

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 05-01, 2022, and ending 04-30, 20	23
B Check if applicable: C Name of organization Chester Bowl Improvement Club D Employer identification	tion number
Address change Doing business as 41–141	0681
Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number	
Initial return 1801 East Skyline Parkway (218)7	24-9832
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts	
Amended return Duluth, MN 55812 \$	694,439
Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates?	Yes X No
H(b) Are all subordinates included?	Yes No
I         Tax-exempt status:         X         501(c)(3)         501(c) (         ) (insert no.)         4947(a)(1) or         527         If "No," attach a list. See instruct	ons
J Website: chesterbowl.org H(c) Group exemption number	
K Form of organization: X Corporation Trust Association Other L Year of formation: 1980 M State of legal domicile:	MN
Part I Summary	
1 Briefly describe the organization's mission or most significant activities: Promote sustainable, quality program	s for all
Chester Bowl Park users in a healthy and safe environment.	
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)	
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	58
6 Total number of volunteers (estimate if necessary)	500
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
	0
8 Contributions and grants (Part VIII, line 1h)	356,552
	267,642
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	207,042
9 Program service revenue (Part VIII, line 2g)	12,313
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	636,509
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	288,572
14 Benefits paid to or for members (Part IX, column (A), line 4)	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	284,530
16a Professional fundraising fees (Part IX, column (A), line 11e)	0
To the responses (Part IX, column (A), line 11e)	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	143,483
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 346,115	716,585
19 Revenue less expenses. Subtract line 18 from line 12	(80,076)
Beginning of Current Year End	of Year
20 Total assets (Part X, line 16)	876,243
Beginning of Current Year     End       20     Total assets (Part X, line 16)     975,743       21     Total liabilities (Part X, line 26)     123,732       22     Net assets or fund balances. Subtract line 21 from line 20     852,011	103,794
	772,449
Part II Signature Block	
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.	
Touristic Trabaca	
Sign Signature of officer Date	
Here Jennifer Jackson, Treasurer  Type or print name and title	
District Control of the Control of t	
Doi:	YYYY
Preparer   Donovan Frye   Donovan Fr	
Use Only Firm's address 4897 Miller Trunk Hwy Suite 103 Phone no.	
Hermantown MN 55811 218-591-205	9
May the IRS discuss this return with the preparer shown above? See instructions	Yes X No

) (Revenue \$

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$

**4e** Total program service expenses 683,524

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
r	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	446		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
,	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Х
٠	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	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	x	Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a				
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_ v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	X	
13	If "Yes," complete Schedule G, Part III	19		x
<b>20</b> a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		-
d 250	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		X
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١		
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
30	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		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		X
31	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	- 3,		
50	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	х	
Par			Λ	
ıaı	Check if Schedule O contains a response or note to any line in this Part V			
	The second of th	<i>.</i> • •	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	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	x	

41-1410681

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ...... 2a 58 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year?......... 3a 3a х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O......... At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . Х If "Yes," enter the name of the foreign country h See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Х х b С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? ...... 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с х d е 7е х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . . . . . . . . . 7f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... 7g х g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . . . . . 7h h Х Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Х Sponsoring organizations maintaining donor advised funds. х 9b b Х 10 Section 501(c)(7) organizations. Enter: 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . . . . . . . . . b 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . . . . . . . . . Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b Did the organization receive any payments for indoor tanning services during the tax year? 14a Х 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . . . . . . . . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 Х If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . . . . . . . х If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

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.

<u></u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management		V	NI-
4-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O.  Enter the number of voting members included in line 1a, above, who are independent			
р 2	Enter the number of voting members included in line 1a, above, who are independent	-		
2	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, 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		_ <u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
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?	150	37	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	x x	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	^	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a 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	104		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Minnesota			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)				
(A)	(B)			Pos			(D)	(E)	(F)
Name and title	Average	,				nan one s both an	Reportable	Reportable	Estimated amount
riano dia dia	hours					/trustee)	compensation	compensation	of other
	per week					_ \	from the	from related	compensation
	(list any	or	Ing	9	Ke	em High	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	direc	tt	Officer	y em	Highest employ	1099-NEC)	1099-NEC)	related organizations
	organizations	or in	onal		Key employee	ee t con			
	below	or director	Institutional trustee		ee	pen			
	dotted line)	0	ee		1	Highest compensated employee			
		Ì			ľ	٦			
(1) Sue Schumacher	1.00								
Director		X					0	0	0
(2) Jessica Hehir	1.00			,					
Director		X					0	0	0
(3) Nik Bayuk	1.00								
Director		х	$\vdash$				0	0	0
(4) Ben Stromberg	1.00								_
Director		X					0	0	0
(5) Jen Eltink	1.00								_
Director	1 00	Х	$\vdash$				0	0	0
(6) Dori_RapaportDirector	1.00	х					0	0	o
(7) Julie Flotten	1.25		H				0	0	<u> </u>
Vice Chair				x			0	0	0
(8) Jesse Singer	1.50		H						
Board Chair				x			0	0	o
(9) Kelly LaCore	1.25						_		-
Vice Treasurer				x			0	0	0
(10)Michelle Balthazor	1.25								
Secretary				х			0	0	0_
(11)Jennifer Jackson	1.50								
Treasurer				х			0	0	0
(12)David N Schaeffer	40.00								
Executive Director					х		0	0	0_
(13)Samuel P Luoma	40.00								
Program Director				_	x		0	0	0
<u>(14)</u>									

