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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 \$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

Open to Public Inspection

Α	For	the 20	009 cal	endar year, or tax year beginning $JUL~1~,~2009$ and end	ing JUN	30	,	2010	
В	Check	able	Please	C Name of organization	DI	Emplo	yer i	dentification number	
. [Add		use IRS						
Ţ		label or print or HASTINGS TIGER BOOSTER CLUB 26-1816860						816860	
7	Ind	al Type Number and street (or P.O. boy if mail is not delivered to street address) Poom/suite F. Telephone number							
\ <u></u>	Te	min-	Specific	PO BOX 744		40	2-	461-7550	
	— ate	ended	Instruc- tions	City or town, state or country, and ZIP + 4			_	mption	
	ret App	urn				-		•	
<u>-21-4</u>				HASTINGS, NE 68902		Numb			
ces	• 5	ection	501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	G Accountin			Acciual	
چ	Schedule A (Form 990 or 990-EZ) Other (specify) ▶								
	Website: ► N/A H. Check ► X If the organization is not								
<u>َ ٰ ٰ ِل</u> َ	Tax-exempt status (check only one) — X 501(c) (3) \blacktriangleleft (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)								
K	Chec	k▶	llift	the organization is not a section 509(a)(3) supporting organization and its gross receipts are	normally not m	ore tha	an \$2	25,000. A Form 990-EZ or	
2			Fo	rm 990 return is not required, but if the organization chooses to file a return, be sure to file a	complete returr	١			
Ĺ	Add			nd 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of For		_▶	. \$	98,220.	
P	art	ı	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances	See the instructi	ons fo	r Par	rt I.)	
	1	Cor	ntributio	ns, gifts, grants, and similar amounts received			1	14,133.	
	2			ervice revenue including government fees and contracts			2		
	3		-	p dues and assessments			3	1,970.	
	4		estment				4		
	5			unt from sale of assets other than inventory 5a			•		
	"			or other basis and sales expenses 5b		_			
							_		
a)	١,			ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	book boro	⊣⊢	5c		
Ž	6			nts and activities (complete applicable parts of Schedule G). If any amount is from gaming, or	neck here				
Revenue				nue (not including \$ of contributions n line 1) 6a	23,77	,			
æ	-	-	orted or	<u>(- </u>					
				t expenses other than fundraising expenses 6b	20,313	3.			
				e or (loss) from special events and activities (Subtract line 6b from line 6a)		_	6c	3,464.	
	7	a Gro	oss sales	s of inventory, less returns and allowances STMT 3 7a	58,204				
	1	b Les	ss: cost (of goods sold 7b	41,399) .			
		c Gro	oss profi	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		_	7c	16,805.	
	8	Oth	ner rever	nue (describe INTEREST INCOME		.) L	8	136.	
	9	Tot	tal rever	nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		-	9	36,508.	
2102	10	Gra	ants and	similar amounts paid (attach schedule)			10	12,275.	
⊋	11			ild to or for members			11	•	
.(C)v	12			ther compensation, and employee benefits 🔼 MAR 🐧 🔞 2013 📆			12		
enses	13						13	-	
ھٰچ	14	_					14		
Х	15			r, rent, utilities, and maintenance ublications, postage, and shipping			15	2,259.	
-5				nses (describe ► SEE STATI	าหากา 1		16	6,072.	
Net Assets	17			nses. Add lines 10 through 16	MINIT I		17	20,606.	
<u> </u>	1/				-	-		15,902.	
20	18			(deficit) for the year (Subtract line 17 from line 9)		-	18	15,304.	
ွန္တ	19			or fund balances at beginning of year (from line 27, column (A))		ł		26 221	
Œ		•	-	e with end-of-year figure reported on prior year's return)			19	36,321.	
Š	20			ges in net assets or fund balances (attach explanation)			20		
_	2			or fund balances at end of year. Combine lines 18 through 20			21	52,223.	
L	art	-	Balan	ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990			EZ.		
				(See the instructions for Part II.)	Beginning of ye		<u> </u>	(B) End of year	
2	2 (Cash, s	avings,	and investments	36,3	<u>21.</u>	22	52,223.	
2	:3 l	and a	nd buildi	ings			23		
2	4 ()ther a	ıssets (d	escribe			24		
2		otal a	-		36,3	$\overline{21.}$	25	52,223.	
				s (describe >		0.	26	0.	
				und balances (line 27 of column (B) must agree with line 21)	36,3			52,223.	
	32171 2-08-1			or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2009)	

