478			

- 000 (2044).	COLLING	DEDIEV	CDODMC	CENTRED	TMO	02 0247005	5
Form 990 (2					CENTER,		<u> </u>	Page A
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employe	ees, Highe	st Compensated	<u> </u>
	Employees, and	d Independe	ent Contrac	ctors				

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

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

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

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

Check this box if neither the organization r	l organization compensat					nsat	sated any current officer, director, or trustee					
(A)	(B)	l		_ ((C)			(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated						
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of					
	week	-			1	7,403	T	from	from related	other		
	(list any hours for	direct				-		the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	ee Or	stee			nsate		(W-2/1099-MISC)	(** 2) 1030 (11100)	organization		
	organizations	tarst	altru		g E	E E		(** 2		and related		
	below	Individual trustee or director	Institutional trustee	a	Key employee	est	je je			organizations		
	line)	텰	ınst	Officer	Ke	Highest compensated employee	Former					
(1) GEOFF LYONS	0.00				}							
DIRECTOR		X	<u> </u>	igsqcup	<u> </u>	<u> </u>	_	0.	0.	0.		
(2) ALBERT COREY	0.00		1									
DIRECTOR		X				<u> </u>		0.	0.	0.		
(3) HAROLD HEBERT	0.00					İ			1			
PRESIDENT		_	<u> </u>	X		_	Ш	0.	0.	0.		
(4) MICHAEL BLOUIN	0.00	ļ										
VICE-PRESIDENT		L		X		<u> </u>		0.	0.	0.		
(5) KEVIN MANAHAN	0.00							_	_			
TREASURER		_		Х		<u> </u>		0.	0.	0.		
(6) CLAUDETTE BOSTWICK	0.00							_	_	_		
SECRETARY				X				0.	0.	<u> </u>		
						1						
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			1							5 000 (004.4)		

1b Sub-total

3

d Total (add lines 1b and 1c)

Section B. Independent Contractors

c Total from continuation sheets to Part VII, Section A

line 1a? If "Yes," complete Schedule J for such individual

\$100,000 of compensation from the organization

Name and business address

Total number of independent contractors (including but not limited to those listed above) who received more than

compensation from the organization

(A)

Name and title

ndividual trustee or director

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

COLLINS PERLEY SPORTS CENTER, INC. 03-0347985 Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 10 d Related organizations 2,800. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 40,590 g Noncash contributions included in lines 1a-1f \$ 43,390. h Total, Add lines 1a-1f Business Code 554,802. 713940 554,802. 2 a PROGRAM SERVICE REVENU Program Service 713940 137,081. 137,081. ь MEMBERSHIP DUES-SERVIC f All other program service revenue 691,883. Total. Add lines 2a-2f Investment income (including dividends, interest, and 48 48. 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 Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 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 8,545 and allowances 4,936. b Less: cost of goods sold 3,609. 3,609. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 713940 42,852. 42,852. 11 a MISCELLANEOUS d All other revenue

42,852

738,344

781,782

e Total. Add lines 11a-11d

Total revenue. See instructions.

48.

•	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				-
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıviduals See Part IV, lıne 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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)	200 600	151 650	171 011	
7	Other salaries and wages	322,690.	151,679.	171,011.	<u>_</u>
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		12,213.	12 760	
9	Other employee benefits	25,982.	12,213.	13,769.	
10	Payroll taxes				
11	Fees for services (non-employees):				
_	Management				
b		155.	155.		
	Accounting Lobbying			 	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	19,578.	19,578.		
12	Advertising and promotion	8,343.	8,343.		
13	Office expenses	9,365.	9,365.		
14	Information technology				
15	Royalties				
16	Occupancy	154,660.	154,660.		<u> </u>
17	Travel	6,929.	6,929.		
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	52,667.	52,667.		
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.)				
	SUPPLIES	44,325.	44,325.		
	REPAIRS	<u>29,846.</u>	29,846.		
	MISCELLANEOUS	14,586.	14,586.		
d	EQUIPMENT RENTAL & MAIN	9,121.	9,121.		
e	All other expenses	3,848.	3,848.		
25	Total functional expenses. Add lines 1 through 24e	702,095.	517,315.	184,780.	0.
26	Joint costs. Complete this line only if the organization	į		İ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1		Ì	
	Check here I If following SOP 98-2 (ASC 958-720)	1	I		

