

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 12/01, 2013, and ending 11/30, 2014

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

2013

Name of exempt organization BATTLEFIELD PARK SWIM & RACQUET CLU	Employer identification number 54-0628161
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Name and title of officer
TAMMY COLLINS - PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	103993
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DOREEN CREEL WOOD ACCOUNTING to enter my PIN

1	8	1	6	1
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 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	4	7	0	5	6	1	2	3	4	5
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do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 06/02/15

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Short Form Return of Organization Exempt From Income Tax

2013

Open to Public
Inspection

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. By law, the IRS generally cannot redact the information on the form.**

▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 12/01, 2013, and ending 11/30, 2014

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization BATTLEFIELD PARK SWIM & RACQUET CLU	
Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
P O BOX 1784	
City or town, state or province, country, and ZIP or foreign postal code PETERSBURG, VA 23805	

D Employer identification number 54-0628161
E Telephone number 804-733-4511
F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other CLUB

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 113636

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	88734
	4 Investment income	4	5600
	5a Gross amount from sale of assets other than inventory	5a	13894
	b Less: cost or other basis and sales expenses	5b	7293
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	6601
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ <u>5408</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	5408
c Less: direct expenses from gaming and fundraising events	6c	2350	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3058	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	103993	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	49862
	13 Professional fees and other payments to independent contractors	13	4235
	14 Occupancy, rent, utilities, and maintenance	14	33378
	15 Printing, publications, postage, and shipping	15	451
	16 Other expenses (describe in Schedule O)	16	24352
17 Total expenses. Add lines 10 through 16 ▶	17	112278	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8285
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-35115
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	-43400

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____

TAMMY COLLINS - PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LIKA DOREEN CREEL Preparer's signature: _____ Date: 06/02/15 Check if self-employed PTIN: P00773879

Firm's name: DOREEN CREEL WOOD ACCOUNTING Firm's EIN: 20-0041080

Firm's address: 1511 W CITY POINT ROAD HOPEWELL, VA 23860 Phone no.: (804) 452-4442

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

BATTLEFIELD PARK SWIM & RACQUET CLU

Employer identification number

54-0628161

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1 Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

BATTLEFIELD PARK SWIM & RACQUET CLU

Employer identification number

54-0628161

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES:

DESCRIPTION	AMOUNT
TAXES	10699
INSURANCE	6313
BANK CHARGES	261
SUPPLIES	2912
INTEREST	2957
DEPRECIATION (FORM 4562)	1210
TOTAL:	24352

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS:

DESCRIPTION	BEGINNING	ENDING
PETTY CASH	193	193
TOTAL:	193	193

FORM 990-EZ, PART II, LINE 26 - TOTAL LIABILITIES:

DESCRIPTION	BEGINNING	ENDING
LOAN BALANCE	48626	46468
TOTAL:	48626	46468

FORM 990-EZ, PART V, LINE 35:

INITIATION FEES

FORM 990-EZ, PART III:

TO PROVIDE SAFE AND PLEASANT RECREATIONAL FACILITIES FOR CLUB MEMBERS

**Depreciation and Amortization
(Including Information on Listed Property)**

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return BATTLEFIELD PARK SWIM & RACQUET CLU	Business or activity to which this form relates EXEMPT ORGANIZATION	Z 1	Identifying number 54-0628161
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	1210
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1210
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

