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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Open to Public

Department of the Treasury

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 \$500,000 and total assets less than \$1,250,000 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

Inspection

Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ 53396 of contributions reported on line 1). b Less: direct expenses other than fundraising expenses 6 Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6 Cross sales of inventory, less returns and allowances 7 Ta Gross sales of inventory, less returns and allowances 7 Ta Tb	A Fo	or the	2009 calend	lar year,	or tax year beginning	September 1	, 2009,	and ending	Αι	ıgust	31	, 20 09
United active and the state of the property	B CH	heck if ap	plicable		C Name of organization				D Empl	oyer id	lentification	number
Number and street (or P O Doc, it mails not delivered to street address) Room/suite S137 Old Hickory Drive S147	□ A	ddress ct	ange		Lancer Booster Club					4	1-1988068	
Terminated Section	=		-	print or	Number and street (or P O box,	ıf mail is not delivere	d to street address)	Room/suite	E Telep	hone n	umber	
Application previous City or town, state or country, and ZP + 4 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Method: ② Cash □ Accidence	=				1537 Old Hickory Drive					50	7-895-8246	i
Applications products	늗				City or town, state or country, a	nd ZIP + 4			F Grou	лр Ехе	mption	
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schadule A (Form 890 or 990-EZ). National Schadule A (Form 890 or 990-EZ). H Check ► [2] if the organization is not required to attach Schadule B (Form 990 or 10 or	=				La Crescent, MN 55947					•	•	36496
Website:			•	organiz	rations and 4947(a)(1) nonex	empt charitable t	rusts must attach	G Acco	untina Me	ethod:	✓ Cash	Accru
Website: ►		• 0000	011 00 1 (0)(0)						-			
Website:											organization	us not
Tax-exempt status (check only one)		laheite									-	
K Check If the organization is not a section 506(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990-EZ				Chack o	nly one) [7] 501(c) (3) 4	1 (insert no)	947/a)/1) or	<u> </u>			chedule D (i	01117 330
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return				-						<u>_</u>	ara than \$24	- OOO A
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received				_			_					5,000 A
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1										iete re	turri	724
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ □ 5 Sales of contributions 6 a 19544 6 b Less: direct expenses other than fundraising expenses 6 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 C Ress: direct expenses other than fundraising expenses 6 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 C Ress: cost of goods sold 6 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Less: cost of goods sold 8 Less: cost of goods sold 9 Total revenue, Add lines 1, 1874, 1,1876, 176, 476, 1876,										s	o for Dort	
Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ 53396 of contributions reported on line 1). b Less: direct expenses other than fundraising expenses 6 Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6 Cross sales of inventory, less returns and allowances 7 Ta Gross sales of inventory, less returns and allowances 7 Ta Tb	FE										S IOI Part	
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b Less: cost of goods sold c Gross profit or (loss) from sales of Inventory Subtract line 7b from line 7a) 8 Other revenue (describe ► 9 Total revenue. Add lines 1, 123, 4, 12, 136, 176, 126, 176, 126, 176, 126, 176, 126, 176, 126, 176, 126, 176, 126, 176, 126, 176, 126, 176, 126, 176, 126, 176, 126, 176, 126, 176, 176, 176, 176, 176, 176, 176, 17		7a					1	1				
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8 Other revenue (describe ► 9 Total revenue. Add lines 1 ANA, 4 ANA CT 76, and 8 CT 10 Grants and similar amounts baid (attach schedule)			Gross pro	fit or (lo	ss) from sales of inventory	Subtract line Vi	from line 7a)			7c		
9 Total revenue. Add lines 1, 47, 4, 14, 16, 16, 16, 17, 16, 16, 18, 19, 10, 10, 10, 10, 10, 10, 10, 11, 11, 11							,		٠.,			
10 Grants and similar amounts bail (attach schedule)			Total reve	A QUIC	dd lines 1 2003 4 18/0/16/21							664
11 Benefits paid to or for members	\rightarrow							<u> </u>		-		561
12 Salaries, other compensation and employee benefits	1		_									
13 Professional fees and other payments to independent contractors	<u>"</u>	Î	Colorino o	ther co	OGDE	N.UT						
16 Other expenses (describe ►) 16 17 Total expenses. Add lines 10 through 16	Se											
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17 Total expenses. Add lines 10 through 16						_					-	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	ı	1	•	•								
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	\dashv											561
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-E. (See the instructions for Part II.) (A) Beginning of year (B) End of year 23 Land and buildings	13									18		102
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-E. (See the instructions for Part II.) (A) Beginning of year (B) End of year 23 Land and buildings	Se	19				• •				İ		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-E. (See the instructions for Part II.) (A) Beginning of year (B) End of year 23 Land and buildings	٩		-	-	• •	•				-		538
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-E. (See the instructions for Part II.) (A) Beginning of year (B) End of year 23 Land and buildings	je l	20	Other cha	nges in	net assets or fund balance	es (attach explan	ation)			20		
(See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 53815 22 64 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets . 53815 25 64 26 Total liabilities (describe ►) 26		21										641
22 Cash, savings, and investments 53815 22 64 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 53815 25 64 26 Total liabilities (describe ►) 26	Pa	art II	Balanc	e Shee			re \$1,250,000 or				ad of Form	990-EZ
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>// NEL dageta VI IUNU DdidNeta (III)E 4/ VI COMBIN IDI MUSL dURE WIM IIIE 4//	27		t assets o	r fund b	palances (line 27 of colum	n (B) must agree	with line 21)	一.'		53815		641

