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Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2007 calendar year, or tax year beginning **JANUARY 1** 2007, and ending **DECEMBER 31** . 20 07 D Employer Identification number C Name of organization B Check if applicable 38 (252548) MIDLAND HIGH ATHLETIC BOOSTER CLUB Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 1301 EASTLAWN DRIVE 631-6229 initial return City or town, state or country, and ZIP + 4 Termination Instruc-MIDLAND MI 48642 ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ► n/a Hfcl Are all affiliates included? Yes No J Organization type (check only one) ► \$\overline{\mathcal{Z}}\$ 501(c) (3) \(\display \) finsert no.) \$\overline{\mathcal{Z}}\$ 4947(a)(1) or \$\overline{\mathcal{Z}}\$ 527 (If "No," attach a list. See instructions.) H(d) is this a separate return filed by an Check here ► [7] if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling?

Yes

No receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Group Exemption Number ▶ Check ► Inf the organization is not required to attach Sdn. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 115 (n An 42) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts_received: Contributions to donor advised funds . . 0 **b** Direct public support (not included on line 1a) OSC 0 1c c Indirect public support (not included on line 1ate 0 Government contributions (grants) (not included on line la 270 110 κ̈́ 32107.75 1e Total (add lines 1a through 1d) (cash \$_ noncash \$ 2 Ō Program service revenue including government fees and contracts (from Part VIII, line 93) 0 3 Membership dues and assessments 4 104.01 Interest on savings and temporary cash investments 5 0 5 Dividends and interest from securities . . . 0 6a 0 6b 6c Ð Net rental income or (loss). Subtract line 6b from line 6a 7 0 Other investment income (describe > 0 (A) Securities (B) Other Gross amount from sales of assets other 0 O than inventory 8a 0 0 8b Less: cost or other basis and sales expenses. 0 0 8c c Gain or (loss) (attach schedule) **8d** 0 d Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here 19755.86 of a Gross revenue (not including \$ 27595.81 14324.85 Less: direct expenses other than fundraising expenses 13270.96 c Net income or (loss) from special events. Subtract line 9b from line 9a 55848.86 10a Gross sales of inventory, less returns and allowances . . . 10a 53987.70 1861.16 10c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 11 Other revenue (from Part VII, line 103) . 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 47343.88 12 34883.65 Program services (from line 44, column (B)) . . . 13 13 14 1590.76 14 Management and general (from line 44, column (C)) 896.42 Fundraising (from line 44, column (D)) 15 15 Payments to affiliates (attach schedule) . . . 16 16 17 Total expenses. Add lines 16 and 44, column (A) 37370.83 17 9973.05 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 61739.94 Net assets or fund balances at beginning of year (from line 73, column (A)). 19 19 20 Other changes in net assets or fund balances (attach explanation) 20 ž Net assets or fund balances at end of year. Combine lines 18, 19, and 20

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

71712.89 Form 990 (2007)

Cat. No. 11282Y

Par	Statement of All organizations m Functional Expenses organizations and s	ust cor ection	nplete column (A). Co 4947(a)(1) nonexempt	lumns (B), (C), and (D charitable trusts but) are required for sec optional for others. (S	tion 501(c)(3) and (4) See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)					
	(cash \$)		4000.00	4000.00		
	If this amount includes foreign grants, check here $ ightharpoonup$	22a	1000.00	1000.00		
22b	Other grants and allocations (attach schedule)	1				
	(cash \$ noncash \$) If this amount includes foreign grants, check here ▶ □	22b				
22						
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach	24				
	schedule)	24		. <u>.</u>		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b	Compensation of former officers, directors,	1				
	key employees, etc. listed in Part V-B	25b				
C	Compensation and other distributions, not					
	included above, to disqualified persons (as	1				
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included					
20	on lines 25a, b, and c	26				
27	Pension plan contributions not included on					
	lines 25a, b, and c	27				· · · · · · · · · · · · · · · · · · ·
28	Employee benefits not included on lines					
	25a – 27	28				
29	Payroll taxes	29 30				
30	Professional fundraising fees	31		<u> </u>		····
31 32	Accounting fees	32				
33	Supplies	33	838.31		838.31	
34	Telephone	34				
35	Postage and shipping	35	143.48		99.06	44.42
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	955.90		103.90	852.00
39	Travel	39	500.00		500.00	
40	Conferences, conventions, and meetings	40 41	500.00		500.00	
41	Interest	42				
42 43	Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize):	72				
a	TEAM LEVEL SUPPORT	43a	7019.72	6970.23	49.49	
b	TEAM EQUIPMENT PURCHASES	43b	24409.42	24409.42		
¢	STUDENT CAMPERSHIPS	43c	1834.00	1834.00		
d	COACHES CLINICS	43d	670.00	670.00		
е	***************************************	43e				
f		43f				
9		43 g		· · · · · · · · · · · · · · · · · · ·		
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines					
	13–15)	44	37370.83	34883.65	1590.76	896.42
Are a	t Costs. Check if you are following SOP my joint costs from a combined educational campaign s," enter (i) the aggregate amount of these joint cost as amount allocated to Management and general \$	and fi	undraising solicitation	amount allocated	to Program services	