EEA Form **990** (2022)

	90 (2022) Chester Bowl Impr									41-1410			age <b>8</b>
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Ξmį	ploy	yee	s, ar	ıd F	Highest Comp	ensated Empl	oyees	(conti	nued)
	(A) Name and title	(B) Average hours per week	box,	, unle	Pos eck m ss per	son is	han one s both a /trustee	n	(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/	cor	(F) ated amo of other npensatio	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	orga	nization a	
<u>(15)</u>			-										
<u>(16)</u>			-										
<u>(17)</u>			-										
<u>(18)</u>			-										
<u>(19)</u>			-										
(20)			-										
(21)										•			
(22)													
			-										
(25)				4									
С	Subtotal												
d 2	Total (add lines 1b and 1c)								ore than \$100,000	of			0
	reportable compensation from the organization	tor truotoe	leave an	anla		or b	ام م ماه		mnonostod			Yes	No No
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i>	le J for suc	h individ	dual							3		х
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater the individual.	an \$150,00	0? If "Y	'es,"	con	nple	te Sch	edu	le J for such		4		
5	individual	compensat	ion from	any	unr	elate	ed org	aniz	ation or individual		4		X
Saction	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Scnea	iuie .	J tor	suc	n pers	on	<u> </u>		5		<u> </u>
1	Complete this table for your five highest compensa	ted indeper	ndent co	ntra	ctors	tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp												
	(A) Name and business addres	ss							(B)  Description of service	ees	(C) Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-			se lis	ted a	above	) wh	0				

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		Check if Schedule O contains a response o	r note to an	y line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1	а					3001010 012 014
	b		b					
nts nts	C	•	C					
G To III	d		d					
Contributions, Gifts, Grants and Other Similar Amounts	e	•		08,415				
<u>a</u> <u>e</u>	f	All other contributions, gifts, grants,		00,115				
Si iš			f 2	48,137				
the the	g	Noncash contributions included in						
d O		lines 1a-1f	g \$					
ა გ	h				356,552			
			Busine	ess Code				
	2a	Winter Activities	713990	0	163,016	163,016		
vice	b	Summer Activities	713990	0	104,626	104,626		
Program Service Revenue	С							
am eve	d		_					
S S	е		_					
Ĕ		All other program service revenue						
	g	Total. Add lines 2a-2f			267,642			
	3	Investment income (including dividends, interes	st, and					
		other similar amounts)			2	2		
	4	Income from investment of tax-exempt bond pr		$\cdots$				
	5	Royalties		`				
		(i) Real		ersonal				
		Gross rents 6a 2,52	25					
		Less: rental expenses 6b	-					
		Rental income or (loss) 6c 2,52	25					
	d	Net rental income or (loss)			2,525	2,525		
	7a	Gross amount from (i) Securities	(ii) (	Other				
		sales of assets						
		other than inventory 7a	<del></del>					
4.	b	Less: cost or other basis and sales expenses 7b						
venue		Gain or (loss) 7c	47					
		Net gain or (loss)	_					
Other Re		Gross income from fundraising	7					
æ,	- Oa	events (not including \$						
O		of contributions reported on line						
			8a	46,885				
	b			43,502				
		Net income or (loss) from fundraising events			3,383			3,383
		Gross income from gaming			0,000			3,333
			9a					
	b		9b					
	С	Net income or (loss) from gaming activities .						
	10a	Gross sales of inventory, less						
		•	I0a	20,833				
	b	Less: cost of goods sold	10b	14,428				
	С	Net income or (loss) from sales of inventory .			6,405	6,405		
			Busine	ess Code				
SI .	11a							
ano	b		_					
sell; evel	С		_					
Miscellanous Revenue		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			636,509	276,574	0	3,383

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 288,572 288,572 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .... Compensation of current officers, directors, 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages ...... 7 263,995 237,595 26,400 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 20,535 18,481 2,054 11 Fees for services (nonemployees): b Legal...... 5,249 4,724 525 d Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . . . . . . . . . . . . Office expenses ..... 13 2,713 2,442 271 Information technology . . . . . 14 8,405 7,564 841 15 Royalties . . . . . . . . . . . 16 17 1,792 1,613 179 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates . . . . . 21 22 Depreciation, depletion, and amortization 36,816 36,816 23 2,774 27,742 24,968 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 34,435 Winter Program Direct Exp 34,435 b Summer Program Direct Exp 16,421 16,421 C d 17 е All other expenses 9,910 9,893 Total functional expenses. Add lines 1 through 24e. . 25 716,585 683,524 33,061 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) . . .

