

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



Form **990**

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)

OMB No 1545-0047 2009

Inter	iriment⊷o nal Reve	nue Service		► The organizatio	n may have to us	e a copy of this i	return to sat	isfy state repor	tıng requirer	ments.	Open	to Publi	c Insp	ection
	For th	e 2009 calend	lar year,	or tax year begiı	nning 7/0	1	, 200	9, and endir	ng 6/	30	,	2010		
В	Check if	applicable		С		<u> </u>				D Emplo	yer Identifi	cation Num	ber	
	Add	dress change	Please use IRS label	LINCOLN HI	GH SCHOO	L BOOSTE	R CLUB	}		41-	18785	69		
	Nar	me change	or print or type.	2900 SOUTH						E Teleph	one numbe	r		
		aal return	Sée specific	SIOUX FALI	∡S, SD 57	105				321	-5495	Kit		
	\vdash	mination	Instruc- tions.											
	\vdash	ended return								G Gross	receints \$		207,4	181
	\vdash	plication pending	F Name a	and address of princip	al officer				H(a) Is this	a group retu			Yes	X No
	<u></u>			As C Above					1 ''	l affiliates inc		=	Yes	No
ī	Tav	exempt statu			(insert no)	4947	(a)(1) or	527	If 'No,'	attach a list	(see instri	uctions)	_	_
<u>; </u>		site: > N/		(0) (3)	(macre no)	1317	(4)(1) 01	1 102/	H/c) Group	exemption n	umbar ►			
K		of organization	Corpora	ation Trust	Association	Other ►		Year of Forma				jal domicile		
Pa		Summa		ation [mast]	ASSOCIATION	Other		rear or rolling	ittori	1111	State of leg	as domicile		
				ganization's miss	sion or most s	ignificant act	vities F	Provide	Suppor	t for	Vario	us Li	ncol:	
				traculicul				101140.	<u>puppor</u>	· <u>· · · · · · · · · · · · · · · · · · </u>		ייי ביי	11001	<u></u> – –
Governance	-	TITAIL DOIL	7 <u>7 - 12</u>		MT _100 TA	<u> </u>								
rua	-					. – – – – –								
o e	2	Check this bo	x ►	if the organization	on discontinue	ed its operation	ons or dis	posed of m	ore than 2	25% of its	assets			
ב מ			-	bers of the gove			-				3			8
38.6			•	ıt votıng membei	_	rning body (F	Part VI, lir	ne 1b)			4			8
) 🛊				yees (Part V, lin				•			5			0
Activities & G				eers (estimate if		U 1	N luna 10				6			500
٦` ا				ousiness revenue s taxable income			.), line 12				7a 7b			<u>0.</u>
		ivet uniterateu	business	taxable income	HOIIII OIIII 9.	90-1, lille 34								
Sevenue ED		Cantributions	and aram	sta (Dart VIII line	- 1h\				<u> </u>	Prior Year			nt Yea	
e 🖟			_	its (Part VIII, line iue (Part VIII, lin						127,	201.		103,8	319.
ven ven		-		art VIII, column (and 7d)				1 1	521.		 -	777.
ζ&				III, column (A), i			d 11e)			69,				808.
2			-	nes 8 through 11				line 12)		198,8			$\frac{33,4}{143,4}$	
~				ounts paid (Part						33,6				714.
				members (Part I										
				nsation, employe			n (A). line	es 5-10)						
Expenses							(),	,		**		· · · · · ·		
ĕ	l va i	Tabal (and a a	unununun	ng fees (Part-IX,	RECEIV	ED"								
ă				nses (Part IX, co					-	140	205	 .	110	
	17 (Other expens	es (Part i	IX, column (A), I	ines Ha-11d,	111-24t) Ø1				143,0			112,	
				nes 13-17 anust			, line 25)			176,			139,2	
_	19	Revenue less	expense	s Subtract line						22,0				<u> 110.</u>
Net Assots or Fund Balancos					ogden.	UT			Begi	nning of \			of Yea	
Bala		Total assets (166,2			170, ʻ	
pup	1	Total liabilities	-						-		0.			0.
				ances Subtract	ine 21 from li	ne 20				166,2	220.]		170,	<u>455.</u>
Pa	rt II	Signatu	ike Rio	ck /	-									
		Under penaltic	of perjuly,	i declare that I have e Declaration of plepa	examined this returner (other than off	rn, including acco	mpanying so	thedules and sta	tements, and	to the best knowledge	of my know	ledge and	belief, it i	.s
٠.			Y	XYV	1	·			1	2 2	ı i			
Sig	jn	1 14	\mathcal{M}		\smile					<u> </u>	''			
He	re	Signatore	of Officer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10001	1-			D:	ate				
			int name an		furcta	11 tu	casu	mer_						
_		Type of pr	int name an	a title		//		In-t-	 - T		Pro	oarer's iden	tifiino nu	mber
Da	: -1				201			Date	/ s	theck if elf-	(see	instruction	s)	moei
Pai Pre		Preparer's signature	-/	1/1/				14/		mployed P	ш	05064	00	
	rer's							1160		150	<u>05064</u>	7 U		
Us	е	Firm's name (c yours if self-		son & Nels		L.L.P.					16. 005	16560		
On	ıly	employed), address, and		7 S. Minne					-		16-037		1000	
_		ZIP + 4			SD 57105-		-1 .		F	Phone no	(605		-1988	
				with the prepare								X Yes		No
BA	A For	Privacy Act a	ind Pape	rwork Reduction	ı Act Notice, 🤉	see the sepai	rate instru	ictions.		TEEA0113	L 12/29/0	9 For	m 990	(2009)