Part III	Statement of Pr	ogram Service	Accomplishments	(See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	<u> </u>	
V h	at is the organization's primary exempt purpose? Support athletic probram at Midland High School	Program Service Expenses
of c	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number slients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
	Purchase necessary equipment and training aids for sport teams at Midland High School Approx 940 students participate in the athletic program	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	24409.42
þ	Indiviudal team support: Provide funds to coaches and tam respresentatives for day to day	
	needs of the team	
	Approx: 940 students participate in the athletic program	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	7019.72
C	Provide financial assistance to students and coaches for training opportunities	
	20 students benefited from this program \$1834.00	
	7 Coaches benefited from this program \$670.00	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	2504.00
d	Provide athletic scholarships to students	
	2 students benefited from this program	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1000.00
e	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	0
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	34883.65

Form **990** (2007)

Pa	irt IV	Balance Sheets (See the instructions.)					
_	lote:	Where required, attached schedules and amounts w column should be for end-of-year amounts only.	ithin	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			61739.94	45	71712.89
	46	Savings and temporary cash investments .				46	
	1	3 , ,					
	47a	Accounts receivable	47a				
			47b			47c	
		<u>[</u>					
	48a	ricagos roccivable	48a				
	b	Less: allowance for doubtful accounts .	48b		'	48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers,					
	i	key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 4958	(c)(3)((B) (attach schedule)	ļ .	50b	
	51a	Other notes and loans receivable (attach	ا ـ مح		ŀ		
96 \$1		- Co.	51a				
Assets	1		51b			51c	
•	52					53	
	53	Prepaid expenses and deferred charges .				54a	
		Investments—publicly-traded securities				54b	
	l	Investments—other securities (attach schedule	e) 🕨	► ☐ Cost ☐ FMV	<u> </u>	340	
	552	Investments—land, buildings, and	55a		ļ	1 1	
			~~		1		
	ם	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)	-		 	56	
			57a			1	
	•	Less: accumulated depreciation (attach			1	1	
		schedule)	57b			57c	
	58	Other assets, including program-related invest	tmen	ts			
	}	(describe ►)		58	
	59	Total assets (must equal line 74). Add lines 4	5 thr	ough 58	61739.94	59	71712.89
	60	Accounts payable and accrued expenses .				60	
	61	Grants payable				61	
	62	Deferred revenue				62	
es	63	Loans from officers, directors, trustees, and	key	employees (attach			
Liabiliti		schedule)				63	
喜		Tax-exempt bond liabilities (attach schedule)				64a	<u> </u>
_		Mortgages and other notes payable (attach so				64b	
	65	Other liabilities (describe ▶)	<u> </u>	65	
	66	Total liabilities. Add lines 60 through 65 .		<u> </u>	o	66	
					<u> </u>	- 00	
	Urga	anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74.	Цā	and complete lines			
8	67	Unrestricted			1	67	
ä	68	Temporarily restricted				68	
Balances	69	Permanently restricted				69	
פַ		anizations that do not follow SFAS 117, check i					
Fund	gc	complete lines 70 through 74.	,010	4,4			
5	70	Capital stock, trust principal, or current funds.				70	
	71	Paid-in or capital surplus, or land, building, an				71	
88 8	72	Retained earnings, endowment, accumulated				72	
Net Assets	73	Total net assets or fund balances. Add lines	67 t	hrough 69 or lines]]	
Ne		70 through 72. (Column (A) must equal line 19	anc	d column (B) must			
		equal line 21)			<u></u>	73	
	74	Total liabilities and net assets/fund balances	. Add	t lines 66 and 73	. 0	74	