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Part III Statement of Prógram Service Accomplishments (See the instructions for Part III.)									
What	(Required for section								
Desc)(3) and 501(c)(4) exations and section							
manr	ner, describe the services provided, the number of	of persons benefited, and c	other relevant info	rmation for		a)(1) trusts, optional			
each	program title.				for ot				
28	Purchasing of supplies and equipment for the benefi	it of youth athletics, approx.	250 kids	-					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	35797			
29	Payment of tournament expenses on behalf of youth								
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	2513			
30	Support of programs by providing materials and res								
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	30a	17865			
31	Other program services (attach schedule)								
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a				
	Total program service expenses (add lines 28a t				32	56175			
Par	List of Officers, Directors, Trustees, and Key								
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (ff not paid,	(d) Contribution employee benefit	ns to plans &	(e) Expense account and			
	1,	devoted to position	enter -0)	deferred comper		other allowances			
Kath	y Melbostad	President - 1/2 Hr/Week							
731 I	N. 4th Street, La Crescent, MN 55947	Tresident - 1/2 mi/vveck	0		0	0			
	Dorschner	Treasurer - 1 Hr/Week							
	Old Hickory Drive, La Crescent, MN 55947	Treadurer Triintrock	0		0	0			
	a Thesing	Secretary - 1 Hr/Week							
521 l	Main Street, La Crescent, MN 55947		0		0	0			
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	250		1
	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			-
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 outstanding at the end of the period covered by this return?	38a	i	✓
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	ĺ		
ь	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
_	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		√
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Jody Dorschner Telephone no. ▶	507-89	5-8240	5
	Located at ► 1537 Old Hickory Drive, La Crescent, MN ZIP + 4 ►	559	947	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	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.			
С	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:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. 1	- □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		✓
45	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	45		1
	For	m 99 0)-FZ	(2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) non 47(a)(1) nonexempt cha nd 51.	exempt charital ritable trusts mu	ole trusts only. A st answer questio	ll sec ns 46	tion 3-491	5
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete:				_	Yes	No
	•				46		V
	Did the organization engage in lobbying activitie				47		V
	Is the organization a school as described in section				48		V
	Did the organization make any transfers to an ex	•	ed organization? .		49a		V
	If "Yes," was the related organization a section 5				49b		✓
	Complete this table for the organization's five hi						
	employees) who each received more than \$100,						
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &		Expen	
	than \$100,000	devoted to position		deferred compensation		allowa	
				-			
f	Total number of other employees paid over \$100	0,000 ▶		_			
\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c							
	Total number of other independent contractors e						
Sign	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompa of preparer (other than officer) is	nying schedules and st based on all informatio	n of which preparer has a	any kno	knowl	edge e
Here	Signature of officer			1-4-20	11		
	Jody L. Dorschner, Treasurer				_		
	Type or print name and title					_	
Paid	Preparer's	Date	Check if self-	Preparer's identifying nun	nber (Se	e instruc	tions)
r aiu Prepare	signature		employed ▶]			
•	I Firm's name (or	· · · · · · · · · · · · · · · · · · ·	E	IN ►			
Use On	y yours if self-employed), address, and ZiP + 4	-		hone no. ▶			
Mav th	e IRS discuss this return with the preparer show	above? See instructions		• [Yes		No
						'	<u></u>