Forr	m 990-EZ (2009) HASTINGS TIGER BOOSTER C	LUB		26-	-18168	60 Page 2
	art III Statement of Program Service Accomplishm		Part III.)			(penses
_	at is the organization's primary exempt purpose? SEE STATEMEN				1	or section 501(c)(3)
				.b.	1) organizations and
	scribe what was achieved in carrying out the organization's exempt p services provided, the number of persons benefited, and other releva	•		ibe	1	7(a)(1) trusts, optional
		ant information for each prog	gram me.		for others)	
28	SEE STATEMENT 5					
			 		1 1	
			<u> </u>	,		
	(Grants \$) If this amount includes foreign	n grants, check here	<u> </u>	لبا	28a	<u> 15,752.</u>
29						
	(Grants \$) If this amount includes foreign	n grants, check here	•		29a	
30						
••					!	
	(Create C) If this amount includes foreign	aronta chock boro			30a	
	(Grants \$) If this amount includes foreign	r grants, check here			308	
31	Other program services (attach schedule)	• • • • • •	_			
	(Grants \$) If this amount includes foreign	n grants, check here		ليا	31a	45 550
32	Total program service expenses (add lines 28a through 31a)	FI.		<u> </u>	32	<u> 15,752.</u>
Pi	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensated	(See the	instructions 1	for Part IV)
		(h) Title and average hours	(c) Compensation		ontributions	(a) Evnance
	(a) Name and address	(b) Title and average hours per week devoted to	(If not paid, enter		employee	(e) Expense account and
	(a) name and address	position	-0)		fit plans & eferred	other allowances
		position	",		pensation	ouner anomaneous
TA	Y LANDELL	PAST PRESIDEN	TT			
	ASTINGS, NE 68901	1.00	ĺ .		0.	0.
	AVID LONG	PRESIDENT	0.		<u> </u>	.
			1	Ì	^	
	ASTINGS, NE 68901	1.00	0.		0.	0.
	AURA MATHIAS	SECRETARY			_	
	ASTINGS, NE 68901	1.00	0.	<u> </u>	<u> </u>	0.
	ICKI KRUEGER	TREASURER				
	ASTINGS, NE 68901	1.00	0.		0.	0.
<u>S1</u>	TEPHANIE BLISS	DIRECTOR				
H	ASTINGS, NE 68901	1.00	0.		0.	0.
BC	OB FOOTE	DIRECTOR				
-	ASTINGS, NE 68901	1.00	0.		0.	0.
	IKE KARLOFF	DIRECTOR	<u> </u>			
	ASTINGS, NE 68901	1.00	0.		0.	0.
	ARRIE LACY	DIRECTOR		 	<u> </u>	<u>-</u>
	ASTINGS, NE 68901	1.00	0.		0.	_
_			0.	1	<u> </u>	0.
	AM MCCARTNEY	DIRECTOR			^	
	ASTINGS, NE 68901	1.00	0.	ļ	0.	0.
	ACK NEWLUN	DIRECTOR	_			_
	ASTINGS, NE 68901	1.00	0.	ļ	0.	0.
	ATT VALENTINE	VICE PRESIDEN		l		
H	ASTINGS, NE 68901	1.00	0.		0.	0.
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Form **990-EZ** (2009)