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 621,126 526,444 2 177,606 2 222,606 3 4 4 325 891 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . 6 7 7 8 8 9 Prepaid expenses and deferred charges ..... 9,417 11,117 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . 10a 290,312 10b b Less: accumulated depreciation . . . . . . . . . . . 126,417 10c 175,127 115,185 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 40,852 15 Total assets. Add lines 1 through 15 (must equal line 33) ....... 16 975,743 16 876,243 17 1,683 17 8,274 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . . 23 Unsecured notes and loans payable to unrelated third parties 24 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 122,049 25 95,520 26 26 123,732 103,794 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 448,699 528,615 28 323,396 28 323,750 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds .......... 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 852,011 772,449 33 876,243 975,743

EEA Form **990** (2022)

orm 990 (2022)	Chester Bowl Improvement Club	41-1410681

orm	990 (2022) Chester Bowl Improvement Club	41-141068	31	P	age <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		636	509
2	Total expenses (must equal Part IX, column (A), line 25)	2		716	585
3	Revenue less expenses. Subtract line 2 from line 1	3		(80)	076)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		852	011
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			514
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		772	449
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

EEA Form **990** (2022)

#### **SCHEDULE A** (Form 990)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization

**Open to Public** Inspection

Ches	hester Bowl Improvement Club 41-1410681								
Par	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The o	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of churche	s, or association of c	hurches described in <b>se</b>	ction 170	b)(1)(A)(i)			
2		A school described in <b>section 1</b>	<b>70(b)(1)(A)(ii).</b> (Attac	ch Schedule E (Form 990	0).)				
3		A hospital or a cooperative hosp	ital service organizat	ion described in <b>section</b>	170(b)(1)	(A)(iii).			
4		A medical research organization	operated in conjunc	tion with a hospital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(iii). Enter the		
	_	hospital's name, city, and state:							
5		An organization operated for the	benefit of a college o	r university owned or op-	erated by a	a governm	ental unit described in		
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	Ц	A federal, state, or local government	nent or governmenta	I unit described in <b>section</b>	on 170(b)(	1)(A)(v).			
7	Ш	An organization that normally rec	•		jovernmen	tal unit or f	rom the general public		
		described in section 170(b)(1)(A		,					
8									
9	Ш	An agricultural research organiza					-	ege	
		or university or a non-land-grant	college of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
	_	university:							
10	X	An organization that normally recretely receipts from activities related to	eives: (1) more than	33 1/3% of its support from subject to certain excen	om contributions: and	utions, mer (2) no mor	mbership fees, and gros e than 33 1/3% of its	SS	
		support from gross investment in	come and unrelated I	business taxable income	(less secti	on 511 tax	) from businesses		
		acquired by the organization after	•						
11	H	An organization organized and o							
12	Ш	An organization organized and o	· · · · · · · · · · · · · · · · · · ·						
		one or more publicly supported of	•	1 11 1				s). Check	
_		the box on lines 12a through 12d					=	do a	
а		Type I. A supporting organization (a				_		virig	
		the supported organization(s				directors	or trustees or the		
b		supporting organization. <b>You Type II.</b> A supporting organi				nnorted or	raanization(e) by bayin	a	
b		control or management of the					. , , ,	-	
		organization(s). You must o				at COINTOI O	i manage the supporte	u	
С		Type III functionally integr			connection	with and	functionally integrated	with	
·		its supported organization(s)					·	********	
d		Type III non-functionally in						ion(s)	
		that is not functionally integra							
		requirement (see instruction							
е		Check this box if the organization	ation received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III		
		functionally integrated, or Ty	pe III non-functionally	integrated supporting o	rganizatior	<b>).</b>			
f	E	Enter the number of supported org	anizations						
g	F	Provide the following information al	oout the supported or	ganization(s).					
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	o .	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing ent?	support (see instructions)	other support (see instructions)	
								,	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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.) Section A. Public Support (a) 2018 Calendar year (or fiscal year beginning in) **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..... The value of services or facilities furnished by a governmental unit to the organization without charge .... **Total.** Add lines 1 through 3 . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .... Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2020 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 Amounts from line 4 . . . . . . . . . . 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ....... 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets 11 **Total support.** Add lines 7 through 10 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . . 15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions EEA Schedule A (Form 990) 2022