Barely describe the organization andertake any significant program services during the year which were not listed on the prior of program services on Schedule O. Did the organization undertake any significant program services during the year which were not listed on the prior of prior 900 and 900-E2? If Yes, describe these new services on Schedule O.		990 (2009) LINCOLN HIGH SCHOOL BOOSTER CLUB	41-1	<u>87856</u>	9		Page 2
Provide Support for Various Lincoln High School Extraculicular Activities Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? Yes X No If Yes, discribe these charges on Schedule O. Yes Gescribe these charges on Schedule O. Yes Gescribe these charges on Schedule O. Yes Gescribe the exempt juripose achievements for each of the organizations three largest program services? Yes X No If Yes, Gescribe these changes on Schedule O. Yes Gescribe the exempt juripose achievements for each program service reported on the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported on the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported on the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported on the program service of the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service expenses, and revenue for each program service specific and revenue, if any, for each program service expenses, and revenue for each program service. (Revenue S) Gevenue S Yes X Y	Par	Statement of Program Service Accomplishments					
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If Yes, describe these new services on Schedule O. If Yes, describe these changes on Schedule O. If Yes, describe the around of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organization's and section 4947(c)(1) funds are required to report the amount of grants and allocations to others, the total expenses, and evening the year of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organization to others, the total expenses and evening the year of the amount of grants of \$\frac{1}{2}\$ (Revenue \$\frac{1}{2}\$) (Revenue \$\frac{1}{2}\$	1	Briefly describe the organization's mission:					
Form 990 or 990-EZ? If Yes, Secretable these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, X No If Yes, X No If Yes, X No If Yes, Cescribe these conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting the organization three logical thr		Provide Support for Various Lincoln High School Extraculicular Ad	tiviti	es			
Form 990 or 990-EZ? If Yes, Secretable these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, X No If Yes, X No If Yes, X No If Yes, Cescribe these conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting the organization three logical thr							
Form 990 or 990-EZ? If Yes, Secretable these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, X No If Yes, X No If Yes, X No If Yes, Cescribe these conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting the organization three logical thr							
Form 990 or 990-EZ? If Yes, Secretable these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, X No If Yes, X No If Yes, X No If Yes, Cescribe these conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes, X No If Yes, Cescribe these changes on Schedule O. Did the organization case conducting the organization three logical thr							