Pa	Reconciliation of Revenue per Audinstructions.)	ited Financial Statem	ents With Rev	enue pe	r Return	(See tl	he
а	Total revenue, gains, and other support per audit	ed financial statements	· · · · · · · · · · · · · · · · · · ·		a		N/A
b	Amounts included on line a but not on Part I, line						
1	Net unrealized gains on investments		b1] [
2	Donated services and use of facilities		b2]		
3	Recoveries of prior year grants		b3]		
4	Other (specify):				}		
			b4				
	Add lines b1 through b4				Ь		
C	Subtract line b from line a				С		
d	Amounts included on Part I, line 12, but not on lin	ne a:					
1	Investment expenses not included on Part I, line	6b	d1		4 1		
2	Other (specify):						
	***************************************		d2				
_	Add lines d1 and d2				<u>a</u> -		
e Pa	Total revenue (Part I, line 12). Add lines c and d rt IV-B Reconciliation of Expenses per Auc	dited Financial Stater	nents With Ex	enses i	per Retu	m	
а	Total expenses and losses per audited financial s				а		N/A
b	Amounts included on line a but not on Part I, line						
1	Donated services and use of facilities		b1		<u> </u>		
2	Prior year adjustments reported on Part I, line 20		b2]		
3	Losses reported on Part I, line 20		b3		1 1		
4	Other (specify):		1		1 1		
			b4		 		
	Add lines b1 through b4				b		
C	Subtract line b from line a				C		
d	Amounts included on Part I, line 17, but not on lin				1 1		
1	Investment expenses not included on Part I, line	6b	d1		1		
2	Other (specify):						
	***************************************		d2				
е	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and				d e		
_	rt V-A Current Officers, Directors, Trustees					er. direc	tor, trustee.
	or key employee at any time during the year	ar even if they were not	compensated.) (S	ee the in	structions)	
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contribut benefit pla	tions to employens & deferred	E (E) Exp	ense account rer allowances
DII	DT MCATEL	week devoted to position	-0-1	compen	sation plans		
	RT MCATEE	PRESIDENT 5 HRS	1	Ī		ام	^
	I2 ASHMAN ST, MIDLAND MI RK LOVE		0			"	
	IS SHAWNEE COURT MIDLAND MI 48640	VICE PRESIDENT 2 HRS	0	}		0	0
_	RILYN LEFLER		<u>_</u>	<u> </u>		-	
	05 JAMES COURT MIDLAND MI 48640	SECRETARY 2 HRS	0			o	0
	BRA MILLER	TREASURER 2 HRS	 			-	
	LINWOOD MIDLAND MI 48640	IREASURER 2 HRS	o			o	0
	A JEROUE	PUBLIC RELATIONS 2	<u> </u>			1	
140	06 CLAY ST MIDLAND MI 48642	HRS	0			o	0
MIC	CHELLE NELSON	MEMBERSHIP 3 HRS					
420	08 CASTLE DRIVE MIDLAND MI 48640	memberonii 51110	о			o	0
AN	NIE RENGERING	SPORTS REP 2 HRS					
300	9 CANTERBURY DRIVE MIDLAND MI 48640		0			0	0
		ī					

Form	990 (2007)					Р	age 6
Pa	rt V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and t	rustees permitted to vo	te on organizatio	n business at board 7			
b	Are any officers, directors, trustees, or key emplo	ovees listed in Form 99	0. Part V-A. or hi	hest compensated			
_	employees listed in Schedule A, Part I, or hi	ghest compensated p	rofessional and	other independent			
	contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ic				75b	~	1
	Do any officers, directors, trustees, or key		•				
·	compensated employees listed in Schedule A	Part I, or highest co	ompensated prof	essional and other			
	independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the						
	the definition of "related organization."		-		75c		1
	If "Yes," attach a statement that includes the inf Does the organization have a written conflict of	ormation described in	the instructions.		75.4		
	rt V-B Former Officers, Directors, Trustees, and				75d	any f	ome
	officer, director, trustee, or key employee r person below and enter the amount of com	eceived compensation o	r other benefits (d	escribed below) during	the y	ear, lis	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen int and lowance	other
	· · · · · · · · · · · · · · · · · · ·						
		-					
							·
							
