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## Form 990-EZ

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

Comparison of C	A			)8 cal	endar year, or tax year b	eginnıng	<u>JUL 1,</u>	2008		and end		N 3		2009				
March   Mar	В	applic	able Pl		C Name of organization						ĺ	D Emp	loyer i	dentification number				
RAYERSE CITY WEST ATHLETIC BOOSTERS   Roombeste   Telephoton number   231.946.0017		Add	ress us															
Remote and sizes (or 70. box, finals in or delivered to street address)   Roomsure   Efelphone number   231,946,017		Nam chai	ne pr	rint or	TRAVERSE CITY	WEST	ATHLETIC	BOOST	ERS			3	8-3	479473				
Section 501 (Section 501 (Se		init	Initial type Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E T								E Tele	Telephone number						
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Section 591(c)3) organizations and 4947(e)41 proteoneum plantialitie trust must attach a completed   Schedule A (Form 590 or 900-E2)	Ī	Am	ended		City or town, state or cou	ntry, and ZIP	+ 4											
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22 Cash, savings, and investments       104,622.22       88,475.         23 Land and buildings       23         24 Other assets (describe ► ACCOUNTS RECEIVABLE       ) 1,499.24       2,899.         25 Total assets       106,121.25       91,374.         26 Total liabilities (describe ►       ) 0.26       0.					<del></del>	<del></del>		-,,						(B) End of year				
23       Land and buildings       23         24       Other assets (describe ► ACCOUNTS RECEIVABLE )       1,499.24 2,899.         25       Total assets (describe ► 106,121.25 91,374.         26       Total liabilities (describe ► )       0.26 0.	9	<b>2</b> C:	sh. savi	inos a	nd investments					1			. 22					
24 Other assets (describe ► ACCOUNTS RECEIVABLE )       1,499. 24 2,899.         25 Total assets       106,121. 25 91,374.         26 Total liabilities (describe ► )       0.26 0.				-							/	<u>, ., .,</u>	$\neg$	00/1/01				
25 Total assets 106,121. 25 91,374. 26 Total liabilities (describe ► ) 0. 26 0.					•	RECE	IVABLE			, 🗀	1 .	499		2.899.				
26 Total liabilities (describe ►				-						<i>'</i>			$\neg \neg \neg$					
· · · · · · · · · · · · · · · · · · ·					describe >					,								
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 106,121. 27 91,374.						mn (B) must :	agree with line 21)	·		<b></b>	106			91,374.				
832171 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Form 990-EZ (2008)									or Forn	n 990.								

Form 990-EZ (2008) TRAVERSE CITY WEST ATHLET			<u> 38-347</u>	<u> 7947</u>	3 Page 2
Part III Statement of Program Service Accomplishment	nts (See the instructions for	Part III.)		Expe	enses
What is the organization's primary exempt purpose? SEE STATEMENT	' 5		(Req	juired fo	r 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purposes. In a		escribe the services			nizations and rusts; optional
provided, the number of persons benefited, or other relevant information for each pr				thers.)	rasis, optional
28 UNIFORMS WERE PURCHASED FOR VARIOUS	<del></del>	Y WEST HI	GH		
SCHOOL ATHLETIC TEAMS AND COACHES.	TIGIVER CTT	I WEDI III	<u> </u>		
SCHOOL ATHLETTC TEAMS AND COACHES.	<del></del>				
					FF 70 <i>C</i>
(Grants \$ ) If this amount includes foreign of			28a		<u>55,796.</u>
29 ATHLETIC EQUIPMENT WAS PURCHASED FO	R VARIOUS TRA	VERSE CIT	<u>Y</u>		
WEST HIGH SCHOOL ATHLETIC TEAMS.					
(Grants \$ ) If this amount includes foreign g	rants, check here		29a		38,495.
30 TRAVEL COSTS WERE PAID FOR OR REIMB	URSED FOR TRA	NSPORTING			
VARIOUS TRAVERSE CITY WEST HIGH SCH	OOL ATHLETIC	TEAMS AND	_		
COACHES TO AWAY GAMES.					
(Grants \$ ) If this amount includes foreign of	rants shock hara		30a		72,941.
	rants, check here				14,341.
31 Other program services (attach schedule)		_			
(Grants \$ ) If this amount includes foreign g	rants, check here	▶	31a		
32 Total program service expenses (add lines 28a through 31a)	<del></del>		32	1	<u>67,232.</u>
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one e	ven if not compensated	(See the instruc	tions for	Part IV)
	/h) Title and sucress hours	(a) Companyation	(d) Contribu		(a) Evpapaa
(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	to employ		(e) Expense account and
(a) Hame and address	position	-0- )	benefit plar deferred		ther allowances
	position		compensa	_	and wandes
CRAIG ROSENBERG	PRESIDENT	-	··-		
CRAIG RODERDERO	3.00	0.		0.	0
MIN DRAVE	•			<u> </u>	0.
TIM DRAKE	VICE PRESIDEN				_
	1.00	0.		0.	0.
MARK NEWHOUSE	TREASURER				
	3.00	0.		0.	0.
DAVID OAKLEY	SECRETARY				
	2.00	0.		0.	0.
PATTI TIBALDI	DIRECTOR				
	1.00	0.		0.	0.
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832172	<u> </u>	L			00 FZ (5
12-17-08			J	orm <b>9</b> 9	90-EZ (2008)