41-1410681

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	101,945	193,481	201,648	266,937	356,552	1,120,563
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose	226,879	204,192	171,432	248,566	279,955	1,131,024
3	Gross receipts from activities that are not an			_	_	-	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	328,824	397,673	373,080	515,503	636,507	2,251,587
	Amounts included on lines 1, 2, and 3	000,000		3.3,3			
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						2,251,587
Section	on B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	328,824	397,673	373,080	515,503	636,507	2,251,587
10a	Gross income from interest, dividends,			-	-	-	
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	11	10	13,626	2	2	13,651
b	Unrelated business taxable income (less			-			-
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	11	10	13,626	2	2	13,651
11	Net income from unrelated business						,
	activities not included on 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.)	328,835	397,683	386,706	515,505	636,509	2,265,238
14	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her	· ·				,	· · · ·
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8	, column (f), di	vided by line 1	3, column (f))		15	99.40 %
16	Public support percentage from 2021 Sch	edule A, Part I	II, line 15 .			16	99.25 %
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2022 (I	ine 10c, colum	n (f), divided b	y line 13, colur	mn (f))	17	1.00 %
18	Investment income percentage from 2021	Schedule A, F	Part III, line 17			18	1.00 %
19a	33 1/3% support tests - 2022. If the orga	nization did no	t check the bo	x on line 14, ar	nd line 15 is mo	ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this be	ox and <b>stop h</b> e	<b>ere.</b> The organ	ization qualifie	s as a publicly	supported org	anization 🗴
b	33 1/3% support tests - 2021. If the organization						
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck this box a	ind see instruc	tions 🔲

Schedule A (Form 990) 2022

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#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. A	ΑII	Supporting	<b>Organizations</b>
--------------	-----	------------	----------------------

ecti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
·	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i>			
<b>∓</b> a	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	74		
b	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	40		
С				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4-		
F-	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) 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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) 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.	9с		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Schedu	e A (Form 990) 2022 Chester Bowl Improvement Club		41-14106	81	Page
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	gan	izations		
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying	j trus	st on Nov. 20, 1970 <i>(explai</i>	n in <b>Part VI</b> ).	See
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	s A through	E.
Socti	on A - Adjusted Net Income		(A) Prior Year	(B) Curren	t Year
36011	on A - Adjusted Net Income		(A) I IIOI I Gai	(option	₁al)
1_	Net short-term capital gain	1			
2	Recoveries of prior-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			
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	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 <b>Part VI</b> ):				
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 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Current \	Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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			

emergency temporary reduction (see instructions). 6 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

Schedule A (Form 990) 2022 EEA

5

c Excess from 2020d Excess from 2021e Excess from 2022

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	izations	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required)	<ul> <li>provide details in Part</li> </ul>	VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		/i\	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution	ns	Distributable
		EXCESS DISTIBUTIONS	Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.	( )			
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				

EEA Schedule A (Form 990) 2022

Schedule A (Fo	orm 990) 2022 Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
_	
-	

## Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

2022

Chester Bowl Improvement Club 41-1410681 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

# SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name o	the organization		Employer identification number
<u>Che</u> st	er Bowl Improvement Club		41-1410681
Pa		Funds or Other Similar Funds or Ac	counts.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	n writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization	zation's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed
	only for charitable purposes and not for the benefit of the de	onor or donor advisor, or for any other purpose	e
	conferring impermissible private benefit?	<u></u>	Yes No
Par			
	Complete if the organization answered "Yes"		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	· —	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a	a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic s		<u>2</u> c
d	Number of conservation easements included in (c) acquire		
_	historic structure listed in the National Register		· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the o	organization during the
	tax year	Alexandrian de la constanta de	
4	Number of states where property subject to conservation e		
5	Does the organization have a written policy regarding the p		
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		
Ū	Stan and volunteer flours devoted to filentisting, inspecting,	, marding of violations, and emoreing conserv	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, har	adling of violations, and enforcing conservation	n easements during the year
-	, and an experience metal as an instance may be a second of the second o		. caceee aag ie yea.
8	Does each conservation easement reported on line 2(d) ab	pove satisfy the requirements of section 170(h	)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserve		
	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.	, and the second	
Par		s of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC	958, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for p	ublic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its fin	ancial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC $$	958, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical to		gain, provide the
	following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