932172 02-08-10

	Cure mornation (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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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.			
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?	35a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	1		
	in a prior year and still outstanding at the end of the period covered by this return?	38a		х
b	if "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
_	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► 0 • ; section 4912 ► 0 • ; 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			
Ī	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	40ь		х
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	1.02		
	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 • 0.			
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		X
41	List the states with which a copy of this return is filed. NONE			
	The organization's books are in care of ► VICKI KRUEGER Telephone no. ► 402-46	1-7	550	
	Located at ▶ PO BOX 744, HASTINGS, NE ZIP+4 ▶ 6			
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		X
	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.?	42c		X
	If "Yes," enter the name of the foreign country:			
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	N/A	-	-
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		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	45		X
		Form 9	90-EZ (

Form 990-EZ (2009)

Pai	organizations and section 4947(a)(1) nonexempt charitable and 51.					
46	Did the organization engage in direct or indirect political campaign activities of	on behalf of or in opposition to i	candidates for public		Yes	s No
	office? If "Yes," complete Schedule C, Part I	or or or or or opposition to	54	ĺ	46	X
	Did the organization engage in lobbying activities? If "Yes," complete Scho	edule C, Part II			47	X
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes				48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?						
b	If "Yes," was the related organization a section 527 organization?	-			49b	X
	Complete this table for the organization's five highest compensated employed than \$100,000 of compensation from the organization. If there is none, enter		s, trustees and key e	mployees) who ea	ch received	more
	(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) Contributions to employee benefit plans & deferred compensation	(e) Exp accoun other allo	t and
	Total number of other employees paid over \$100,000					
51	Complete this table for the organization's five highest compensated independ organization. If there is none, enter "None." NONE	ent contractors who each recer	ved more than \$100	,000 of compensa	tion from tl	10
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of se	rvice (c	Compens	ation
						
	Total number of other independent contractors each receiving over \$100,000		-			
Sign Here		companying schedules and statemer information of which preparer has any	nis, and to the best of in	y knowledge and beli 2.27-20 Date		
Paid Prepa	Only State of the	02/20/13 emp	eck if self- ployed	parer's identifying nu	mber (See ins	atr)
Use C	firm's name (or yours of self-employed). MCDERMOTT AND MILLER, 1998 BOX 1317	P.C.	EIN Phor	ne ►		
	address, and ZIP+4 HASTINGS, NE 68902-131	7	no.	(402)	462-4	
May t	the IRS discuss this return with the preparer shown above? See instructions			>	Yes	No_

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

2009

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name of the organization

HASTINGS TIGER BOOSTER CLUB

Employer identification number
26-1816860

Part	I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	tructions				
he or	ganı	zation is not a	private foundation	because it is. (For lines 1	1 through 1	11, check	only one b	ox.)		· · ·			-
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
з[A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 [A medical res	search organization	operated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's nam	e,
		city, and state	e.										
5 [An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describe	d in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	7	A federal, sta	te. or local governm	ent or governmental unit	t described	ın sectio	n 170(b)(1)(A)(v).					
7	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)												
8 [ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🖸	<u> </u>			eives: (1) more than 33 1			rom contri	butions. m	nembershi	o fees, and	d aross red	ceipts f	rom
		_		nctions - subject to certa									
				axable income (less sect									
			509(a)(2). (Complete			,		•	, ,			•	
10 [• • • • •	perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	4).				
11 E	\exists	_	_	perated exclusively for th						y out the p	ourposes o	of one o	or
		•	•	ations described in secti							•		
				organization and comple				,	•	- /- /-			
		a Type I	ı b	Type II c	с 🔲 Турс	e III - Func	tionally int	egrated		d 🔲	Type III - 0	Other	
e [at the organization is not	controlled	directly o	r ındırectly	by one or	r more dis	qualified p	ersons oth	er thai	n
		,	•	han one or more publicly		-	-	-					
f			•	tten determination from t		-						. , ,	
		•	rganization, check ti			•		, ,,					
g			•	organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?	•		
•				lirectly controls, either al								Yes	No
			•	upported organization?	·		•		,,,,,	•	11g(i)		
		•		n described in (i) above?	,	•	•				11g(ii)		
			•	ı person described in (i) (∍ ?	•				11g(iii)	1	
h			·	about the supported or	• •		•						
••					3	(-)							
(:) N		of cupported	/::\ EIN	(iii) Type of	(iv) Is the o	roanization	(v) Did voi	ı notify the	(vi) ls	the	(vii) An	nount o	,
(1) 14		of supported anization	(ii) EIN	organization	(iv) Is the organization (v) Did you notify the organization in col. (i) listed in your organization in col. (i) organize			on in col.	(vii) An	port	J		
	or gr	inzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	U.S	.?	Jup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
											*		
									}				
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[cto]			1	1	I	!	1	l	1	1 1			