STATEMENT OF DEPRECIATION FOR: SCHEDULE: Z-1
ATTACH TO: 54-0628161 BATTLEFIELD PARK SWIM & RACQUET CLU

Description of Property	Date Acquired	Cost or other Basis	Sec 179	Bonus Deprec	Basis	Accum Deprec	Method Used	Life or Rate	Deprec for 2013	ADS Deprec for 2013	Next Year's Deprec
BATH HOUSE	12/01/58	17845			17845	17845	SL	20.0			
PICNIC AREA	06/01/66	1227			1227		LAND				
SWIMMING POOL	07/15/69	52005			52005	52005	SL	25.0			
SWIMMING POOL AREA	05/31/76	9846			9846	9846	SL	18.0			
PICNIC PAVILLION	07/11/78	29084			29084	29084	SL	20.0			
STORAGE BUILDING A	04/01/82	2266			2266	2266	SL	20.0			
SNACK BAR ADULT RO	04/01/82	62100			62100	62100	SL	15.0			
CHAIRS AND TABLES	06/15/82	2048			2048	2048	SL	7.0			
BIKE RACK	08/16/82	270			270	270	SL	5.0			
ADULT POOL PAVILLI	12/23/82	8213			8213	8213	SL	7.0			
ADULT ROOM FURNITU	02/09/83	1157			1157	1157	SL	5.0			
2 BATH HOUSE AND S	04/12/84	26901			26901		SL	20.0			
STOVE AND MICROWAV	05/25/84	1195			1195	1195	SL	11.0			
TELESCOPE FURNITUR	02/22/85	4636			4636	4636	SL	5.0			
WATER COOLER	07/16/86	448			448	448	SL	3.0			
POOL IMPROVEMENT	01/01/88	200609			200609	200609	SL	20.0			
CEP POOL IMPROVEME	12/01/88	25762			25762	25762	SL	20.0			
TABLES	12/01/88	991			991	991	SL	5.0			
POOL LANE LINES	06/12/90	1909			1909	1909	MACRS	5.0			
LANE LINES	04/11/91	405			405	402	MACRS	5.0			
STARTING BLOCKS	04/11/91	529			529	529	SL	5.0			
DRIVEWAY PAVING	05/06/91	2756			2756	2756	MACRS	10.0			
TILE WORK	05/17/91	4575			4575	4575	MACRS	20.0			
LIGHTS	05/24/91	4579			4579	4579	SL	10.0			
CARPET	06/21/91	594			594	594	SL	10.0			
EXHAUST FANS	07/01/91	1035			1035	1035	SL	10.0			
150 CHAIRS	07/04/91	870			870	870	SL	5.0			
STARTING BLOCKS	05/18/92	3320			3320	3320	SL	5.0			
ICE MACHINE	05/21/92	1800			1800	1800	SL	5.0			
PH CONTROLLER	07/16/92	1207			1207	1207	MACRS	7.0			
PH CONTROLLER	07/16/92	1207			1207	1207	MACRS	7.0			
CHLORINE CONTROLLE	07/16/92	1283			1283	1283	MACRS	7.0			
CHLORINE CONTROLLE	07/16/92	1283			1283	1283	MACRS	7.0			
FEED UNIT	07/16/92	413			413	413	MACRS	7.0			
FEED UNIT	07/16/92	413			413	413	MACRS	7.0			
CHLORINE PUMP SMAL	07/16/92	254			254	254	MACRS	7.0			
CHLORINE PUMP LARG	07/16/92	449			449	449	MACRS	7.0			
SECURITY SYSTEM	10/17/92	1762			1762	1762	SL	5.0			
54 CHAIRS	07/01/93	1926			1926	1926	SL	5.0			
DIVING BOARD	05/12/94	1035			1035	1035	MACRS	7.0			
METAL FRAME DOOR	06/09/94	441			441	441	SL	7.0			
ROOF PUMP SHED	06/09/94	800			800	800	SL	15.0			
25 CHAIRS	05/05/95	1409			1409	1409	SL	5.0			
60 STRAP CHAIRS	05/05/95	877			877	877	SL	5.0			
MESH TENNIS WINDSC	07/11/95	948			948	948	SL	5.0			
POOL IMPROVEMENTS	11/01/95	26000			26000	26000	SL	15.0			
AWNINGS	06/19/96	2423			2423	2423	MACRS	15.0			
NON SLIP CARPET BA	08/12/96	1562			1562	1562	SL	5.0			
CARPET ADULT ROOM	08/12/96	1437			1437	1437	MACRS	5.0			
SOFA LOVE SEAT	03/19/97	593			593	593	MACRS	7.0			
SIDEWALK	05/28/97	1300			1300	1300	MACRS	10.0			
COUNTERS	06/01/97	1075			1075	1075	MACRS	7.0			
NEW ROOF	05/26/98	14337			14337	13913	MACRS	15.0			
RETILE WOMENS BATH	05/17/99	4535			4535	4133	MACRS	15.0	134	134	