If Yes, 'describe these new services on Schedule O. 3 Dut the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed or	n the prior	_			
3 Ded the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If Yes (describe these changes on Schedule C) 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501 (c)(3) expenses, and revenue, if any, for each program service reported 4a (Code. (Expenses \$ 139, 294. including grants of \$) (Revenue \$) PROVIDED SUPPORT FOR VARIOUS LINCOLN HIGH SCHOOL EXTRACURRICULAR ACTIVITIES 4b (Code. (Expenses \$		Form 990 or 990-EZ?			Yes	X	No
If "Yes," describe these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code		If 'Yes,' describe these new services on Schedule O.					
4 CCode. (Expenses \$	3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?		Yes	X	No
and 501(c)(4) organizations and section 4947(a)(1) trusts are reported 4a (Code. (Expenses \$ 139,294. including grants of \$) (Revenue \$) PROVIDED SUPPORT FOR VARIOUS LINCOLN HIGH SCHOOL EXTRACURRICULAR ACTIVITIES 4b (Code. (Expenses \$		If 'Yes,' describe these changes on Schedule O.		_		_	
4a (Code. (Expenses \$ 139,294. including grants of \$) (Revenue \$) PROVIDED SUPPORT FOR VARIOUS LINCOLN HIGH SCHOOL EXTRACURRICULAR ACTIVITIES 4b (Code. (Expenses \$ including grants of \$) (Revenue \$) 4c (Code. (Expenses \$ including grants of \$) (Revenue \$) 4c (Code. (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4	Describe the exempt purpose achievements for each of the organization's three largest program service	s by expen	ses. Se	ction 5	01(c)	(3)
4a (Code. (Code. (Expenses \$ 139,294. including grants of \$) (Revenue \$) PROVIDED SUPPORT FOR VARIOUS LINCOLN HIGH SCHOOL EXTRACURRICULAR ACTIVITIES 4b (Code. (Expenses \$ including grants of \$) (Revenue \$) 4c (Code. (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are	nd allocation	ns to oth	ners, t	he tot	al
PROVIDED SUPPORT FOR VARIOUS LINCOLN HIGH SCHOOL EXTRACURRICULAR ACTIVITIES 4b (Code) (Expenses \$		expenses, and revenue, if any, for each program service reported					
PROVIDED SUPPORT FOR VARIOUS LINCOLN HIGH SCHOOL EXTRACURRICULAR ACTIVITIES 4b (Code) (Expenses \$							
4b (Code) (Expenses \$	4 a)
4c (Code) (Expenses \$		PROVIDED SUPPORT FOR VARIOUS LINCOLN HIGH SCHOOL EXTRACURRICULAR	<u>ACTIVI</u>	<u>CIES </u>			
4c (Code) (Expenses \$							
4c (Code) (Expenses \$		~~~					
4c (Code) (Expenses \$							
4c (Code) (Expenses \$							
4c (Code) (Expenses \$							
4c (Code) (Expenses \$							
4c (Code) (Expenses \$:		
4c (Code) (Expenses \$							
4c (Code) (Expenses \$							
4c (Code) (Expenses \$						-	
4c (Code) (Expenses \$							
4c (Code) (Expenses \$	41	(Code Including grants of \$)	/Pavanua	Ċ			`
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	41	(Code) (Expenses \$ including grants of \$)	(Revenue	٠			
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	-						
(Expenses \$ including grants of \$) (Revenue \$)	40	c (Code) (Expenses \$ including grants of \$)	(Revenue	\$)
(Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)					·		
(Expenses \$ including grants of \$) (Revenue \$)					- .		
(Expenses \$ including grants of \$) (Revenue \$)					- .		
(Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)	40	1 Other program services. (Describe in Schedule O.)					
	_		\$)	
	46						