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number **Lancer Booster Club** 41 1988068 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/4 % 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. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II **c** Type III–Functionally integrated e

By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes Nο Yes Nο

Total

	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support	<u> </u>					
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						<u> </u>
5	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.						
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · ·				,	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					1	
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						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .				L	ļ <u>.</u>	<u> </u>
12	Gross receipts from related activities, etc	•	· ·			12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>				on 501(c)(3)
	· · · · · · · · · · · · · · · · · · ·			1 (2)		144	
14	Public support percentage for 2009 (line		•	i, column (t))		15	<u>%</u> %
15	Public support percentage from 2008 Sci	-	-				
	33\% support test-2009. If the organiand stop here. The organization qualifies	as a publicly	supported orga	nızation			▶ 🗆
b	33\% % support test—2008. If the organization quality box and stop here. The organization quality						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and circumstances t	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circunances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here . cly supported or	Explain in Part ganization .	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support			,,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24191	24722	60116	60838	53596	223463
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	24538	29373	21152	19921	19544	114528
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	48729	54095	81268	80759	73140	337991
6	Total. Add lines 1 through 5	40723	34093	81200	60739	73140	33/331
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						337991
	tion B. Total Support						
	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	48729	54095	81268	80759	73140	337991
IVa	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33	219	29	168	272	721
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	33	219	29	168	272	721
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
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.)						338712
14	First five years. If the Form 990 is for toganization, check this box and stop in the stop	here	<u> </u>	id, third, fourth			
	tion C. Computation of Public Sup			40 : :	<u>, </u>	4-	00.0 ***
15 16	Public support percentage for 2009 (lin					15	99.8 %
16 Sec	Public support percentage from 2008 Stion D. Computation of Investment			· · · · ·		16	99.8 %
	· · · · · · · · · · · · · · · · · · ·				-luma (6)	17	.2 %
17 10	Investment income percentage for 2009	•		•	oiumn (t)) .	17	.2 % .2 %
18 19a	Investment income percentage from 20 33% % support tests – 2009. If the organization				(nd line 15 is ~		
134	17 is not more than 33% %, check this be						
b	33%% support tests – 2008. If the organ line 18 is not more than 33%%, check this	ization did not of box and stop	check a box on here. The organ	line 14 or line 1 nization qualifies	19a, and line 16 as a publicly s	is more than 3 supported organ	33/3 %, and nization ► 🗹
<u>20</u>	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see inst	ructions 🕨 🔲

Schedule A (Fo	orm 990 or 990-	EZ) 2009									Page 4
Part IV	Suppleme	ntal Inf	ormatio	n. Com	plete this	part to	provide th	e explanat	ions required	by Part II, I	ine 10;
	Part II, line	e i/a or	17b; an	o Part	III, line 12	. Provide	e any otne	radditiona	I information.	See instruc	tions.
			•••••	· · · · · · · · · · · · · · · · · · ·							
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Contributions to Activities