Par	t III Organizations Maintaining Coll	ections of Art, His	torical Treasures	or Other Similar Ass	ets (co	ntinu	ıed)
3	Using the organization's acquisition, accession, ar	nd other records, check a	any of the following that r	nake significant use of its			
	collection items (check all that apply):						
а	☐ Public exhibition	d	Loan or exchange p	rogram			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's collecti	ons and explain how the	y further the organization	n's exempt purpose in Part			
	XIII.						
5	During the year, did the organization solicit or rece	eive donations of art, hist	orical treasures, or other	similar			
	assets to be sold to raise funds rather than to be		organization's collection	n?	Yes		No
Par	t IV Escrow and Custodial Arrange						
	Complete if the organization answ	vered "Yes" on Fori	m 990, Part IV, line	9, or reported an amo	unt on I	orm	1
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian or	other intermediary for co	ntributions or other asse	ts not			
	included on Form 990, Part X?				Yes		No
b	If "Yes," explain the arrangement in Part XIII and of	complete the following ta	ble:				
				Amo	unt		
С	Beginning balance			<u> </u>			
d	Additions during the year			. 1d			
е	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on Form 9						No
b	If "Yes," explain the arrangement in Part XIII. Che	ck here if the explanation	n has been provided on I	Part XIII	<u></u>		
Par							
	Complete if the organization answ	vered "Yes" on Fori	m 990, Part IV, line	10.			
	(a)	Current year (b) Pr	ior year (c) Two years	back (d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current year	ear end balance (line 1g,	column (a)) held as:				
а	Board designated or quasi-endowment	%					
b	Permanent endowment%						
С	Term endowment%						
	The percentages on lines 2a, 2b, and 2c should ed	qual 100%.					
3a	Are there endowment funds not in the possession	of the organization that	are held and administere	ed for the	F		
	organization by:					Yes	No
	(i) Unrelated organizations				3a(i)		
	(ii) Related organizations				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations	·			3b		
4_	Describe in Part XIII the intended uses of the orga		unds.				
Par	t VI Land, Buildings, and Equipmer						_
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, line	11a. See Form 990, F	'art X, li	ne 1	0.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book	value	
		(investment)	(other)	depreciation			
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment	290,312		175,127	1	15,1	L85
е	Other						
Total.	Add lines 1a through 1e. (Column (d) must equal	Form 990 Part X colun	nn (B), line 10c.)		1	15.1	185

Schedule D (Fo	rm 990) 2022 Chester Bowl Imp	rovement Club			41-1410681	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answered	d "Yes" on Form 99	90, Part IV, lir	<u>ne 11b. S</u>	ee Form 990, Part X	, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation: Cost or end-of-year market valu	ıe
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12	2.)				
Part VIII	Investments - Program Related.					
	Complete if the organization answered	d "Yes" on Form 99	90, Part IV, Iir	ne 11c. S	ee Form 990, Part X	, line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation: Cost or end-of-year market valu	ie
(1)					·	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	,					
	n (b) must equal Form 990, Part X, col. (B) line 13	3.)				
Part IX	Other Assets.					
	Complete if the organization answered	d "Yes" on Form 99	90, Part IV, lir	ne 11d. S	ee Form 990, Part X	, line 15.
_	(a) D	escription			<b>(b)</b> Boo	k value
(1)Constru	action In Progress					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15	5. <i>)</i>				
Part X	Other Liabilities.					
	Complete if the organization answered	d "Yes" on Form 99	90, Part IV, lir	ne 11e or	11f. See Form 990,	Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal	ncome taxes					
	es and Use Tax Payable		172			
(3)Custome	er Deposits and Prepayments	95,	,348			
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . .

95,520

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

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	-
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.)		
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Part	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	4; Part X, line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

Schedule D (Form 990) 2022

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Inspection Employer identification number Name of the organization Chester Bowl Improvement Club 41-1410681 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а ☐ Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 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.

10a

If "Yes," explain:

Schedule G (Form 990) 2022 Chester Bowl Improvement Club 41-1410681 Part II Fundraising Events. Complete if the organization answered "Yes" on 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 (add col. (a) through Fall Fest Auction None col. (c)) (total number) (event type) (event type) Revenue Gross receipts . . . . . . . 23,584 23,301 46,885 2 Less: Contributions . . . . . 3 Gross income (line 1 minus 23,584 23,301 46,885 4 Cash prizes . . . . . . . . . 5 Noncash prizes 6 Rent/facility costs . . . . . . Direct Expenses Food and beverages . . . . . 8 Entertainment . . . . . . . . Other direct expenses . . . . 9 21,751 21,751 43,502 10 Direct expense summary. Add lines 4 through 9 in column (d) 43,502 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . . . 3,383 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses 5 Volunteer labor 6 No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

## SCHEDULE O (Form 990)

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

**Employer identification number** 

41-1410681 Chester Bowl Improvement Club 01. Form 990 governing body review (Part VI, line 11) Submitted to governing board for review and approval at board meeting prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) Written conflict of interest policy reviewed and approved annually at board meeting. 03. CEO, executive director, top management comp (Part VI, line 15a) Executive director salary set by governing body based on experience, organization goals, and industry comparables. 04. Other officer or key employee compensation (Part VI, line 15b The compensation for the Executive Director and Program Director each are researched and evaluated annually. The board uses market averages, performance, and length of service to determine the salaries. 05. Governing documents, etc, available to public (Part VI, line 19) Paper copies of form 990 and financials statements are available upon request. Minnesota Attorney General also provides electronic copies of form 990 on guidestar.org.