Form 990-EZ (2008)

Other Information (Note the statement requirements in the instructions for Part VI) Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35a b If "Yes," has it filed a tax return on Form 990-T for this year? 35b Ν Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 36 0. 37a 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ₹, b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a N/A b If "Yes." complete Schedule L. Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter: 4,1 a Initiation fees and capital contributions included on line 9 39a N/A N/A b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. 0. section 4911 ► **0** • : section 4912 ► **0** • ; section 4955 ► b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under 0. sections 4912, 4955, and 4958 0. d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. > MI 42 a The books are in care of ► MARK NEWHOUSE Telephone no.  $\triangleright$  231.933.5400 ZIP+4 ► 49684 Located at ▶ 745 S. GARFIELD, TRAVERSE CITY, MI b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b 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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-F7 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	the organization engage in direct or indirect political campaign activ	uties on hehalf of or in opposition to	andidaton for public			es No
	the organization engage in direct of indirect political campaight actives:  2.2 If "Yes," complete Schedule C, Part I	vides on behalf of or in opposition to	candidates for public	Γ		
	the organization engage in lobbying activities? If "Yes," complete	Schodulo C. Part II		<u> </u>	46	X X
	the organization engage in lobbying activities? If Test, complete in organization operating a school as described in section 170(b)(1		ula F		48	X
	the organization make any transfers to an exempt non-charitable re		ule L	f	49a	X
	es," was the related organization(s) a section 527 organization?	sated of garifeation.		ŀ	49b	1-2
	plete this table for the five highest compensated employees (other	than officers directors trustees and	key employees) who	L n each received m		\$100 000
	compensation from the organization. If there is none, enter "None."	than officers, an octors, a bottom and	noy amployees, with	TOUGHT TOUGHT OF THE	ore triair	<b>#100,000</b>
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation	(E) E	xpense unt and llowances
	ber of other employees paid over \$100,000	<b>-</b>				
	nplete this table for the five highest compensated independent cont one, enter "None."  NONE  (a) Name and address of each independent contractor paid	ractors who each received more than	\$100,000 of compe		organizat ) Compe	
IS NO	NONE  (a) Name and address of each independent contractor paid	more than \$100,000	(b) Type of ser	rvice (c	) Compe	nsation
IS NO	NONE  (a) Name and address of each independent contractor paid  ber of other independent contractors each receiving over \$100,000  Under penalties of pentry, I declare that I have examined this return, inclu- correct, and complete Declaration of prepare (other than officer) is based  Signature of other independent.	more than \$100,000	(b) Type of ser	rvice (c	) Compe	nsation
ıs no	nplete this table for the five highest compensated independent contone, enter "None."  NONE  (a) Name and address of each independent contractor paid  ber of other independent contractors each receiving over \$100,000  Under penalties of pentry, declare that I have examined this return, inclucorrect, and complete operaration of prepare (other than officer) is based	more than \$100,000  Oding accompanying schedules and statemer on all information of which preparer has any	(b) Type of ser	y knowledge and bel	) Compe	nsation
ıs no	Inplete this table for the five highest compensated independent contone, enter "None."  NONE  (a) Name and address of each independent contractor paid  ther of other independent contractors each receiving over \$100,000  Under penalties of pedury, Declare that I have examined this return, inclucorrect, and complete operation of prepare (other than officer) is based  Signature of officer  MARK NEWHOUSE, TREASURER  Type or print name and title	more than \$100,000  Output  Date  Date  Date  Che	(b) Type of ser	y knowledge and bel	) Compe	nsation e,
Total numl Sign Here Paid	Inplete this table for the five highest compensated independent controller, enter "None."  NONE  (a) Name and address of each independent contractor paid  ber of other independent contractors each receiving over \$100,000  Under penalties of penury, I declare that I have examined this return, inclucorrect, and complete Declaration of prepare (other than officer) is based  Signature of other independent contractors each receiving over \$100,000  When the contractor paid  Signature of other independent contractor paid  Preparer's Signature  DCN, Lilc  Firm's name (or yours if self-employed).  P.O. BOX 947	more than \$100,000  Oding accompanying schedules and statemer on all information of which preparer has any	(b) Type of ser	y knowledge and bel	) Compe	e,

