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SCANNED OCT 2 0 2010

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

Open to Public Inspection

		of the Treasury	}	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			
A For the 2009 calend			ar vear.	or tax year beginning IIII v 1 2009 , 2009, and en		une	30 , 20 10			
B Check if applicable			Please	C Name of organization			ntification number			
_		s change	use IRS	Hemleck Beeckens	3.6					
	Name	change	label or print or	Hemlock Boosters Number and street (or PO box, if mail is not delivered to street address) Room		phone nu	7 4 3 1 8 mber			
=	Initial n				0 n _ 6	42-5945				
닏	Termin		See Specific	3350 Sasse Rd. City or town, state or country, and ZIP + 4		989-642-5845 F Group Exemption				
H		ed return	instruc- tions.				509 (a) <u>(2</u>)			
브		ation pending	<u> </u>	Midland Mi 48640 ations and 4947(a)(1) nonexempt charitable trusts must attach						
	• 56	ection 501(c)(3)	/) ►	Cash Accrual						
				ganization is not						
	144 - I			,"			nedule B (Form 990,			
		site: ►		nly one) — ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990-EZ, or 99		reduie B (FOITH 330,			
_					· · · · · · · · · · · · · · · · · · ·		# A DE 000 A			
	Check			zation is not a section 509(a)(3) supporting organization and its gross receip						
				um is not required, but if the organization chooses to file a return, be sur		Hele rell	irri.			
		nes 5b, 6b, and	b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Formers, and Changes in Not Appets or Fund Palances (S	om 990-EZ	ctions	for Part I \			
	art			enses, and Changes in Net Assets or Fund Balances (S						
	1			s, grants, and similar amounts received		1	569.			
	2	_		evenue including government fees and contracts		2				
	3	Membersh	nip dues	and assessments		3				
	4			1 1		4	514.			
	5			m sale of assets other than inventory 5a		4				
				r basis and sales expenses		- I				
_				sale of assets other than inventory (Subtract line 5b from line 5a		5c				
Revenue	6			ivities (complete applicable parts of Schedule G). If any amount is from gaming, ch	eck here ▶ ∐	1 1				
ē	: ;	a Gross reve	enue (no	ot including \$ of contributions		1				
æ	!	reported of	n line 1)	,303.	. I				
		b Less: dired	ct expe	nses other than fundraising expenses 6b 34	462	4				
		c Net incom	e or (lo	ss) from special events and activities (Subtract line 6b from line 6a	a)	6c	37.841.			
	7	a Gross sale	es of inv	entory, less returns and allowances] [•			
		b Less: cost	of goo	ds sold S. F. O. F. I. i. F. S		1				
		c Gross pro	fit or (lo	ss) from sales of nventory Subtract line 7b from line 7a)		7c				
	8					8	6.083			
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	45.007			
	10			r amounts paid (attach schedule)		10				
	11			r for members		11				
()	12			mpensation, and employee benefits		12				
nses	13	Profession	nal fees	and other payments to independent contractors		13				
Expe	14			utilities, and maintenance		14				
ŭ	15	•	•	ons, postage, and shipping		15	798.00			
	16			describe ▶see part III		16	26 870			
	17			Add lines 10 through 16	🕨	17	27_668			
	18			for the year (Subtract line 17 from line 9)		18	17 339			
Į.	19	Net asset	s or fur	d balances at beginning of year (from line 27, column (A)) (mus	st agree with		11,000,000			
V.	\$			e reported on prior year's return)		19	40 336			
Net Assets	20	Other cha	naes in	net assets or fund balances (attach explanation)		20	40,550.			
Ž	21		_	d balances at end of year. Combine lines 18 through 20		21	57 675			
	art	II Balanc	e Shee	ets. If Total assets on line 25, column (B) are \$1,250,000 or more,	, file Form 990) ınstea	d of Form 990-EZ.			
				(See the instructions for Part II.)	(A) Beginning of		(B) End of year			
2	22	Cash, savinos	s, and ir	vestments	40.33	6.	22 57,675.			
		Land and buil					23			
		Other assets	-				24			
		Total assets	•		40.33	6.	25 57.675.			
		Total liabilitie					26			
	27	Net assets o	r fund l	palances (line 27 of column (B) must agree with line 21)	40.33	6.	27 57 675			
_					at. No. 10642i		Form 990-EZ (2009)			