Department of the Treasury

#### **Depreciation and Amortization**

#### (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Sequence No. 179 Internal Revenue Service Business or activity to which this form relates Identifying number Name(s) shown on return Chester Bowl Improvement Club FORM 990 - 1 41-1410681 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) ...... 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 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 don't enter more than line 11 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 35,546 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in only-see instructions) 19a 3-year property b 5-year property 7-yeas paopentent 1,270 **d** 10-year property **e** 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. NMMS/I 27.5 yrs. MM S/L property S/L i Nonresidential real 39 yrs. MM MM S/L property Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year c 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 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 36,816 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

**Sales of Business Property** 

# (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information. Attachment Sequence No. **27** 

ivame(:	s) snown on return					identifying number	er .
Chest	er Bowl Improveme	nt Club				41-1410681	
1a	Enter the gross proceeds f substitute statement) that y						
b	Enter the total amount of g MACRS assets			0, and 24 due to the	partial dispositions of	1b	
С	Enter the total amount of loassets						
Part							s From Other
	Than Casualty o						
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	0: "						
3	Gain, if any, from Form 468					3	
4	Section 1231 gain from ins						
5	Section 1231 gain or (loss		-				
6	Gain, if any, from line 32, fr						
7	Combine lines 2 through 6.						
	Partnerships and S corp line 10, or Form 1120-S, So				ons for Form 1065, So	chedule K,	
8	1231 losses, or they were Schedule D filed with your Nonrecaptured net section Subtract line 8 from line 7. line 9 is more than zero, er	return and skip line 1231 losses from p If zero or less, ente ter the amount from	es 8, 9, 11, and 12 b prior years. See ins er -0 If line 9 is zei n line 8 on line 12 b	relow.  tructions · · · · ·  ro, enter the gain from the gain from the gain from the gain from the gain the gai	m line 7 on line 12 belgain from line 9 as a k	ow. If ong-term	
Part	capital gain on the Schedu					9	
	II Ordinary Gains and losses				1 year or loss):		
10	Chairlift Seats	02-05-2015	04-30-2023	icidde property field	4,672	4,67	2 0
	Chairlift Seats	11-17-2015	04-30-2023		1,584	,	
2013	CHAITITE SCAES	11 17 2013	01 30 2023		1,301	1,30	
11	Loss, if any, from line 7 .					11	( )
12	Gain, if any, from line 7 or a						
13	Gain, if any, from line 31						
14	Net gain or (loss) from For						
15	Ordinary gain from installm						
16	Ordinary gain or (loss) fror	n like-kind exchang	ges from Form 8824	1		16	
17	Combine lines 10 through						0
18	For all except individual rea and b below. For individu	turns, enter the amo	ount from line 17 on	the appropriate line			
а	If the loss on line 11 includ from income-producing pro	perty on Schedule	A (Form 1040), line	e 16. (Do not include	any loss on property	used as an	
	employee.) Identify as from	•					
b	Redetermine the gain or (lo (Form 1040), Part I, line 4	•	-	•			

#### Eorm 8879-TE

#### IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 05-01 , 2022, and ending 04-30 , 2023

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

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN Chester Bowl Improvement Club 41-1410681 Name and title of officer or person subject to tax Jennifer Jackson, Treasurer Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I. Form 990 check here . . . . x **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12)..... **1b** Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4a Form 8868 check here . . . . 6a Form 990-T check here . . . . 7a Form 4720 check here . . . . Form 5227 check here . . . . **b** FMV of assets at end of tax year (Form 5227, Item D) . . . . . . . . . 8a Form 5330 check here . . . . 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize Duluth Accounting and Tax S 10681 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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. Signature of officer or person subject to tax 09-27-2023 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 418992 55779 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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 Donovan Frye 03-18-2024 Date **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

		Federal Supporting S	Statements	2022 PG01
Name(s) as shown or	Name(s) as shown on return			
Chester	Bowl Improveme	ent Club		41-1410681
		Form 4562 - Line	e 19c	Statement #567
Basis	RP	CV	Method	Deduction
4,842	7	HY	SL	346
3,725	7	HY	SL	266
9,216	7	HY	${ t SL}$	<u>658</u>
Total				1,270



990	Overflow Statement (This page is not filed with the return. It is for your records only.)	<b>2022</b> Page 1
Name(s) as shown on return		FEIN
Chester Bow	l Improvement Club	41-1410681

Description		Amount
License and Permits		\$ 1,737
Staff Training		1,618
Volunteer Appreciation		6,538
	Total: \$	9,893

Description		Amount
Bank Charges	\$	17
	Total: \$	17



#### \* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

### **Depreciation Detail Listing**

Program Services

(This page is not filed with the return. It is for your records only.)