		 			ļ		
		-					
		-					
		-		•			
Pa	rt VI Other Information (See the instruction	ns.)			<u> </u>	Yes	No
76	Did the organization make a change in its activity	ties or methods of con	ducting activities	? If "Yes," attach a	76		1
77	detailed statement of each change	verning documents by			76 77		1
••	If "Yes," attach a conformed copy of the change		t not reported to				
78a	Did the organization have unrelated business gr				78a		1
b	this return?				78b	-	1
79	Was there a liquidation, dissolution, termination,	•					
	a statement				79		✓
80a	Is the organization related (other than by associ common membership, governing bodies, trust						<u>-</u> -
٠.	organization?				80a		✓_
b	If "Yes," enter the name of the organization ▶	and check whether it	is a exempt of	r 🔲 nonexempt			
81a b	Enter direct and indirect political expenditures. (Did the organization file Form 1120-POL for this	See line 81 instructions	s.) [81a]		81b		

account)?

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

and Financial Accounts.

Part V	Other Information (continued)					Yes
c At	any time during the calendar year, did the	organization mai	ntain an office o	outside of the	United States?	91c
92 Se	"Yes," enter the name of the foreign country action 4947(a)(1) nonexempt charitable trusts ad enter the amount of tax-exempt interest of	filing Form 990	in lieu of Form	1041Check	here	
	Analysis of Income-Producing Act					
	nter gross amounts unless otherwise		usiness income		tion 512, 513, or 514	(E)
indicated		(A)	(B)	(C)	(D)	Related exempt fu
93 P	rogram service revenue:	Business code	Amount	Exclusion code	Amount	incon
b _						
С _		_	<u> </u>			
d _					'	
е _						
f M	fedicare/Medicald payments			 		
_	ees and contracts from government agencies	s		ļ		ļ
	fembership dues and assessments	<u> </u>		 		
	terest on savings and temporary cash investments	s	ļ	 		1
	ividends and interest from securities			 		ļ
	let rental income or (loss) from real estate:			 		ļ
	ebt-financed property			 		ļ
	ot debt-financed property		 			ļ
	et rental income or (loss) from personal property	<u> </u>		 		
	other investment income		ļ	 		 -
	ain or (loss) from sales of assets other than inventory	' 	 	 		132
	let income or (loss) from special events .			 		18
	iross profit or (loss) from sales of inventory			 		
b _	ther revenue: a	-		 		 -
C _		-	 	 		
_		-		1		
e _						
	ubtotal (add columns (B), (D), and (E)) .					
105 T	otal (add line 104, columns (B), (D), and (E))				>	152
Note: Li	ne_105 plus line 1e, Part I, should equal the	amount on line	12, Part I.			
Part VI	Relationship of Activities to the Acc	complishment of	of Exempt Purp	oses (See th	e instructions.)	
Line No	 Explain how each activity for which income of the organization's exempt purposes (oth 	e is reported in co ner than by providi	lumn (E) of Part V	/II contributed in purposes).	importantly to the	accomplis
95	Securing a interest bearing checking ac				uipment needs	
101	Holding special events to bring school					
102	To provide concessions and program s	ervices at the a	thletic events a	nd provide in	ncome	
Down IV	The state of the s	1.111		··		
Part IX	Information Regarding Taxable Subs	sidiaries and Dis			instructions.)	(5)
N-	ame, address, and EIN of corporation,	Percentage of vnership interest	(C) Nature of a	ctivities	(D) Total income	End-of- asse
		%				<u> </u>
		%				<u>_</u>
		%				<u> </u>
Part X	Information Regarding Transfers Asso	% %	onal Donafft Ca	atracte /Sec 4	ho instructions	L
	=	wateu with Pers	undi deneni Co	11111111111111111111111111111111111111	ne nisuucuons.)	