	990-EZ (2009)			<u></u>			
Par	t III Statement of Program Service Accomp	olishments (See t	ne instru	uctions for Part II	l.)		Expenses
What is the organization's primary exempt purpose? Support Athletic Program (R							
Desc	501(c)(3) and 501(c)(4)						
manı	cribé what was achieved in carrying out the organer, describe the services provided, the number of	f persons benefited	d and o	ther relevant info	rmation for		zations and section a)(1) trusts, optional
	for oth	,,,					
	program title.					10, 00	
28	New soccer field, stands,	booths, a	ndp.	arking] [
	lot		11,518.				
			•				
	(Grants \$) If this amount	28a					
29	<u> </u>						
23	Uniforms.,forfootball,ba						
	for.high.school.and.midd	.1.eschool					5,602.
	(Grants \$) If this amount	includes foreign gra	ants, che	eck here	. ▶ 🔲	29a	
30	Weight room equipment, ne	w_football	hel:	mets.			
	shelving in equipment bui						
	equipment		мЪ	₩0 -0± 0		1	9,752.
	(Grants \$) If this amount	includes foreign ara	ents, che	eck here	. ▶ □	30a	9,732.
21	Other program services (attach schedule)				<u> </u>		
J.	(Grants \$) If this amount				. ▶ □	31a	
00						32	
	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	Frantson !!			· · ·	32	26. 870A
Par	t IV List of Officers, Directors, Trustees, and Key						
	(a) Name and address	(b) Title and avera hours per weel		(c) Compensation (If not paid,	(d) Contribution		(e) Expense account and
	(W) Traine and address	devoted to positi	on	enter -0}	deferred comper	sation	other allowances
	Nikki-Culver				i		
		Pres	5	_ 0 _	-0-		-0-
	11088 Schomaker Saginaw	- F.E & S	J				
	J-oe-1De-ze-la-h			_	_		_
	379 Georgian Ter. Saginaw	V-Pres	3		 -0		
	J-oh-nMu-l-v-an-e-y						
	3350 Sasse Rd. Midland	Treas	5	-0-	-0-		<u> </u>
	Sandy Laundra						
	551 Norbert Ln Hemlock	Trustee	1	-0-	-0-		-0-
	Carmen Rowe			_	_		_
	2395 S. Hemlock Rd. Hemlock	Trustee	7	0	-0-		- 0 -
		- Irustee -					
	enifer-Speckhard			_			
	11495 Geddes Rd. Freeland	Trustee	1	-0-	-0-		
	Margaret A. Pitt.						
	2370 S. Hemlock rd. Hemloc	Trustee -	1	-0-	-0-		-0-
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	•					
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					1		
	<u> </u>				<del>                                     </del>		
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				<u> </u>	<del> </del>		
					1		
					1		

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	162	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	34		-X
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		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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		37
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			X
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	١. ـ		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<del>- x</del>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	ļ		. ^
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	<u> </u>		
b	Gross receipts, included on line 9, for public use of club facilities	4		
l0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		ν.
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			
θ	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		- V
11	List the states with which a copy of this return is filed. ▶			- /
l2a	The organization's books are in care of ▶	9 2	95-	44
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		v
	If "Yes," enter the name of the foreign country: ▶			Λ
	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		X
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. J	<b>▶</b> □
			Yes	No
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		
15	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	_	<del>X</del>
			)-F7	(2000

Part VI

Part VI	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) 17(a)(1) nonexempt d 51.	nonexem charitable	pt charita trusts mu	<b>ble trusts only.</b> A ust answer question	ll sec ns 46	tion 49t	)
	d the organization engage in direct or indirect						Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I							_X_
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							<del>_X</del> _
	the organization a school as described in section					48 49a		_X_
	Did the organization make any transfers to an exempt non-charitable related organization?							<u> X</u>
<b>50</b> C	"Yes," was the related organization a section 5 omplete this table for the organization's five his imployees) who each received more than \$100,0	ghest compensated	employees	(other than	officers, directors, t			d key
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	e (c)	Compensation		(e) acc	Expension allowa	nd
		NONE						
·			-			<u> </u>		
				<del></del>	<del></del> -			
					<u> </u>			
	omplete this table for the organization's five I 100,000 of compensation from the organization				ctors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) 1	Type of service	(c) Con	npensa	ition
	NONE	·		-				
d To	otal number of other independent contractors e	each receiving over \$	100,000 .	.▶				
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including ac of preparer (other than off	companying so icer) is based o	chedules and s on all informati	statements, and to the bes	at of my any kno	knowle wledge	edge
Sign Here	Signature of officer  Date  Sept. 30;						0	
Daid	Type or print name and title  Preparer's	Di		Check if	Preparer's identifying nur	nber (Se	 instruc	tions)
Paid Preparer'	signature			self- employed ▶ [				
Use Only	yours if self-employed),	****			EIN ►			
	address, and ZIP + 4	a abovo? Saa inat	tions		Phone no ▶	7 <b>V</b>		
імау тпе	IRS discuss this return with the preparer show	TADOVE : See INSTRUC				Yes m <b>99</b> 0		<b>No</b> (2009)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **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