2022

PAGE 1

Name(s) as shown on return

Charter Royal Improvement Club

C	Chester Bowl Improvement Club									41	41-1410681				
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
3	2015 Radios	09182015	1,366		100.00			1,366	7	SL HY	14.286	1,268	98	1,366	98
4	2015 Safety Pad	10132015	2,706		100.00			2,706	7	SL HY	14.286	2,515	191	2,706	191
5	2016 Skis 1	08162016	32,779		100.00			32,779	7	SL HY	14.286	25,756	4,683	30,439	4,683
6	2016 Skis 2	09162016	6,333		100.00			6,333	7	SL HY	14.286	4,977	905	5,882	905
7	2016 Helmets	11022016	3,149		100.00			3,149	7	SL HY	14.286	2,475	450	2,925	450
8	2017 Helmets	02022017	5,326		100.00			5,326	7	SL HY	14.286	4,185	761	4,946	761
9	2016 Ski Calibrater	08092016	5,150		100.00			5,150	7	SL HY	14.286	4,048	736	4,784	736
10	2016 Snowboards	08182016	18,232		100.00			18,232	7	SL HY	14.286	14,327	2,605	16,932	2,605
11	2017 Skis	08222017	9,455		100.00		/	9,455	7	SL HY	14.286	6,079	1,351	7,430	1,351
12	2017 Ski Boots 43 Pai	07052017	3,307		100.00			3,307	7	SL HY	14.286	2,124	472	2,596	472
13	2017 Ski Boots 54 Pai	09272017	4,285		100.00			4,285	7	SL HY	14.286	2,754	612	3,366	612
14	2017 Ski Boots 54 Pai	10272017	4,418		100.00			4,418	7	SL HY	14.286	2,840	631	3,471	631
15	2017 Ski Boots Decemb	12042017	316		100.00			316	7	SL HY	14.286	203	45	248	45
16	2017 Radios	12292017	2,218		100.00			2,218	7	SL HY	14.286	1,426	317	1,743	317
17	2017 Snowboards 46 Co	07052017	9,441		100.00			9,441	7	SL HY	14.286	6,070	1,349	7,419	1,349
18	2017 Snowboards 26 Co	09082017	1,891		100.00			1,891	7	SL HY	14.286	1,215	270	1,485	270
19	2017 Snowboards 20 Co	09272017	930		100.00			930	7	SL HY	14.286	598	133	731	133
20	2016 Safety Pad	05012017	739		100.00			739	7	SL HY	14.286	477	106	583	106
21	2016 Helmets	05012017	1,203		100.00			1,203	7	SL HY	14.286	774	172	946	172
22	2018 Skis	09072018	24,646		100.00			24,646	7	SL HY	14.286	12,323	3,521	15,844	3,521
23	2018 Snowboards	11132018	4,160		100.00			4,160	7	SL HY	14.286	2,079	594	2,673	594
24	2019 Skis/Snowboards	12052019	42,634		100.00			42,634	7	SL HY	14.286	15,227	6,091	21,318	6,091
25	2019 Helmets	10032019	5,487		100.00			5,487	7	SL HY	14.286	1,960	784	2,744	784
26	2019 Ski Boots	12052019	8,921		100.00			8,921	7	SL HY	14.286	3,185	1,274	4,459	1,274
27	2020 Skis/Snowboards	11252020	22,564		100.00			22,564	7	SL HY	14.286	4,835	3,223	8,058	3,223
28	2021 Helmets	01112021	1,120		100.00			1,120	7	SL HY	14.286	240	160	400	160
29	2021 Boards	03252021	1,775		100.00			1,775	7	SL HY	14.286	381	254	635	254
30	2021 Laptop	08232020	1,709		100.00			1,709	5	SL HY	20	513	342	855	342
31	2022 Skis	03072022	5,648		100.00			5,648	7	SL MQ	14.286	101	807	908	807
32	2022 Helmets	03072022	8,073		100.00			8,073	7	SL MQ	14.286	144	1,153	1,297	1,153

#### \* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

### **Depreciation Detail Listing**

Program Services

2022 PAGE 2

Name(s) as shown on return

(This page is not filed with the return. It is for your records only.) Social security number/EIN

С	hester Bowl Improvemen	t Club						h					41	-1410681		
Description	Data	Cont	Basis	Business	Section	Bonus		Depreciable	1 :40	Method	Rate	Prior	Current	Accumulated		
	Date	Cost	Adjustment	percentage	179	depreciation		Basis	Life			Depreciation	Depreciation	Depreciation	C	