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public

Name of the organization

TRAVERSE CITY WEST ATHLETIC BOOSTERS 38-3479473

Part I	Resear		rity Status (All organiz					tructions\	<u>~</u>	0 01/01/0	
					-		(See ins	tructions)			
		•	because it is: (Please ch								
1 💾	A church, cor	nvention of churche	es, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)				
2 🖳	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E )							
з 🖳	•	· ·	oital service organization o								
4 🔲	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	city, and state	e									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
	section 170	( <b>b)(1)(A)(iv).</b> (Comp	lete Part II)								
6 🖳	A federal, sta	te, or local governr	nent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).				
7 [X]	•	-	ceives a substantial part (	of its supp	ort from a	governme	ental unit c	r from the	general	public described in	
. $\Box$	section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )										
8 📙	A community trust described in section 1/0(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from										
9 🔛	•	•	• •							-	
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
				ion 511 ta	x) from bu	sinesses a	acquirea b	y tne orga	nization	aπer June 30, 1975.	
		<b>509(a)(2).</b> (Complet	•								
•	•	•	pperated exclusively to te		•			•			
1 📖	J	ŭ	perated exclusively for th								
	more publicly	supported organiz	zations described in section	on 509(a)(1	1) or section	on 509(a)(2	2) See <b>se</b> o	ction 509(a	a)(3). Ch	eck the box that	
	describes the	e type of supporting	g organization and compl	ete lines 1	1e through	11h.				7	
	a Type I				e III - Func	•	•		d L	☐ Type III - Other	
e 🔲	By checking	this box, I certify th	at the organization is not	controlled	directly o	r ındırectly	by one o	r more disc	qualified	persons other than	
	foundation m	anagers and other	than one or more publicly	y supporte	d organiza	ations desi	cribed in s	ection 509	9(a)(1) or	section 509(a)(2)	
f	If the organiz	ation received a wr	itten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting or	rganization, check	this box								
g	Since August	17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?		
•	_		directly controls, either al							, Yes No	
			supported organization?	_						11g(i)	
	_		on described in (i) above?							11g(ii)	
	. ,	•	a person described in (i) o		e?					11g(iii)	
h		-	n about the organizations			ports.					
· ·				···							
(i) Name	of supported	(ii) EIN	(iii) Type of		organization		notify the	(vi) ls	the	(vii) Amount of	
	inization	<b>\./</b> =	organization (described on lines 1-9	in col. (ı) lıs	•		ion in col.	organizatio	ed in the	support	
·			above or IRC section	governing	document?	(i) of your	r support?	(i) organız U.S	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
		,									
otal									}		
			<u> </u>				<u> </u>		<u> </u>		