2009

Open to Public Inspection

Employer identification number Name of the organization 38 2174318 Hemlock Boosters Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 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.) 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 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 7 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.) An organization that normally receives: (1) more than 33\% % 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%% 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. c Type III-Functionally integrated d Type III-Other a 🗌 Type I **b** Type II 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). 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 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) 11g(i) and (iii) below, the governing body of the supported organization? |11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). (i) Name of supported (ii) EłN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col organization (described on lines 1-9) in col. (i) listed in your the organization in support col (i) of your above or IRC section (i) organized in the governing document? U.S.? (see instructions)) support? Yes Yes Yes No No

Total

Par	(Complete only if you chec					and 170(b)(	1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</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>		ļ	<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.						
6		<u> </u>	1	<u> </u>	1	<u> </u>	1
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2005	(b) 2000	(0) 2007	(d) 2000	(e) 2009	(i) iolai
7 8	Amounts from line 4						
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	<u> </u>	<u> </u>		ļ., ,	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re		nd, third, fourth	-		
Sec	tion C. Computation of Public Su	<u>pport Perce</u>	ntage			T	
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sci	hedule A, Part	II, line 14 .			15	%
16a	33% % support test—2009. If the organiand stop here. The organization qualifies				line 14 is 331/3	% or more, che	eck this box
b	33% % support test-2008. If the organization qualities and stop here. The organization qualities are stop here.				and line 15 is		e, check this
17a	10%-facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circui	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-circumsta Private foundation. If the organization did	facts-and-circunances" test. The	nstances" test, organization qu	check this box alifies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization .	IV how the
18	Private foundation. If the organization did	l not check a bo	ox on line 13, 16	sa, 16b, 17a, or	17b, check this	box and see in	sti

Schedule A (Form 990 or 990-EZ) 2009 Page 3 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 Grfts. grants, contributions, 3010. membership fees received. (Do not include 1125. 3855. 1449. 569. 10,008 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 22,828. 21327. 21,523 59.955 65,916. 191,579 organization's tax-exempt purpose . . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit 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 22.972 62.965 25.182 66.485 201.587 Total. Add lines 1 through 5 23953 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 . . . . . 23,953 25.182 22972 62 965 66485 201.587. Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 . 23,953 25,182 22972 62.965 66485 201.557. 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar - 0 **-**767. -0-442. 631. 1,840. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 767 6.31 840 Net income from unrelated business

••	activities not included in line 10b,							İ	
	whether or not the business is regularly carried on	ļ	 						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	23,953.	25,182.	23,414.	63,732.	671	16.	203	,397
14	First five years. If the Form 990 is for organization, check this box and stop				h, or fifth tax y				
Sec	tion C. Computation of Public Su								
15	Public support percentage for 2009 (lin	ne 8, column (f	divided by lin	ne 13, column	(f))	15	- 9	9	%
16	<u> </u>					16	9	9	%_
Sec	tion D. Computation of Investmen	nt Income Po	ercentage						
17	Investment income percentage for 200	9 (line 10c, col	lumn (f) dıvıde	d by line 13, c	olumn (f)) .	17		01	<u>%</u>
18	Investment income percentage from 20	308 Schedule	A, Part III, line	17		18		0.1	<u>%</u>
19a	331/3 % support tests—2009. If the org								
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	nization did not	check a box or	n line 14 or line	19a, and line 1	6 is mo	re than 3	331/3 %, a	and
20_	Private foundation. If the organization			-			_		
							Form 990		