STATEMENT OF STATE DEPRECIATION FOR:
 BATTLEFIELD PARK SWIM & RACQUET CLU 54-0628161 SCHEDULE: Z-1

TO BE USED ONLY IF STATE DOES NOT ALLOW SPECIAL DEPRECIATION

Description of Property	Date Acquired	Cost or other Basis	Sec 179	Bonus Deprec	Basis	Accum Deprec	Method Used	Life or Rate	Deprec for 2013	ADS Deprec for 2013	Next Year's Deprec
BATH HOUSE	12/01/58	17845			17845	17845	SL	20.0			
PICNIC AREA	06/01/66	1227			1227		LAND				
SWIMMING POOL	07/15/69	52005			52005	52005	SL	25.0			
SWIMMING POOL AREA	05/31/76	9846			9846	9846	SL	18.0			
PICNIC PAVILLION	07/11/78	29084			29084	29084	SL	20.0			
STORAGE BUILDING ADD	04/01/82	2266			2266	2266	SL	20.0			
SNACK BAR ADULT ROOM	04/01/82	62100			62100	62100	SL	15.0			
CHAIRS AND TABLES	06/15/82	2048			2048	2048	SL	7.0			
BIKE RACK	08/16/82	270			270	270	SL	5.0			
ADULT POOL PAVILLION	12/23/82	8213			8213	8213	SL	7.0			
ADULT ROOM FURNITURE	02/09/83	1157			1157	1157	SL	5.0			
2 BATH HOUSE AND STO	04/12/84	26901			26901		SL	20.0			
STOVE AND MICROWAVE	05/25/84	1195			1195	1195	SL	11.0			
TELESCOPE FURNITURE	02/22/85	4636			4636	4636	SL	5.0			
WATER COOLER	07/16/86	448			448	448	SL	3.0			
POOL IMPROVEMENT	01/01/88	200609			200609	200609	SL	20.0			
CEP POOL IMPROVEMENT	12/01/88	25762			25762	25762	SL	20.0			
TABLES	12/01/88	991			991	991	SL	5.0			
POOL LANE LINES	06/12/90	1909			1909	1909	MACRS	5.0			
LANE LINES	04/11/91	405			405	402	MACRS	5.0			
STARTING BLOCKS	04/11/91	529			529	529	SL	5.0			
DRIVEWAY PAVING	05/06/91	2756			2756	2756	MACRS	10.0			
TILE WORK	05/17/91	4575			4575	4575	MACRS	20.0			
LIGHTS	05/24/91	4579			4579	4579	SL	10.0			
CARPET	06/21/91	594			594	594	SL	10.0			
EXHAUST FANS	07/01/91	1035			1035	1035	SL	10.0			
150 CHAIRS	07/04/91	870			870	870	SL	5.0			
STARTING BLOCKS	05/18/92	3320			3320	3320	SL	5.0			
ICE MACHINE	05/21/92	1800			1800	1800	SL	5.0			
PH CONTROLLER	07/16/92	1207			1207	1207	MACRS	7.0			
PH CONTROLLER	07/16/92	1207			1207	1207	MACRS	7.0			
CHLORINE CONTROLLER	07/16/92	1283			1283	1283	MACRS	7.0			
CHLORINE CONTROLLER	07/16/92	1283			1283	1283	MACRS	7.0			
FEED UNIT	07/16/92	413			413	413	MACRS	7.0			
FEED UNIT	07/16/92	413			413	413	MACRS	7.0			
CHLORINE PUMP SMALL	07/16/92	254			254	254	MACRS	7.0			
CHLORINE PUMP LARGE	07/16/92	449			449	449	MACRS	7.0			
SECURITY SYSTEM	10/17/92	1762			1762	1762	SL	5.0			
54 CHAIRS	07/01/93	1926			1926	1926	SL	5.0			
DIVING BOARD	05/12/94	1035			1035	1035	MACRS	7.0			
METAL FRAME DOOR	06/09/94	441			441	441	SL	7.0			
ROOF PUMP SHED	06/09/94	800			800	800	SL	15.0			
25 CHAIRS	05/05/95	1409			1409	1409	SL	5.0			
60 STRAP CHAIRS	05/05/95	877			877	877	SL	5.0			
MESH TENNIS WINDSCRE	07/11/95	948			948	948	SL	5.0			
POOL IMPROVEMENTS	11/01/95	26000			26000	26000	SL	15.0			
AWNINGS	06/19/96	2423			2423	2423	MACRS	15.0			
NON SLIP CARPET BATH	08/12/96	1562			1562	1562	SL	5.0			
CARPET ADULT ROOM	08/12/96	1437			1437	1437	MACRS	5.0			
SOFA LOVE SEAT	03/19/97	593			593	593	MACRS	7.0			
SIDEWALK	05/28/97	1300			1300	1300	MACRS	10.0			
COUNTERS	06/01/97	1075			1075	1075	MACRS	7.0			
NEW ROOF	05/26/98	14337			14337	13913	MACRS	15.0			
RETILE WOMENS BATHRO	05/17/99	4535			4535	4133	MACRS	15.0	134		