Schedule A (Form 990 or 990-EZ) 2008

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008 TRAVERSE CITY WEST ATHLETIC BOOSTERS 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 80.762. 50,975. 99,974. 91.418. 32,366. 355,495. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 50.975 99,974 80.762. 418 32,366. 355,495. 4 Total, Add lines 1 - 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) 355,495. 6 Public Support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2006 (d) 2007 (a) 2004(b) 2005 (e) 2008 (f) Total 80,762. 50,975 99,974 91,418 32,366. 355,495. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 279 1,457. 3,506. 3,715. 773. 9,730. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 365,225. 11 Total support. Add lines 7 through 10 482,583. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 97.34 14 % 93.72 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. 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 IV how the

Schedule A (Form 990 or 990-EZ) 2008

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

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.

Pa	irt III Support Schedule for C	)rganizations	Described in	Section 509(a)	(2) (Complete only	ıf you checked the b	ox on line 9 of Part I.)
	ction A. Public Support					T	
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants ")						
^	• •						<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513		<del></del>				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		<u> </u>				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 - 5						
7 a	Amounts included on lines 1, 2, and			;			
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that			}			
	exceed the greater of 1% of the total of lines 9,				1		
	10c, 11, and 12 for the year or \$5,000					<del></del>	<del></del>
C	: Add lines 7a and 7b				- 0420		
	Public support (Subtract line 7c from line 6)			<u> </u>	40.00		<u> </u>
	ction B. Total Support				T	T	T
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
-	Amounts from line 6						<del> </del>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income					ļ	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)		-	,			
	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	ization,
	check this box and stop here	-					▶□
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
	Public support percentage for 2008 (	-		column (f))		15	%
16	Public support percentage from 2007	7 Schedule A, Part	IV-A, line 27g			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	008 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2008. If the				e 15 is more than :	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						<b>.</b>
ŀ	33 1/3% support tests - 2007. If the						
	line 18 is not more than 33 1/3%, che						¬ ▶ <u>□</u>
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			<b>▶</b> ∟_
					C-1	ll . A / C O	90 or 990-F71 200:

FORM 990-EZ O	THER EXPENS	SES	STATEMENT	1
DESCRIPTION			AMOUNT	
BANK CHARGES				27.
BANQUET EXPENSE			10,7	75.
CAMPS & CLINICS EXPENSE			17,7	
DUES, FEES & LICENSES				80.
REGISTRATION FEES			1,0	
MISCELLANEOUS				70.
UNIFORMS ATHLETIC EQUIPMENT			55,7	
TRAVEL			36,4 72,9	
11414 111				41.
TOTAL TO FORM 990-EZ, LINE 16			195,2	47.
FORM 990-EZ CASH GRAN	TS AND ALLO	CATIONS	STATEMENT	2
CLASS OF ACTIVITY/DONEE'S NAME AND	ADDRESS	DONEE'S RELATIONSHIP	AMOUN	т
CHARITABLE NONE PRAVERSE CITY WEST HIGH SCHOOL 376 NORTH LONG LAKE ROAD PRAVERSE CITY, MI 49684		4,85		
TOTAL INCLUDED ON FORM 990-EZ, LIN	E 10		4,8	50.

FORM 990-EZ	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A		STATEMENT 3
INCOME			
1. GROSS RECEIPTS 2. RETURNS AND ALLOWAY 3. LINE 1 LESS LINE 2	ICES	14,487	14,487
	(LINE 13)	14,487	
7. MERCHANDISE PURCHAS 8. COST OF LABOR 9. MATERIALS AND SUPPI 10. OTHER COSTS	LIES	0 14,487	14.405
11. ADD LINES 6 THROUGH 12. INVENTORY AT END OF 13. COST OF GOODS SOLD		0	14,487

FORM 990-EZ		EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS					4
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	]	]	YES	[X]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	]	]	YES	[X]	ио

990-EZ PG 2 STATEMENT 5

TO SUPPORT TRAVERSE CITY WEST HIGH SCHOOL ATHLETICS