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,Part		Transfers To and From C ion as defined in section 5		ntities. Comp	olete only if the o	rganiz	ation
106	Did the reporting organization me the Code? If "Yes," complete the	rake any transfers to a contro	elled entity as o		tion 512(b)(13) of	Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer identification Number	(Descri	C) ption of nsfer	(D Amount o		
а		-					
ь		-					
С		-					
	Totals						
107	Did the reporting organization re 512(b)(13) of the Code? If "Yes,"				section	Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer identification Number	Descri	C) ption of aster	(D Amount o		fer
а		-					
b		-					
c .		-					
	Totals						
108	Did the organization have a bind rents, royalties, and annuities de			2006, coverir	ng the interest,	Yes	No ✓
Please Sign	Under penalties of perjury, I declare that and belief, it is true, correct, and comp	t I have examined this return, including lete. Declaration of preparer (other the	accompanying sci	nedules and state on all information	ments, and to the best of n of which preparer has a	my knov any knov	wledge wledge.
Here	Signature of officer DEBRA MILLER TREASU	IRER		Da			
	Type or print name and title		Date	Check if	Preparer's SSN or PTIN	See Gen	. Inst. XI
Paid Preparer	Preparer's signature	·		self- employed ▶ □			
Use Only	y if self-employed),			EIN	<u>▶</u>		
	address, and ZIP + 4			Phone	no. ► ()		

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2007

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

MIDLAND HIGH SCHOOL ATHLETIC BOOSTER CLUB 2548128 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (a) Name and address of each employee paid more (b) Title and average hours account and other (c) Compensation employee benefit plans & deferred compensation than \$50,000 per week devoted to position allowances Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service Total number of other contractors receiving over \$50,000 for other services

Pai	t III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including an attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses part or incurred in connection with the lobbying activities \$	id		1
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Oth organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with an substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, with any taxable organization with which any such person is affiliated as an officer, director, trustee, major owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining to transactions.)	or ity		
a	Sale, exchange, or leasing of property?	2a		✓
b	Lending of money or other extension of credit?	2b	ļ	1
C	Furnishing of goods, services, or facilities?	2c	ļ	1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		1
ө	Transfer of any part of its income or assets?	2e	ļ	1
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation how the organization determines that recipients qualify to receive payments.)		1	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	ļ	1
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve op space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement			1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	ļ	1
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	te <u>4a</u>		1
b	Did the organization make any taxable distributions under section 4966?	4b		1
¢	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		✓
d	Enter the total number of donor advised funds owned at the end of the tax year	-		0
0	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	·		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advis funds included on line 4d) where donors have the right to provide advice on the distribution or investment amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	·		0

Pa	rt IV	Reason for Non-Private	Foundation 9	Status (See pages 4	through 8 of	f the instruct	ions.)
cer	tify t	that the organization is not a private	te foundation bec	ause it is: (Please check	only ONE app	olicable box.)	
5		A church, convention of churches	, or association of	of churches. Section 170)(b)(1)(A)(i).		
6		A school. Section 170(b)(1)(A)(ii). (Also complete Pa	art V.)			
7		A hospital or a cooperative hospit	tal service organia	zation. Section 170(b)(1)	(A)(iii).		
8		A federal, state, or local government	ent or governmer	ntal unit. Section 170(b)(1)(A)(v).		
9		A medical research organization of and state ▶					
0		An organization operated for the be (Also complete the Support School	-	or university owned or op	perated by a go	overnmental un	it. Section 170(b)(1)(A)(iv
l1a		An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmental	unit or from th	e general public. Section
1b		A community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	IV-A.)	
2	Ø	An organization that normally receifrom activities related to its chants from gross investment income ar organization after June 30, 1975.	able, etc., function and unrelated busing	ns-subject to certain ex ness taxable income (le	cceptions, and ss section 511	(2) no more the tax) from bus	an 331/4% of its supportinesses acquired by the
13		An organization that is not contri requirements of section 509(a)(3).					and otherwise meets the
		☐ Type II ☐ Type II	☐Type I	III-Functionally Integrat	ed 🗀	Type III-Othe	er
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	e 8 of the inst	ructions.)
(a)		(a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	organization the sup	upported on listed in oporting cation's	(e) Amount of support
					Yes	No	
ota	<u> </u>	 	<u> </u>	<u> </u>	· · · · ·	<u> ▶</u>	
4		An organization organized and op	erated to test for	public safety. Section 5	i09(a)(4). (See i	page 8 of the i	nstructions.)