Form 990 (2014)
Part X. Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			. 🗆
`			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	132,317.	1	178,509
)	2	Savings and temporary cash investments	25,389.	2	
	3	Pledges and grants receivable, net		3	
- {	4	Accounts receivable, net	14,491.	4	18,554
	5	Loans and other receivables from current and former officers, directors,			
- 1		trustees, key employees, and highest compensated employees. Complete			
]		Part II of Schedule L		5	
	6	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		}	
İ		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			
¥ Y	7		2,514.	7	2 222
	8	Inventories for sale or use		8	2,323.
	9	Prepaid expenses and deferred charges	1,017.	9	0.
	10a	Land, buildings, and equipment: cost or other			
1		basis Complete Part VI of Schedule D 10a 1,277,842.	560 565		620 000
		Less: accumulated depreciation 10b 638,933.	569,767.		638,909.
	11	Investments · publicly traded securities		11	
	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	
4	16	Total assets. Add lines 1 through 15 (must equal line 34)	745,495.	16	<u>838,295.</u>
	17	Accounts payable and accrued expenses	20,640.	17	20,502.
	18	Grants payable		18	
	19	Deferred revenue	42,562.	19	55,813.
ı	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
j	23	Secured mortgages and notes payable to unrelated third parties		23	
- {	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	ļ	[
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	63,202.	26	76,315.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
2		complete lines 27 through 29, and lines 33 and 34.		ļ	
2	27	Unrestricted net assets	682,293.	27	761,980.
8	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Net Assets of Fully baldines		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
200	31	Paid in or capital surplus, or land, building, or equipment fund		31	
5	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	682,293.	33	761,980.
	•	Total not 2006to 01 tuno paranos	745,495.	34	838,295.

	990 (2014) COLLINS PERLEY SPORTS CENTER, INC.	<u>03-034</u>	<u> 17985</u>	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	, . ,	<u></u>		
•		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			82.
2	Total expenses (must equal Part IX, column (A), line 25)	2			95.
3	Revenue less expenses Subtract line 2 from line 1	3			87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>68</u>	<u>2,2</u>	93.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	76	1,9	80.
<u>Pa</u>	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. </u>	Ш
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
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 reviewed	d on a			
	separate basis, consolidated basis, or both:		1 1		}
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
þ	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 separat	e basis,			
	consolidated basis, or both:		\ \		1
	X Separate basis Consolidated basis Both consolidated and separate basis		1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?	-	3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form'990 or 990-EZ)

Name of the organization

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

Nar	ne of t	he organization						Employe	er identification number		
		COLI	LINS PERLEY	Y SPORTS CEN'	rer,	INC.		(03-0347985		
Pa	art I	Reason for Public	Charity Status	(All organizations must o	complete t	his part) S	ee instruction:	S			
The	organ	zation is not a private foun	dation because it is.	(For lines 1 through 11,	check onl	y one box.)		_		
1	\square	A church, convention of cl	hurches, or associate	ion of churches describe	ed in secti	on 170(b)(1)(A)(i).				
2	\square	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	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									
5		An organization operated to	for the benefit of a co	ollege or university owne	ed or opera	ated by a g	jovernmental ι	ınıt descn	bed in		
	_	section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local go	overnment or govern	mental unit described in	section 1	70(b)(1)(A)(v).				
7		An organization that norma	ally receives a substa	antial part of its support	from a go	vernmenta	l unit or from t	ne genera	I public described in		
		section 170(b)(1)(A)(vi). (0	Complete Part II.)								
8	\square	A community trust describ									
9		An organization that norma	ally receives: (1) more	e than 33 1/3% of its su	pport from	n contributi	ons, members	hıp fees, a	and gross receipts from		
		activities related to its exer									
		income and unrelated busi	iness taxable income	e (less section 511 tax) f	rom busin	esses acqu	ured by the or	ganizatıon	after June 30, 1975		
		See section 509(a)(2). (Co	•								
10	님	An organization organized									
11		An organization organized									
		more publicly supported or							Check the box in		
		lines 11a through 11d that									
а	Ц	Type I. A supporting org									
		the supported organizati			a majority	of the dire	ctors or truste	es of the s	supporting		
	_	organization You must o									
D	L	Type II. A supporting org					_		-		
		control or management o			same pers	ons that co	ontrol or mana	ge the sup	оропеа		
_		organization(s) You mus	•			. خاست محمد			a alal		
·		Type III functionally inte its supported organization						y integrat	ea with,		
d		Type III non-functionally		-	-	•	•	ed organ	ization(s)		
_		that is not functionally in									
		requirement (see instruct						an attent	iveriess		
е		Check this box if the orga						i Type III			
		functionally integrated, o					, po ., . , po .	., . , po			
f	Enter	the number of supported		, ,							
g		de the following information		ed organization(s).							
	(1)	Name of supported	(ii) EIN	(III) Type of organization		organization in your	(v) Amount of	nonetary	(vi) Amount of		
		organization		(described on lines 1-9 above or IRC section	governing	document?	support (other support (see		
				(see instructions))	Yes	No	Instruction	ons)	Instructions)		
		-									
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otai											

