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Form **990-EZ**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 \$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.

OMB No. 1545-1150

2009**Open to Public Inspection****A For 2009 calendar year, or tax year beginning****, 2009, and ending****, 20****B Check if applicable**

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Ft Osage Athletic Booster Club

Number & street (or P.O. box, if mail is not delivered to street addr)

2101 N Twyman Rd

City or town, state or country, and ZIP + 4

Independence MO 64058

D Employer identification number

43-1360683

E Telephone number

(816) 256-0484

F Group Exemption Number.

▶

• 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. ☒ Cash ☐ Accrual
Other (specify) ▶**I Website:** ▶ N/A**J Tax-exempt status** (check only one) -- ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**H Check** ☒ if organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF).**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A 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.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ 100,562**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	615
	4	Investment income	4	17
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming , check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	99,830
b	Less: direct expenses other than fundraising expenses	6b	69,768	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	30,062	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See attachment #1)	8	100	
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	30,794	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	26,965
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	235
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	49
	16	Other expenses (describe ▶ See attachment #3)	16	2,522
	17	Total expenses. Add lines 10 through 16	17	29,771
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,023
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	34,807
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	35,830

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-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	34,807	35,830
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	34,807	35,830
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,807	35,830

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

Form **990-EZ** (2009)

SCANNED JUN 08 2010

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Part V 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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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.		
a 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		X
c 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		
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		X
41 List the states with which a copy of this return is filed. NONE		
42a The organization's books are in care of See attachment #5 Telephone no. Located at ZIP + 4		
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 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 .		X
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.		X
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

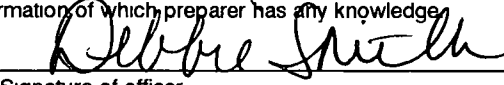

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		5-5-10 Date	
Paid Preparer's Use Only	Debbie Smith, President of FOABC Type or print name and title			
	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.)
Firm's name (or yours if self-employed), address, and ZIP + 4 H&R Block 18920 Valley View Parkway Independence, MO 64055		EIN 816-795-7613		Phone no. 816-795-7613

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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)

Section A. Public Support

Calendar 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")				1,020	615	1,635
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	17,968	25,668	23,616	25,649	30,062	122,963
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	17,968	25,668	23,616	26,669	30,677	124,598
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						124,598

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	17,968	25,668	23,616	26,669	30,677	124,598
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	212	351	436	405	117	1,521
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b	212	351	436	405	117	1,521
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	18,180	26,019	24,052	27,074	30,794	126,119

14 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.79 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests -- 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3 % support tests -- 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Concession S (event type)	Sale of Appa (event type)	1 (total number)	(Add col. (a) through col. (c))
1	Gross receipts	69,941	23,449	6,440	99,830
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	69,941	23,449	6,440	99,830
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	40,391			40,391
	8 Entertainment				
	9 Other direct expenses	3,635	19,537	6,205	29,377
10	Direct expense summary. Add lines 4 through 9 in column (d)				(69,768)
11	Net income summary. Combine line 3, column (d), and line 10				30,062

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

13 Indicate the percentage of gaming activity operated in:

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

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****X**

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

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

Name ► _____

Address ► _____

16 Gaming manager information.

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a**X**

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

SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Ft Osage Athletic Booster Club	Employer Identification Number 43-1360683

Description of Other Revenue	Amount
Volleyball refund	100
Total	100

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Inspection

For calendar year 2009 or tax period beginning

, and ending

Ft Osage Athletic Booster Club

43-1360683

Description of Other Expenses	Amount
Supplies	455
Mileage Reimb	998
Admin Exp	904
Bank Charge	165
Total	2,522