Form 990 or 990-EZ.

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

4 Total. Add lines 1 through 3
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)
6 Public support. Subtract line 5 from line 4

Section B. Total Support

Calendar year (or fiscal year beginning in)▶		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) lotal
7	Amounts from line 4						
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						
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	

organization, check this box and stop here
Section C. Computation of Public Support Percentage

100	50 1/0/0 Support test 2000. The organization did not once the box on the logarity and the control of the contro		
162	33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	ore, check this	box and
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	<u>%</u>
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	<u>%</u>

ba 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% of more, check this box and
stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2008 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

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 of 16a, and	Time 13 is 33 1/3% of filore, check this box
and stop here. The organization qualifies as a publicly supported organization	• ••
a 10% -facts-and-circumstances test - 2009 if the organization did not check a box on line	e 13, 16a, or 16b, and line 14 is 10% or more

I7a	10% -facts-and-circumstances test - 2009. 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 -	2008. If the organiza	ation did not	check a	box on line	13, 16a,	16b, or 17a,	and line	15 is 10)% o
	more,	, and if the organization meets the	"facts-and-circumst	ances" test,	check th	ns box and	stop her	e. Explain in	Part IV he	ow the	
	organ	ization meets the "facts-and-circui	mstances" test. The	organization	qualifie:	s as a public	ly suppo	orted organiz	ation		

18	Private foundation.	If the organization did	not check a box o	n line 13, 16a	, 16b, 17a, or 17b	, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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 **(b)** 2006 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 57,393. 9,315. 16,103. 82,811. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 100,621. 271,746. organization's tax-exempt purpose 89,144. 81,981 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 5 146,537. 109,936. 98,084 354,557. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. 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 0. amount on line 13 for the year c Add lines 7a and 7b 0. 354,557. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 146,537. 109,936 98,084 354,557. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 692. and income from similar sources 529 136 1,357. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 692. 529. c Add lines 10a and 10b 136 1,357. 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.) 147,229. 110,465. 98,220. 13 Total support (Add lines 9, 10c, 11, and 12) 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 ightharpoonup XSection C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (fi) 15 % 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 % 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 Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Internal Revenue Service

Name of the organization **Employer identification number** 26-1816860 HASTINGS TIGER BOOSTER CLUB Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (i) Name of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

	5 Other direct expenses											
	6 Volunteer labor	Yes No			Yes No	%	Yes No	%				
	7 Direct expense summary. Add lines 2 through	5 in colu	ımn (d)	•				. ►	()
	8 Net gaming income summary Combine line 1,	column	(d), and line 7									
											Yes	No
	Enter the state(s) in which the organization operate Is the organization licensed to operate gaming act	-	-	ctato	-2					9a		
	o If "No," explain:	ivities iii	each of these	stato				•		34		
10a	a Were any of the organization's gaming licenses re	/oked, sı	uspended or te	min	ated during th	ne tax y	ear?			10a		
b	o If "Yes," explain:		·· <u>-</u>									
11	Does the organization operate gaming activities with nonmembers?									11		
12	Is the organization a grantor, beneficiary or trustee administer charitable gaming?	of a tru	st or a membe	of a	partnership o	or other	entity formed t	to		12		
320	082 02-03-10						Schedu	le G (Fo	rm 990	or 99	90-EZ)	2009