Schedule A (Form 990 or 990-EZ) 2014 COLLINS PERLEY SPORTS CENTER, INC. 03-0347985 Page 2

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants ")	92,200.	38,150.	64,335.	42,800.	43,390.	280,875.
2	Tax revenues levied for the organ- ization'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	92,200.	38,150.	64,335.	42,800.	43,390.	280,875.
5	The portion of total contributions	<u> </u>	30,130.		42,000	33,320.	200,0131
•	by each person (other than a			}			
	governmental unit or publicly			j		1	
	supported organization) included			ł			
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,			İ			
	column (f)						
	``						280,875.
	Public support. Subtract line 5 from line 4 ction B. Total Support	L					200,075.
		(a) 2010	(h) 2011	(=) 2012	(4) 2012	(=) 0014	/D Total
	ndar year (or fiscal year beginning in)	92,200.	(b) 2011 38,150.	(c) 2012 64,335.	(d) 2013 42,800.	(e) 2014 43,390.	(f) Total 280,875.
		72,200.	30,130.	04,333.	42,000.	43,330.	_200,013.
8							
	dividends, payments received on securities loans, rents, royalties		j				
	and income from similar sources	1,332.	1,274.	111.	175.	48.	2,940.
9		1,552.	1,2/4.			40.	2,340.
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	1	j				
	assets (Explain in Part VI.)	33,439.	21,278.	29,343.	56,204.	46,461.	186,725.
44	Total support. Add lines 7 through 10		21,270.	29,343.	<u> </u>	40,401.	470,540.
	Gross receipts from related activities,	oto /ooo instructio				12 4	,050,374.
	First five years. If the Form 990 is for			Lifewith ar fifth tax	l Voor oo a sootior		,030,314.
13	organization, check this box and stop	-	mat, second, timo	i, ioditii, oi iiitii ta	year as a section	1 30 1(0)(3)	▶□
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2014 (I			olumn (fl)		14	59.69 %
	Public support percentage from 2013		•	,,,,,	·	15	65.33 %
	33 1/3% support test - 2014. If the o			line 13, and line 1.	ا 4 د 33 1/3% مد ۳		
	stop here. The organization qualifies a	-			1 10 00 17070 01 11		► X
h	33 1/3% support test - 2013. If the o		_	 ne 13 or 16a, and l	 ine 15 is 33 1/3%	or more, check the	
_	and stop here. The organization quali					5. 11.675, 61.66K til	▶ □
17a	10% -facts-and-circumstances test	•	- · · · -		13. 16a or 16b a	 nd line 14 is 10% (or more
	and if the organization meets the "faci	_					
	meets the "facts-and-circumstances"			-		. Trijon alo organi	▶ □
h	10% -facts-and-circumstances test	-	•	• • • • • • • • • • • • • • • • • • • •	•	7a. and line 15 is 1	
-	more, and if the organization meets th	•					.0.0 01
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization						
<u></u>	realisation in the organization			,		dule A (Form 990)	

Schedule A (Form 990 or 990 EZ) 2014 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