Part IV-A. Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. (a) 2006 **(b)** 2005 (c) 2004 (e) Total Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 37600.77 24631.13 12115.35 13665.43 88012.68 7100.00 4550.80 11650.80 16 Membership fees received . Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 95146.38 60677.21 37933.20 287930.82 94174.03 Gross income from Interest, dividends, 18 amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 343.46 48.84 64.97 125.14 104.51 organization after June 30, 1975 19 Net income from unrelated 0 0 0 activities not included in line 18, 0 0 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0 0 0 0 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 0 0 public without charge. Other income. Attach a schedule. Do not 0 O include gain or (loss) from sale of capital assets 387937.76 23 Total of lines 15 through 22 131879.31 119826.35 79957.53 56274.57 24 37705.28 24679.97 19280.32 18341.37 100006.94 Line 23 minus line 17 . . . 25 1198.26 799.57 562.75 Enter 1% of line 23 1318.79 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . 26 Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26c c Total support for section 509(a)(1) test: Enter line 24, column (e) . Add: Amounts from column (e) for lines: 18 _ 26d 22 26b Public support (line 26c minus line 26d total) . . 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0 (2005) 0 (2004) 0 (2003) Add: Amounts from column (e) for lines: 15 287930.82 27c 21 0 27d and line 27b total d Add: Line 27a total 387594.30 27e Public support (line 27c total minus line 27d total). 387937.76 f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶ 27f 27g 99 % Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). 1 % 27h

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

	140 11 000 01 830-ELJ 2001
Par	t V Private School Questionnaire (See page 9 of the instructions.)
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)
20	Does the experiencian base a majorly confidentiminatory policy toward students by statement in its charter by

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		!
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
a	Copies of all material used by the organization or on its behalf to solicit contributions?	- OZG		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33ь		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
8	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		,	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Par	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					nstructi	ons.))
Chec	x ▶ a ☐ if the organization belongs to an affilia	ted group. Che	ck ▶ b 🔲 ify	ou checked	"a" and "	'limited co	ntrol*	provisions apply.
	Limits on Lobbyir (The term "expenditures" mear	•			1	(a) Affiliated gr totals	oup	(b) To be completed for all electing organizations
				 T	36			Organizations
36	Total lobbying expenditures to influence public		,		37			
37 38	Total lobbying expenditures to influence a legis Total lobbying expenditures (add lines 36 and 3	• .			38			
39	Other exempt purpose expenditures	•			39	 -		
39 40	Total exempt purpose expenditures (add lines 3				40			
41	Lobbying nontaxable amount. Enter the amount				''			
71			•	1	1			}
	If the amount on line 40 Is— Not over \$500,000							ļ
	Over \$500,000 but not over \$1,000,000 . \$100,0			L				
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	-			41			,
		00 plus 5% of the						7
		•		1				
42								
43	Subtract line 42 from line 36. Enter -0- if line 42				43			
44	Subtract line 41 from line 38. Enter -0- if line 4	s is more than lin	e 38,	\	44			
								,
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 47	20.				
	(Some organizations that made a section See the instructions for	or lines 45 throug	do not have to c	omplete all of the instr	uctions.)		
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	fiscal year beginning in) ▶	2007	2006	2005		2004		Total
								