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
',	Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V		-	Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	 Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 			
(Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	● Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
l	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i>	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		v
20		20		X _X

Part IV Checklist of Required Schedules (continued)

			Yes	NO
21 `	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	24a		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		Х
-	b Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х
D A /		Earm	oon /	2000

Form **990** (2009)

Page 5

Fait V Statements Regarding Other INST Imags and Tax Compilance		T.,				
4 E L III	г	Yes	No			
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable 1a	0					
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	 				
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	26					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	-					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			-			
this return?	3 a	_	Х			
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b)				
4a 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)?	4 a	<u> </u>	Х			
b 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		ļ				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х			
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	1 <u>5c</u>					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?						
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?						
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	ces					
provided to the payor?	7 a		Х			
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	e 7c		Х			
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			 			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,	х			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	Х			
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g					
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h					
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	ļ					
holdings at any time during the year?	8					
9 Sponsoring organizations maintaining donor advised funds.	-	-				
a Did the organization make any taxable distributions under section 4966?.	9a					
b Did the organization make any distribution to a donor, donor advisor, or related person?	91	<u>'</u>				
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a						
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	\dashv					
11 Section 501(c)(12) organizations. Enter:	\dashv					
a Gross income from other members or shareholders						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a					
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b						

BAA

Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Ma	nagement					
				1		Yes	No
	1 a Enter the number of voting members of			1a 8			
	b Enter the number of voting members that	•		1b 8			ļ
2	2 Did any officer, director, trustee, or key e officer, director, trustee or key employee	employee have a f	amıly relatıonshıp or a busıness r	elationship with any other	2		<u></u>
3	3 Did the organization delegate control over of officers, directors or trustees, or key e	er management du employees to a ma	ties customarily performed by or nagement company or other pers	under the direct supervision son?	3		Х
4	4 Did the organization make any significan since the prior Form 990 was filed?	t changes to its or	ganizational documents		4		X
5	5 Did the organization become aware durin	a the year of a m	atorial divorsion of the organization	on's assots?	5		Х
	6 Does the organization have members or		aterial diversion of the organization	uns assets:	6		$\frac{\hat{X}}{X}$
7	7a Does the organization have members, stragoverning body?	ockholders, or oth	er persons who may elect one or	more members of the	7a		x
	b Are any decisions of the governing body	subject to approve	al by members, stockholders, or o	other persons?	7b		Х
8	8 Did the organization contemporaneously the following	document the me	etings held or written actions und	ertaken during the year by			
	a The governing body?				8a	Х	
	b Each committee with authority to act on	•	• •		8ь	X	
_	9 Is there any officer, director or trustee, o organization's mailing address? If 'Yes,'				9		Х
	•	B requests info	ormation about policies not	required by the Internal			
rev	Revenue Code.)					Yes	No
10	10 a Does the organization have local chapter	s, branches, or af	filiates?		10a	res	X
	b If 'Yes,' does the organization have written and branches to ensure their operations	en policies and pro are consistent with	ocedures governing the activities of the organization?	of such chapters, affiliates,	10 Ь		
	11 Has the organization provided a copy of			-	11	Х	
	11 A Describe in Schedule O the process, if a	= =	=	O See Schedule O		1	
	12a Does the organization have a written con	•	, ,		12a		<u>X</u>
	b Are officers, directors or trustees, and ke to conflicts?	•	·	Ŭ	12b		
	c Does the organization regularly and cons Schedule O how this is done	sistently monitor ai	nd enforce compliance with the p	olicy? If 'Yes,' describe in	12 c		
	13 Does the organization have a written whi	, ,	•		13		X
	14 Does the organization have a written doc				14		X
	15 Did the process for determining compens persons, comparability data, and contem			d approval by independent ecision?			
	a The organization's CEO, Executive Direct		ement official		15 a		<u>X</u>
	b Other officers of key employees of the or	•			15 b		<u>X</u>
	If 'Yes' to line 15a or 15b, describe the p		,				
16	16a Did the organization invest in, contribute entity during the year?	assets to, or parti	cipate in a joint venture or simila	r arrangement with a taxable	16a		X
	b If 'Yes,' has the organization adopted a vin joint venture arrangements under applications.	licable federal tax	ocedure requiring the organizatio law, and taken steps to safeguar	n to evaluate its participation d the organization's exempt			
مو	status with respect to such arrangements Section C. Disclosures	<u> </u>			16b		
_	17 List the states with which a copy of this f	Form 990 is require	ed to be filed ► None				
	18 Section 6104 requires an organization to inspection. Indicate how you make these	make its Forms 1	023 (or 1024 if applicable), 990, a	and 990-T (501(c)(3)s only) av	 /aılabl	e for p	oublic
	Own website Another's		X Upon request				
19	19 Describe in Schedule O whether (and if s statements available to the public	so, how) the organ	ization makes its governing docu	ments, conflict of interest pol	ıcy, ar	nd fina	ncial
	20 State the name, physical address, and to	•		books and records of the orga	anızatı	on	
	►Brian Sittig 4809 S. Nath	<u>an Ave. Sic</u>	oux Falls SD 57103				