50	qualify under the tests listed b	elow, please com	iplete Part II.)						
		(-) 0010	(h) 0011	T (1) 0010	(-0.0010	4.2.0014	(0.T-+-)		
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not	l							
	include any "unusual grants.")		 	 		 			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-			ľ					
	iness under section 513			}			}		
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to				ļ				
	or expended on its behalf								
5	The value of services or facilities								
_	furnished by a governmental unit to			Ì)				
	the organization without charge								
6	Total. Add lines 1 through 5					**	· · · · · · · · · · · · · · · · · · ·		
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	: Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)	<u> </u>							
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011_	(c) 2012	(d) 2013	(e) 2014	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	I							
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								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
13	Total support. (Add lines 9, 10c, 11, and 12)		L						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,		
	check this box and stop here						▶□		
Sec	ction C. Computation of Publi	c Support Pe	rcentage						
15	Public support percentage for 2014 (li	ne 8, column (f) d	vided by line 13, c	olumn (f))		15	%		
16	Public support percentage from 2013	Schedule A, Part	III, lin <u>e</u> 15			16	%		
Sec	ction D. Computation of Inves	tment Incom	e Percentage						
17	Investment income percentage for 20	14 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	%		
	Investment income percentage from 2			• •		18	%		
19a	33 1/3% support tests - 2014. If the	organization did r	ot check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not		
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	fies as a publicly s	supported organiz	ation .	. ▶□		
b	33 1/3% support tests - 2013. If the	=	=				ınd		
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	ınızatıon qualifies a	as a publicly supp	orted organization	. ▶□		
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
]	
	1		
	2		
	3a_		
	3b		
	3c		
	4a_		
	4b		
	1		
	4c_		
	5a		
	5b		
	5c_		
}			
	6		
ļ	7_		
	8		
Ī	<u> </u>		
	9a		
Ī			
-	9 <u>b</u>	-	
	9c	_	
-	10a		
	10b	\	

		-034/98	33 P	age 5
	rt IV Supporting Organizations (continued)		Voc	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
'' a	A server be deadly as deadly as delegated as the server of			
a	below, the governing body of a supported organization?	11a		1
h	A family member of a person described in (a) above?	11b	 	
_	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	 	+
	tion B. Type I Supporting Organizations	116		ــــــــــــــــــــــــــــــــــــــ
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	1.00
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	'-	1	\vdash
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	1
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		İ	
	the supported organization(s).	1	ł	1
Sec	tion D. Type III Supporting Organizations	 -		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	i	i	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard	3 _		ĺ
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instruction	ns):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	<i>instructions</i> ,	<u>}</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ļ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	-			

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			13-034/985 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions All
•	other Type III non-functionally integrated supporting organizations must co	_		
Sect	tion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(65
2	Recoveries of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Ī		
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	<u> </u>		<u> </u>
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	T		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall		d Type III supporting orga	anization (see
	instructions).	. •	. ,, 5	,

	rt V. Type III Non-Functionally Integrated 509			33-034/303 Page/
	tion D - Distributions	olaylor cupporting Cit	jamzations (continued)	Current Year
Sec.	Amounts paid to supported organizations to accomplish exe	emot numoses	-	Current rear
<u> </u>	Amounts paid to perform activity that directly furthers exem			
2	organizations, in excess of income from activity	pr purposes or supported		
	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ne	
3	Amounts paid to acquire exempt-use assets	ses of supported organization	113	
4_	Qualified set-aside amounts (prior IRS approval required)			
<u>5</u> 6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			1
	Distributions to attentive supported organizations to which t	he organization is responsi	· · · · · · · · · · · · · · · · · · ·	
8	(provide details in Part VI). See instructions.	rie organization is responsit	•	
	Distributable amount for 2014 from Section C, line 6			
<u>9</u> 10	Line 8 amount divided by Line 9 amount			
<u>10</u>	Line 8 amount divided by Line 9 amount	(6)	/iii	(iii)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014			
<u>a</u>				
b				
С				
d				
е	From 2013			
f_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
_ i_	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<u> </u>		
4	Distributions for 2014 from Section D,			
	line 7· \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.	·		
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
_	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI	Supplemental	Information. Pro	ovide the explanat	tions required by P	Part II, line 10; Part	II, line 17a or 17b; a	-0347985 and Part III, line 1	2.
•	Also complete this	part for any addition	nal information. (S	ee instructions).				
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						-		
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SCHEDULE D

Department of the Treasury

(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.