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	M	lethod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
33	2022 Snowboards	03072022	9,389		100.00			9,389	7	SL	MQ	14.286	168	1,341	1,509	1,341
34	2023 Boots	11082023	7,200		100.00			7,200	7			0				
35	2023 Boots	04122023	4,842		100.00			4,842	7	SL	HY	7.143		346	346	346
36	2023 Helmets	08262022	3,725		100.00			3,725	7	SL	HY	7.143		266	266	266
37	2023 Snowboards	12172022	9,216		100.00			9,216	7	SL	HY	7.143		658	658	658
	Assets Sold/Abandoned															
1	2014 Chairlift Seats	02052015	4,672		100.00			4,672	7			0	4,672		4,672	
2	2015 Chairlift Seats	11172015	1,584		100.00			1,584	7	SL	НУ	14.28	1,469	115	1,584	115
	Totals		280,609					280,609					131,408	36,816	168,224	36,816

36,816

## **Depreciation Reconciliation for Chester Bowl Improvement Club**

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	255,626	255,626	35,546	166,954	
Placed in Service in Current Year	24,983	24,983	1,270	1,270	
Removed from Service in Current Year	6,256	6,256	115	6,256	
End of Year	274,353	274,353	36,701	161,968	

#### **Next Year's Depreciation Worksheet**

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return Tax ID Number Chester Bowl Improvement Club 41-1410681 Form Multi-Form Description Date **Basis** Method Life Deduction 09-18-2015 PRG 2015 Radios 1,366 SL 7 2015 Safety Pad 10-13-2015 2,706 7 PRG 1 SL 2016 Skis 1 08-16-2016 7 1 32,779 SL 2,340 PRG 2016 Skis 2 7 PRG 1 09-16-2016 6,333  $\mathtt{SL}$ 451 7 PRG 1 2016 Helmets 11-02-2016 3,149 SL 224 PRG 1 2017 Helmets 02-02-2017 5,326 SL 7 380 PRG 1 2016 Ski Calibrater 08-09-2016 5,150 SL 7 366 2016 Snowboards 08-18-2016 18,232 7 1,300 1 SL PRG 2017 Skis 7 PRG 1 08-22-2017 9,455  $\mathtt{SL}$ 1,351 2017 Ski Boots 43 Pairs 07-05-2017 7 PRG 1 3,307 SL 472 PRG 1 2017 Ski Boots 54 Pairs 09-27-2017 4,285 SL 7 612 1 2017 Ski Boots 54 Pairs 10-27-2017 4,418 7 631 SL PRG 2017 Ski Boots December 12-04-2017 PRG 1 316 SL 45 2,218 SL 1 2017 Radios 12-29-2017 7 317 PRG 2017 Snowboards 46 Count 07-05-2017 9,441 PRG 1  $\mathtt{SL}$ 7 1,349 PRG 1 2017 Snowboards 26 Count 09-08-2017 1,891 SL 7 270 1 2017 Snowboards 20 Count 09-27-2017 930 SL 7 133 PRG 05-01-2017 739 7 PRG 1 2016 Safety Pad SL 106 1 2016 Helmets 05-01-2017 1,203 SL 7 172 PRG 09-07-2018 24,646 7 PRG 1 2018 Skis  $\mathtt{SL}$ 3,521 PRG 1 2018 Snowboards 11-13-2018 4,160 SL 7 594 1 2019 Skis/Snowboards 12-05-2019 42,634 7 6,091 PRG SL 10-03-2019 7 2019 Helmets 5,487 784 1 SL PRG 1 2019 Ski Boots 12-05-2019 8,921 7 1,274 PRG SL 2020 Skis/Snowboards 11-25-2020 7 PRG 1 22,564 SL 3,223 PRG 1 2021 Helmets 01-11-2021 1,120  $\mathtt{SL}$ 7 160 03-25-2021 2021 Boards 7 PRG 1 1,775 SL 254 1 2021 Laptop 08-23-2020 1,709 SL 5 342 PRG 2022 Skis 03-07-2022 PRG 1 5,648 SL 7 807 1 2022 Helmets 03-07-2022 8,073 7 1,153 PRG SL PRG 1 2022 Snowboards 03-07-2022 9,389  $\mathtt{SL}$ 7 1,341 1 2023 Boots 11-08-2023 7,200 7 PRG SL 514 1 2023 Boots 04-12-2023 4,842 SL 7 692 PRG 08-26-2022 7 1 2023 Helmets 3,725 532 SLPRG 1 2023 Snowboards 12-17-2022 9,216 7 1,317 PRG SL TOTAL 33,118

2022