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons

|X| Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Dennis Hanneman										
Treasurer	0				_			0.	0.	0.
Dean_Versteeg	_									
President	0				_			0.	0.	0.
Bill O'Connor									_	_
Past President	0						_	0.	0.	0.
Janiece Peterson										
Secretary	0				_		-	0.	0.	0.
Jeff Wilkes	_								0.	0
Vice President Brian Sittig	0						├	0.	<u> </u>	0.
Asst. Treasurer	0							0.	0.	0.
Rex Keller		-	_		┢			0.	0.	<u> </u>
President-Elect	0	Į l						0.	0.	0.
Shelly Murra	<u> </u>				 			0.		<u> </u>
Asst. Secretary	0							0.	0.	0.
nobe. Decreatly								0.	<u> </u>	<u>~~</u>
	1									
										.
						-	t			
	1									
		 	\vdash		T	 	 			<u></u>
	1									

Part VII Section A. Officers, Directors, Trus	(B)	ie <u>y</u>	<u> </u>		c)	C 5,	ann	(D)	(E)	(F)
Name and Title	Average			•	•	hat a	pply)	Reportable	` '	1
•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
				<u> </u>						
					_					
									· · · · ·	
										<u> </u>
									· 	
1 b Total								0.	<u>0</u>	. 0
2 Total number of individuals (including but not limite from the organization ► 0	a to the	se iii	siec	1 400	ove,	WII	o re	ceived more than	\$100,000 in repor	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rethe organization and related organizations greater translation. 5 Did any person listed on line 1a receive or accrue or accrue. 	<i>ndıvıdua</i> portable han \$15	e cor 60,00	npe 10?	nsat If 'Y	tion 'es'	and com	l oth	er compensation e Schedule J for s	from such	Yes No 3 X 4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci Section B. Independent Contractors	hedule J	l for	suc	h pe	erso	n				5 X
 Complete this table for your five highest compensation from the organization. 	ed inde	pend	dent	cor	ntrad	ctors	tha	t received more the	han \$100,000 of	
(A) Name and business addres	s							Description o	of Services	(C) Compensation
					_					
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	ted	to th	nose	list	ed a	bove) who receiv	ed more than	

Pa	t VIII Statement of Revenue			· · · · · · · · · · · · · · · · · · ·	
	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f. 1 a 1 b 1 c 1 d 1 e 1 103,819.				
N N	h Total. Add lines 1a-1f	103,819.			
_	Business Code	103,019.			
EN E	2a				[
Ē	2a				
E	D				
ž	c				
SE	d				
¥.	e				
9	f All other program service revenue				
Š.	g Total. Add lines 2a-2f				
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	777.			777.
	(i) Real (ii) Personal				
- 1	6a Gross Rents				
i	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
					<u> </u>
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other		•		
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ►				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
Æ	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
监					
6			FO 001		<u> </u>
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19	52,021.	52,021.	***************************************	
	b Less: direct expenses b			A	
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a 24,961.				
	b Less cost of goods sold b 38,174.				
	c Net income or (loss) from sales of inventory	-13,213.	-13,213.		
	Miscellaneous Revenue Business Code			· ··	
	11a Advertising Income				
1	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	143,404.	38,808.	0.	777.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do i	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	26,714.	26,714.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		20,1211		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	a Management				
ŀ	Legal				
(Accounting				
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees	· • · · · ·			
	1 Other	685.	685.	***	
_	Advertising and promotion	17,657.	17,657.		
13	Office expenses	-15,508.	-15,508.		
14	Information technology	13,300.	13,300.		
	9-				
15	Royalties				
16 17	Occupancy Travel	979.	979.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		313.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	920.	920.		
	below.) a Camp and Competition Expenses	70,185.	70,185.		
		11,350.	11,350.		
	Printing and Publications	7,970.	7,970.		
	Food	7,370.	7,370.		
	Gifts and Prizes	6,989.	6,989.		
	All other expenses				
	All other expenses	4,018.	4,018.		
	Total functional expenses. Add lines 1 through 24f	139,294.	139,294.	0.	0.
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		166,220.	1	170,455.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees and highest compensated employees. Complete Part II of Sche	s, key employees, dule L		5	
	6	Receivables from other disqualified persons (as defined under s	ection 4958(f)(1))	 		141.7
		and persons described in section 4958(c)(3)(B) Complete Part	II of Schedule L		6	
A S	7	Notes and loans receivable, net	ĺ		7	-
ASSETS	8	Inventories for sale or use			8	
S	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis 10a				
		Complete Part VI of Schedule D		<u>. </u>		
	ь	Less. accumulated depreciation 10b			10 c	
	11	Investments – publicly-traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		***	14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line 34)		166,220.	16	170,455.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
į	20	Tax-exempt bond liabilities			20	
A	21	Escrow or custodial account liability Complete Part IV of Sche	dule D		21	
AB L I T	22	Payables to current and former officers, directors, trustees, key highest compensated employees, and disqualified persons. Con	employees, nplete Part II			
- 1		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated third parties	,	<u> </u>	23	
	24				24	
	25	Other liabilities Complete Part X of Schedule D		A	25	· · ·
	26	Total liabilities. Add lines 17 through 25.		0.	26	0.
Ĕ			omplete lines			
_ [27 through 29 and lines 33 and 34.		166.000		
SSE		Unrestricted net assets		166,220.	27	170,455.
E S		Temporarily restricted net assets			28	
Q R	29	Permanently restricted net assets	, l		29	
- 1		Organizations that do not follow SFAS 117, check here	and complete			
FUZD	20	lines 30 through 34.	j			
- 1	30	Capital stock or trust principal, or current funds	,		30	
¥	31	Paid-in or capital surplus, or land, building, and equipment fund	P		31	
Ã	32	Retained earnings, endowment, accumulated income, or other f	unds	166 000	32	150 455
BALAZCES	33	Total net assets or fund balances.	}	166,220.	33	170,455.
BA	34	Total liabilities and net assets/fund balances		166,220.	34	170,455. Form 990 (2009)