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total labbung avacaditures				ł			
 -	Total lobbying expenditures				\dashv			
<u>48</u>	Grassroots nontaxable amount							· · · · · · · · · · · · · · · · · · ·
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
	t VI-B Lobbying Activity by Nonelec	ting Public Cl	narities					L
	(For reporting only by organization			art VI-A) (See pa	age 14 d	of the	e instructions.)
Durir	ng the year, did the organization attempt to influ				<u>-</u>	Ī		
	npt to influence public opinion on a legislative m				ıg Liiy	Yes	No	Amount
а	Volunteers							
b	Paid staff or management (Include compensation			through h.).			
C	Media advertisements		-					
đ	Mailings to members, legislators, or the public							
8	Publications, or published or broadcast stateme							<u> </u>
f	Grants to other organizations for lobbying purp	oses						·
g	Direct contact with legislators, their staffs, gove	mment officials,	or a legislative b	ody		.		
h	Rallies, demonstrations, seminars, conventions,		res, or any other	means .		.		ļ
į	Total lobbying expenditures (Add lines c throug		toiled description	, , , , , , , , , , , , , , , , , , ,		41.44.		L .
	If "Yes" to any of the above, also attach a state	enent giving a de	cialled description	i of the lobb	bying ac	uvilles.		

chedule :	Α	(Farm	990	OI	990-	·EZ	2007

Page 7

Par	t VI			ransfers To and Transa e page 14 of the instruction		Relationships	With I	Nonc	hari	table	
51				indirectly engage in any of the				cribed	d in s	ection	
а	Trai	nsfers from the rep	orting organization	to a noncharitable exempt org	anization of:				Yes	No	
			• •				. 5	1a(i)		L	
	(ii)	Other assets					. 4	a(ii)			
b	Oth	er transactions:								1	
	(ī)	Sales or exchange	es of assets with a	noncharitable exempt organiza	ation			b(l)		<u> </u>	
	(ii)	Purchases of asse	ets from a nonchar	itable exempt organization .			. <u>L</u>	b(ii)			
	(iii)	Rental of facilities	, equipment, or oth	ner assets			. 4	b(iii)			
	(iv)	Reimbursement a	rrangements				. 🖳	b(iv)		<u> </u>	
	(v)	Loans or loan gua	or loan guarantees								
	(vi) Performance of services or membership or fundraising solicitations									ļ	
C	Sha	ring of facilities, eq	uipment, mailing li	sts, other assets, or paid empl	oyees		. L	_ c	Ĺ		
d	goo	ds, other assets, o	r services given by	complete the following scheduly the reporting organization. If a column (d) the value of the goo	the organization	received less that	n fair ma	arket rket v	value value	of the in any	
(;	1)	(b)		(c)	T	(d)					
Line	no.	Amount involved	Name of none	chantable exempt organization	Description o	f transfers, transaction	s, and shari	ing ama	ngem	ents	
						· 					
											
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	des	cribed in section 50		affiliated with, or related to, on other than section 501(c)(3)) or on:				Yes] No	
		(a)		(b)	1	(c)					
		Name of organiz	zation	Type of organization		Description of re	lationship				
					<u> </u>						
			· <u> </u>		<u> </u>						
		 		 	 						
					 						
					 						
					 						
					 						
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MIDLAND HIGH SCHOOL ATHLETIC BOOSTER CLUB #38-2548128

SCHEDULE A PART 111. 3a

College scholarships are awarded to outstanding well-rounded athletes, leaders both on and off the field. The coaching staff recommends athletes and the selection of the awardees is decided by the Midland High School Athletic Director and the Booster Club President. Scholarships are issued directly to the University or College of their choice.

Attachment 990

Widland High School Athletic Booster Club

ID: 38-2548128

Part I. Item 9(a) (b) (c)

	Chemic Pride Sports Booster Annual Dinner	Sports Program Ad Sales	Membership	Team Yard Signs	Gus Macker Basketbali Tournament	Pom Pon Camp	Totals
Gross Receipts	\$9,961.67	\$10,830.00	\$15,500.00	\$3,560.00	\$5,000.00	\$2,500.00	\$47,351.67
Less: Contributions	\$0.00	\$10,686.00	\$9,069 86		\$0.00	\$0.00	\$19,755.86
Gross Revenue	\$9,961.67	\$144.00	\$6,430.14	\$3,560.00	\$5,000.00	\$2,500.00	\$27,595.81
Less: Direct Expenses	\$4,808.06	\$144 00	\$6,430.14	\$1,301.26	\$0.00	\$1,641.39	\$14,324.85
Net Income (Loss)	\$5,153.61	\$0.00	\$0.00	\$2,258.74	\$5,000.00	\$858.61	\$13,270.96

'art 1, Item 10

Concessions

Sports Programs

Spirit Items