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning and ending	
Name of Organization		Employer Identification Number	
Ft Osage Athletic Booster Club		43-1360683	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Scholarships	Vince Langkamp		Scholarship
Scholarships	' ' ' David Nunez	250	Scholarship
Scholarships	' ' ' Kelcy Vanarsdall	500	Scholarship
Scholarships	' ' ' Thomas Watson	500	Scholarship
		1,250	
Relationship	Description of Property	Book Value	How Book Value is Determined
		Cash	How FMV is Determined
		250	2009-02
		500	2009-06
		500	2009-06
Total		1,250	

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public
Inspection

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization Ft Osage Athletic Booster Club			Employer Identification Number 43-1360683		
Class of Activity	Recipient's Name and Address		Amount (FMV)	Purpose of Payment to Affiliate	
Donation	' ' ' PG Winter PO		500	Donation	
Donation	' ' ' Ft Osage Winter PO		2,330	Donation	
Donation	' ' ' Ft Osage Spring PO		4,192	Donation	
Donation	' ' ' Project Grad - Spring PO		2,715	Donation	
			9,737		
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		500	Cash		2009-08
		2,330	Cash		2009-03
		4,192	Cash		2009-03
		2,715	Cash		2009-06
Total		9,737			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 3 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public
Inspection

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization Ft Osage Athletic Booster Club			Employer Identification Number 43-1360683		
Class of Activity	Recipient's Name and Address		Amount (FMV)	Purpose of Payment to Affiliate	
Donation	' ' ' PTA		432	Donation	
Donation	' ' ' Blue Hill Elem		188	Donation	
Donation	' ' ' Project Grad		75	Donation	
Donation	' ' ' FT Osage High		349	Donation	
			1,044		
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		432	Cash		2009-06
		188	Cash		2009-11
		75	Cash		2009-11
		349	Cash		2009-11
Total		1,044			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 4 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public
Inspection

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization

Ft Osage Athletic Booster Club

Employer Identification Number

43-1360683

Class of Activity	Recipient's Name and Address			Amount (FMV)	Purpose of Payment to Affiliate
Donation	' ' ' Ft Osage High			4,553	Mats
Donation	' ' ' Ft Osage Activity acct			3,600	Activity Acct
Donation	' ' ' Ft Osage State Game			467	State Game
	' ' ' , ' ' ,			5,000	
				13,620	
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		4,553	Cash		2009-11
		3,600	Cash		2009-06
		467	Cash		2009-10
	Total	5,000			2009-11
		13,620			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 5 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public
Inspection

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization		Employer Identification Number	
Ft Osage Athletic Booster Club		43-1360683	

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
Donation	Ft Osage Apparel Reimb		Apparel reimb		
Donation	' ' ' ' Ft Osage High Activities	1,154	Activities		
Donation	' ' ' ' Debbie Smith - adopted family	97	Adopted family		
	' ' ' '	63			
		1,314			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
			Cash		2009-12
		1,154	Cash		2009-12
		97	Cash		2009-12
		63			2009-12
Total		1,314			

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending			
Name of Organization Ft Osage Athletic Booster Club			Employer Identification Number 43-1360683	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Debbie Smith 1320 N Lake City Valley Road Buckner, MO 64016	President	0	0	0
David Gates 18208 E 26th Terrace Ct S. Independence, MO 64057	Vice President	0	0	0
Lisa Martin 1829 N York St Independence, MO 64058	Secretary	0	0	0
Linda Newby 1229 N Sioux Court Independence, MO 64056	Treasurer	0	0	0
Wendy Chiesi 19706 E 14th N Independence, MO 64056	Membership	0	0	0
Diana Rice 1117 N Davis Independence, MO 64056	Fundraising	0	0	0
Floyd Hawkins N Lake City Valley Road Buckner, MO 64016	OTMS	0	0	0

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization Ft Osage Athletic Booster Club		Employer Identification Number 43-1360683
Part V - Line 42a		

Individual Name Linda Newby
or
Business Name:

Street Address 1229 N Sioux Court

U.S. Address:

Zip code 64056 City Independence State MO
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (816) 797-9263

Fax Number