13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 13b	<u>Sch</u>	edule G (Form 990 or 990-EZ) 2009 HASTINGS TIGER BOOSTER CLUB 26-181	<u> 1686</u>	<u>0</u> Pa	age 3
a The organization's facility b An outside facility 13a 96 13b 96 14b Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address		· · · · · · · · · · · · · · · · · · ·		Yes	No
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a If "Yes," enter the amount of gaming revenue received by the organization 15a significantly significantl					
b An outside facility 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? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming menager information. Name ▶ Gaming manager information. Name ▶ 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	а	The organization's facility	_		
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Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ OTHER EXPENSES	STATEMENT		
DESCRIPTION		AMOUNT	
RECOGNITION BANQUET EXPENSES TEAMS TROPHIES AND AWARDS DANCE TEAM FLAGS AND EQUIPMENT PROMOTIONAL SHIRTS FOR MIDDLE SCHOOL		2,20 20 2,59 1,00	07. 95.
TOTAL TO FORM 990-EZ, LINE 16		6,0	72.
FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	2
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	r
FUNDING FOR PURCHASE OF WRESTLING MATS HASTINGS HIGH SCHOOL 1100 WEST 14TH STREET HASTINGS, NE 68901	NONE	7,89	95.
FUNDING FOR PURCHASE OF HUDL COACHING SO HASTINGS HIGH SCHOOL 1100 WEST 14TH STREET HASTINGS, NE 68901	NONE	2,38	80.
FUNDING FOR STUDENT POST PROM & GRADUATI HASTINGS HIGH SCHOOL 1100 WEST 14TH STREET HASTINGS, NE 68901	NONE	2,0	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		12,2	75.

FORM	1 990-EZ				DDS SOLD LINE 7A		STATEMENT	3
INC)ME							
2.	GROSS RECEIPTS RETURNS AND ALL LINE 1 LESS LIN	OWANCES .	 	• •	· ·	58,204	58,	204
5.	COST OF GOODS SGROSS PROFIT (L					41,399	16,	805
6. 7. 8. 9.	INVENTORY AT BE MERCHANDISE PUR COST OF LABOR MATERIALS AND S	CHASED	 		•	41,399		
11.	ADD LINES 6 THR	OUGH 10 .	 	• •	•		41,	399
	INVENTORY AT EN COST OF GOODS S		 LINE	12).	•		41,	399

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

990-EZ PG 2

STATEMENT

5

ORGANIZING AND MANAGING VARIOUS FUNDRAISING ACTIVITIES THROUGHOUT THE SCHOOL YEAR, AND PROVIDING \$15,752 OF FINANCIAL SUPPORT TO THE EXTRACIRRICULAR ACTIVITIES OF THE STUDENTS AT HASTINGS PUBLIC SCHOOLS.

6

990-EZ PG 2

STATEMENT

TO PROMOTE INTEREST THOUGHOUT THE COMMUNITY, IN ALL HASTINGS HIGH SCHOOL

SPORTS AND ACEDEMIC EXTRACURRICULAR ACTIVITY PROGRAMS. TO PROMOTE THE THEORY AND PRACTICE OF THE PRINCIPLES OF GOOD SPORTSMANSHIP. TO CARRY ON PROJECTS AGREEABLE TO THE MEMBERSHIP, SO THAT SPORTS EQUIPMENT CAN BE PURCHASED FOR THE ATHLECTIC DEPARTMENT OF THE SCHOOL. TO CARRY OUT ANY PROJECTS FOR THE BETTERMENT OF THE BOOSTER CLUB, ATHLETIC PROGRAMS, OR ACADEMIC PROGRAMS OF HASTINGS PUBLIC SCHOOLS.