Form 990 (2009) LINCOLN HIGH SCHOOL BOOSTER CLUB 41-1878	569	Pa	ige 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	. 2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dıt, 2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on consolidated basis, separate basis, or both.	а		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit 3b		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public -Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number LINCOLN HIGH SCHOOL BOOSTER CLUB 41-1878569

Parl	Reason for P	ublic Charity Statu	ıs (All organizations	must a	omple	te this	nart)	See	nstruct	ions	
			use it is: (For lines 1 thro					OCC II	13ti act	10113	
1116	<u>-</u> -		ociation of churches des	-		•	•				
2	} —		AXII). (Attach Schedule		Section	1 170(0)		•			
					170/I	-V1VAV	:::\				
3	—	•	e organization described		-		•	0/1->/1>/	wen -		
4	ш .	- ·	ed in conjunction with a h	nospitai	escribe	a in sec	tion 17	и(в)(п)(л	XXIII). Er	iter the no	spitais
5	name, city, and		of a college or university								
Э	170(b)(1)(A)(iv).	(Complete Part II.)	of a college of university	y ownea	or oper	ated by	a gover	nmenta	unit des	scribea in :	section
6			governmental unit descri								
7	An organization in section 170(b)	that normally receives a (1)(A)(vi). (Complete P	n substantial part of its si Part II.)	upport fr	om a go	vernme	ntal uni	t or from	n the ger	neral public	c described
8	_	st described in section	170(b)(1)(A)(vi). (Comple	te Part I	l)						
9	from activities rela	ited to its exempt function	more than 33-1/3 % of its ns – subject to certain excess taxable income (less complete Part III.)	eptions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from gro	SS
10	An organization	organized and operated	exclusively to test for pr	ublic safe	ety See	section	509(a)	(4).			
11	more publicly su	oported organizations o	exclusively for the bene described in section 509(zation and complete line	a)(1) or	section	509(a)(2	ctions (2) See	of, or car section	rry out th 509(a)(3	ne purpose). Check t	s of one or he box that
	a Type I	b Type II	c Type II	I – Fund	tionally	ıntegrat	ed		d 🗌	Type III-	· Other
е	By checking this than foundation 509(a)(2).	box, I certify that the or managers and other that	rganization is not control in one or more publicly s	led directupportec	tly or in I organi	directly zations	by one describe	or more ed in sec	disquali ction 509	fied perso (a)(1) or s	ons other section
f	If the organization	n received a written de	termination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting o	organizatio	n, [
g	Since August 17	, 2006, has the organiza	ation accepted any gift of	r contrib	ution fro	m any	of the fo	ollowing	persons	7	
											Yes No
	(i) a person w below, the	ho directly or indirectly governing body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)	
	(ii) a family me	ember of a person desc	cribed in (i) above?							11 g (ii)	
	(iii) a 35% conf	rolled entity of a person	n described in (i) or (ii) a	bove?						11 g (iii)	
h	Provide the follo	wing information about	the supported organization	ons.							' ' '
	(i) Name of Supported Organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col i in your rning nent?	(v) Did y the organ col (your su	ızatıon in (ı) of	(vi) I organizati (i) organiz U S	on in col zed in the	(vii) Amour	nt of Support
				Yes	No	Yes	No	Yes	No		
	<u></u>								T		
									l		
Total											