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

OMB No. 1545-0047

Name of the organization **Employer identification number** COLLINS PERLEY SPORTS CENTER, 03-0347985 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		PERLEY SI							<u> 47985</u>	
Pa	t III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other recor	rds, ched	ck any of the	e following th	nat are a s	significant	use of its	collection	ıtems
•	(check all that apply):									
а	Public exhibition		d 🔲	Loan or ex	change prog	rams				
b	Scholarly research		e 🔲	Other						
С	Preservation for future generations					-				
4	Provide a description of the organization's c	ollections and expla	an how t	hev further	the organiza	tion's exe	arua tame	ose in Pai	t XIII	
5	During the year, did the organization solicit of			-	-					
_	to be sold to raise funds rather than to be m								Yes	☐ No
Pai	t IV Escrow and Custodial Arran					"Yes" to	Form 990	Part IV.		
	reported an amount on Form 990, Pa		,	g				, ,		
1a	Is the organization an agent, trustee, custod		diary for	contributio	ns or other a	ssets no	t included			
,α	on Form 990, Part X?		, .c.	Contributio	110 01 011101 0	.00010 110			Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table:	•			_	_ 162	140
b	ii res, explain the arrangement in Fart Am	and complete the h	Ollowing	table					Amount	
	Danis and Labora								Amount	
C	Beginning balance		•	•		•	1c			
d	Additions during the year	•	•		٠		1d			
e	Distributions during the year				• •		1e		 _	
f	Ending balance			•	•		<u> 1f </u>			
2a	Did the organization include an amount on F						lirty?	L.,	_ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII						 -		.	<u> </u>
Pai	t V Endowment Funds. Complete								T	
		(a) Current year	(b) !	Prior year	(c) Two ye	ars back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance		 		 -					
b	Contributions				 				<u></u>	
C	Net investment earnings, gains, and losses		 		 					
d	Grants or scholarships .		 		ļ					
е	Other expenditures for facilities		}		}	1			1	
	and programs .		ļ							
f	Administrative expenses		ļ		<u> </u>					
g	End of year balance		<u> </u>							
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are held a	ınd admınıst	ered for t	he organız	ation		
	by:								Y	es No
	(i) unrelated organizations		_			_			3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required of	on Sche	dule R?				•	3b	
4	Describe in Part XIII the intended uses of the					•		•		
Par	T									
	Complete if the organization answered	d "Yes" to Form 990), Part IV	, line 11a. S	ee Form 990), Part X,	lıne 10.			
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Book v	alue
		basis (investi			(other)		oreciation			
1a	Land				 -					
	Buildings			3.8	2,138.		34,54	18.	347	590.
	Leasehold improvements				_,	 -	<u> </u>		<u> </u>	<u> </u>
	Equipment					 		_+		
	Other			80	5,704.	-	504,38	35.	291	319.
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colur				<u> </u>	-		909.
<u>ı yıal</u>	racimes racinough te (Column (a) must e	guai i viili 330, Fäll	A, COIUI	(<i>D), III</i> 10 1	· · · · · · · · · · · · · · · · · · ·				<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>

Schedule D (Form 990) 2014

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2014

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per B		U <u>34/965</u> Page 4
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12		riovolido por l	.o.a	•
`1	Total revenue, gains, and other support per audited financial statements			1	1,147,365.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	•		
a	All the second s	2a		1 1	
b		2b	360,647.	1	
c	· ·	2c		1	
d		2d	4,936.		
e				2e	365,583.
3	Subtract line 2e from line 1	·	•	3	781,782.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		}	
С	Add lines 4a and 4b	<u> </u>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	781,782.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l			
1	Total expenses and losses per audited financial statements			1	1,067,678.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Pnor year adjustments	_2b	360,647.		
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,936.		
е	Add lines 2a through 2d			2e	<u>365,583.</u>
3	Subtract line 2e from line 1			_3	702,095.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIII.)	4b			_
C	Add lines 4a and 4b	•		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u>-</u> _		5	702,095.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			i; Part)	K, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inforr	nation.		
ΣΔΕ	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	AI, HIME 2D OTHER ADOUGHDATE.				
205	ST OF GOODS SOLD				
<u> </u>	01 00 0000 0000				
					
PAF	RT_XII, LINE 2D - OTHER ADJUSTMENTS:				
COS	ST OF GOODS SOLD				
					
_					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.lrs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** COLLINS PERLEY SPORTS CENTER, INC. 03-0347985 FORM 990, PART VI, SECTION B, LINE 11: 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 B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION OF THE ADMINISTRATIVE STAFF IS SUBJECT TO APPROVAL BY INDEPENDENT PARTIES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.