CK#1351 La Crescent Baseball Boosters - Donation	(\$750.00)
Ck #1354 Shelly Helland - VB Stat Software	(\$147.00)
CK#1353 Brett Vesel - Computer	(\$2,392.28)
Ck#1359 Brett Vesel - Equipment	(\$922.82)
Ck#1360 Digital Sports Video, IncSoftware	(\$2,997.46)
CK#1350 Shelly Helland - Camera	(\$525.00)
CK#1355 ANK Resources - Cookie Dough	(\$5,550.00)
CK#1356 Shelly Helland - Warm-ups	(\$898.00)
CK#1357 Jenni Von Arx - Jr. High Uniforms	(\$1,307.00)
CK#1358 Image World - Coaches Shirts	(\$168.00)
CK#1361 La Crescent Robotics - Donation	(\$750.00)
CK#1362 ISD #300 Choir - Donation	(\$1,000.00)
Ck #1366 Seating & Athl. Facilities - Benches	(\$992.00)
Ck #1363 ISD #300 Choir - Clear Acct.	(\$50.00)
CK#1364 Image World - Apparel	(\$521.00)
Ck# 1365 Heather Klingsporn - Awards	(\$11.97)
CK#1369 Brett Vesel - Misc.	(\$982.47)
CK#1373 Dave & Busters - Misc.	(\$600.40)
CK#1370 Shelly Helland-Team Building & Senior Nite	(\$153.16)
CK#1375 Shelly Helland - Awards Nite	(\$73.36)
CK#1374 Mark Abraham - Motor Coach Bus	(\$92.91)
Ck# 1367 Heather Klingsporn - Awards	(\$23.03)
CK# 1372 Xcel Energy Ctr - State Tourn. Tkts	(\$1,713.00)
CK#1371 Sue Duffy - Fund Raiser Expenses	(\$367.00)
CK#1376 ISD #300 - Season Tkt Reimb.	(\$120.00)
CK#1379 Brett Vesel - Misc.	(\$232.02)
Ck# 1380 Denny Hartman - Misc	(\$110.00)
CK#1381 Frank Glazier/MEGA FB Clinic	(\$299.00)
CK#1382 Riddell - Equipment	(\$319.79)
CK#1383 ISD #300 - Coach Busing	(\$1,684.44)
CK#1385 The Monogram Co Apparel	(\$550.00)
CK#1386 Brett Vesel - FB Clinic	(\$430.02)
CK#1387 Buchanan Mini Helmets - Awards	(\$272.00)
CK#1388 Healty Awards, Inc Awards	(\$295.57)
CK#1394 Post Prom - Donation	(\$300.00)
CK#1393 Anaconda Sports-Soccerr Uniform	(\$500.00)
CK#1390 Apex Sports Software	(\$695.00)
CK#1391 Dale Baskett - Training Specialist	(\$600.00)
CK#1395 Brett Vesel - Training Specialist	(\$550.80)
CK#1398 Brett Vesel - Miscellaneous	(\$232.04)

	(\$1,260.98)
	(\$7,730.00)
	(\$364.50)
	(\$500.00)
	(\$500.00)
	(\$1,200.00)
	(\$985.00)
	(\$68.09)
	(\$1,549.00)
	(\$2,700.00)
	(\$984.88)
	(\$500.00)
	(\$56.72)
	(\$1,200.00)
	(\$96.30)
	(\$250.00)
	(\$250.00)
	(\$50.00)
	(\$75.00)
	(\$250.00)
	(\$300.00)
	(\$322.72)
	(\$1,121.49)
	(\$2,997.45)
	(\$49.50)
	(\$134.60)
	* '
	(\$500.00)
TOTAL	(\$56,174.77)
	TOTAL

Page 2 of 2

SCHEDULE

Part I

6. Special Events and Activities

Concession Stand Sales

Gross Revenue \$ 19,543.65
Less: Direct Expenses \$ (6,942.31)
Net Sales: \$ 12,601.34