

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCHEDULE A (Form 990 or 990-E≵)

Public Charity Status and Public Support

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

OMB No 1545-0047

		oithe Treasd enue Service	Y ► A	ittach to Form 990 or F	orm 990-E	Z. ▶See	separate	instructi	ons.		Inspection	
		he organizat	on						Employe	er Identifica	tion number	
App	oleto	n North S	ports Booster Clu	ıb, inc.					39		199039	
Pa	rt [Reas	on for Public Cl	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	orga	anization is	not a private four	ndation because it is:	(For lines	1 through	gh 11, ch	neck only	one box	.)		
1				urches, or association								
2			I	on 170(b)(1)(A)(ii). (At								
3				hospital service organ								
4				ation operated in con	junction v	with a ho	spital de	scribed i	n section	170(b)(1)(A)(iii). Enter the	
_	_		name, city, and st				· · · · · · · · ·					
5	П			r the benefit of a colle	ge or uni	versity of	wned or	operateo	by a gov	ommenta	unit described in	
٥	\Box		70(b)(1)(A)(iv). (Co		antal unit	doseriba	d in seed	ion 170/	h)/4)/A)/ _/ /			
8				tate, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general pub described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8			whity trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	7		nization that normally receives: (1) more than 331/5 % of its support from contributions, membership fees, and gross									
-	-	receipts fr	bm activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33% % of its									
				nt income and unrelated business taxable income (less section 511 tax) from businesses								
		•	1.	n after June 30, 1975.								
10				nd operated exclusive								
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry of purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2) or section 509(a)(3) or section 509(a)(3) or section 509(a)(3).									r to carry out the		
		purposes	Check the how the	blicly supported organ	nizations of gunno	describe	o in secti anization	and com	ng(1) or se	ction 509(se 115 thr	8)(2). See section	
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e throug											
	a Type I b Type II c Type III—Functionally integrated d Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d											
-	e By checking this box, I certify that the organization is not controlled directly or indirectly persons other than foundation managers and other than one or more publicly supported											
		•	r section 509(a)(2)	•			,	• •	J			
f		If the ora	anization received	a written determinat	ion from	the IRS	that It Is	а Туре	l. Type II	, or Type	III supporting	
		if the organization received a written determination from the IRS that it is a Type I. Type II, or Type III supporting organization, check this box									<u> </u>	
g			ust 17, 2006, has the organization accepted any glft or contribution from any of the									
following persons?						Vac Na						
			bn who directly or indirectly controls, either alone or together with persons described in (ii)									
		-	below, the governing body of the supported organization?									
				er of a person described in (i) above?						11g(III)		
h			1	ation about the supp							<u> </u>	
(i)	Name	of supported		(III) Type of organization	(iv) Is the	rganization	(v) Did)	ou natify		is the	(vil) Amount of	
	Ċιζ	anization	11	(described on lines 1-9 above or IRC section	in col. (i) listed in your the organization of governing document? col. (i) of your				i organization in col. (i) organized in the		support	
				(sea instructions))		· · · · · · · · · · · · · · · · · · ·	sup	port?	U.	S.7		
			·	ļ ··	Yes	No_	Yes	No	Yes	No		
					1							
	—		 			·	<u> </u>					
							1	ļ				
			· 						 			
					[
_								T				
										<u> </u>		
								1				
					Transport (1714)		Transportation size	10 10 10 10 10 10 10 10 10 10 10 10 10 1	i in contrator and a	COLORADA		
T-4	_1											
Tota	11						CANAL PROPERTY OF		HESTORISM	Delia Contain		

	dule A (form 990							Page 2
Pa	rt II Sup (Co	port Schedule for Organization	ganizations loked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	² 0(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
Se	ction A. Pub							
C	elendar yoar (or	fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, c membership fe Include any "ut	entributions, and es received. (Do not nusual grants ")						
2	Tax revenues lead elther tand elther leading to the leading term of the leading term o	evied for the organization's ner paid to or expended on	~					
3		f services or facilities governmental unit to the lithout charge			****			
4	Total. Add linf	s 1 through 3	1000					
5	person (other the publicly support on line 1 that each on line 1 that each on line 1 that each other than 1 than							
6		Subtract line 5 from line 4.	BARRACTE BARRACTURE				NO SALESTANDANIA	L
	tion B. Total	scal year beginning in)	(a) 000E	5-1 0000	(-) 000 7	(4) 0000	~	·
			(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from					-,		ļ
8	payments rece	from interest, dividends, ived on securities loans, and income from similar						
9		om unrelated business her or not the business is d on					•	
10		Do not include gain or sale of capital assets IV.)						
11	Total support.	Add lines 7 through 10						
12	Gross receipts	from related activities, etc.	(see Instructio	ns) .		l	12	
13	organization, c	s. If the Form 990 is for neck this box and stop he	re , , ,		d, third, fourth.	or fifth tax ye	ear as a section	in 501(c)(3)
		utation of Public Sup						
14		percentage for 2009 (line (, column (f))		14	<u>%</u>
15		percentage from 2008 Sch				. i	15	%_
	and stop here:	test—2009. If the organize the organization qualifies	as a publicly s	upported organ	ization , ,			.▶ 🗇
b		test—2008. If the organizere. The organization qua				and line 15 is 3	3% % or more,	check this
	more, and if the organization man	-circumstances tost — 20 organization meets the "fa tets the "facts-and-circums"	acts-and-circum stances" test, T	nstances" test, d he organization	check this box a qualifies as a p	and stop here. Sublicly support	Explain in Part led organization	IV how the n . ► □
b 18	more, and if the organization me	circumstances test—2008. organization meets the "fa ts the "facts-and-circumsta ion. If the organization did	acts-and-circum: nces" test. The (stances" test, cl organization quai	heck this box a liftes as a publici	nd stop here, (ly supported org	Explain in Part	IV how the

Page 3 Schedule A (Form 990 br 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1.) Section A. Public Support Calendar year (orifiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 **(b)** 2006 (f) Total granta, contributions. membership fees received. (Do not include 5310 2825 3495 3100 14730 any "unusual grants.") Gross recoipts from admissions, merchandise sold or sorvices performed, or facilities furnished in any activity that is related to the 93919 81882 88023 organization's tix-exempt purpose. 86333 350157 Gross receipts from activities that are not an unrelated trade of business under soction 513 Tax revenues levied for the organization's banefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 84707 99229 91518 89433 Total. Add links 1 through 5 364887 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other that disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a end 7b Public support (Subtract line 7c from line 8) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (b) 2006 (d) 2008 (e) 2009 (f) Total 99229 84707 91518 89433 364887 9 Amounts from line 6 . . 10a Gross Income from Interest, dividends, payments received on securities loans. rents, royaltles and income from similar 5214 4660 1389 1055 12318 sources . . b Unrelated busiless taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 5214 4660 1389 1055 12318 c Add lines 10a and 10b 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) Total support. (Add lines 9, 10c. 11, 104443 89367 92907 90488 377205 and 12.) 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, theck this box and stop here \square Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . 15 %_ Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 % Investment Income percentage from 2008 Schedulc A, Part III, line 17 18 % 19a 33% % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 📋 33%% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33%%, and line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions > Schodulo A (Form 990 or 990-E2) 2009

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990	r 990-EZ) 2009 Page 4
Part IV Supp	emental Information. Complete this part to provide the explanations required by Part II, line 10; line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.
• -,	
- 4	
•	