. 41	Complete only if you shook	-				ia ivo(b)(· 八个/	(*')
Sec	(Complete only if you check tion A. Public Support	eu trie box on line	e 5, 7, or 8 of Par					
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')							
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						·- ·	
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							4
4	Total. Add lines 1-through 3					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						<u>. </u>	
<u>Sec</u>	tion B. Total Support			,	· · · · · · · · · · · · · · · · · · ·	·		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on .							77,,,,,,,
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 activ	rities, etc. (see in	structions)				12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section	501(c)	(3)
Sec	tion C. Computation of Pu	blic Support F	Percentage					
14	Public support percentage for 20	009 (line 6, colum	n (f) divided by lir	ne 11, column (f)			14	%
15	Public support percentage from	2008 Schedule A	Part II, line 14				15	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization				d the line 14 is 33	-1/3 % or m	nore, c	heck this box
Ŀ	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a pul	l not check a box blicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or n	nore, c	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	r e. Explain i	ın Part	IV how
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	re. Explain i	ın Part	IV how the
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a	a, or 17b, check t	nis box and	see in	structions ►
BAA					Sc	hedule A (F	orm 9	90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 LINCOLN HIGH SCHOOL BOOSTER CLUB 41-1878569 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 (d) 2008 (a) 2005 (b) 2006 Calendar year (or fiscal yr beginning in) (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 55,896. 63,114. 105,306. 127,581 103,819 455,716. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 77,002 86,107 105,314 106,403 107,050 481,876. purpose 3 Gross receipts from activities that are not an unrelated trade or business 0<u>.</u> under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0. The value of services or facilities furnished by a governmental unit to the organization without charge Ο. 132,898 149,221 210,620 233,984 210,869 937,592. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified 0<u>.</u> 0 0 0 0 0 persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0 0. vear 0 0 0 0 c Add lines 7a and 7b 0 0. 8 Public support (Subtract line 7c from line 6) 937,592. Section B. Total Support (f) Total Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 132,898 149,221 210,620 233,984 937,592. 9 Amounts from line 6 210,869 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 3,908 5,618 3,616 1,521 777 15,440. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0. 3,908. 5,618 3,616 1,521 777 440. c Add lines 10a and 10b 15, Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 0. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV 1,700 6,950 18,522. 6,123 3,749 971,554. 13 Total support. (add Ins 9, 10c, 11, 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) ►ſ organization, check this box and stop here Section C. Computation of Public Support Percentage

occion of comparation of rubine support refeemage		
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	96.5%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.0%
Section D. Computation of Investment Income Percentage	- ·	
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))) 17	1.6%

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

18 Investment income percentage from 2008 Schedule A, Part III, line 17

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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

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

18

0.0%

X

Schedule A	(Form 990	or 990-E	Z) 2009	LINC	OLN	HIGH	SCHOOL	BOOS	TER	CLUB	41-1878569	Page 4
Part IV	Supplen Part II. II	nental In	or 17b:	ion. Co	omple art III	ete this	s part to	provide	e the	explana	ations required by Part II, Ii onal information. See instru	ne 10;
			<u> </u>			,						
												
							- <i></i>					
												
									-			
												
												

2009 S	ched	ule	A, Part	IV	- Sup	ple	me	ntal I	nfc	rm	ation	ì	Pa	age 5
Client LHSBOOST		Li	INCOLN HI	GH :	сноо	L BC	os.	TER CL	UB				41-1	878569
12/13/10					- -					-				03.55PM
Part III, Line 12 - Other	rIncom	е												
Nature and Source			2009		2008			2007			2006		 2005	
	Total	\$	0.	\$		0.	\$		0.	\$		0.	\$ 	0.
														-
1														
1														

. SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization						Employer identifica	ation number
LINCOLN HIGH SCHOOL BOOS	TER CLUB					41-187856	9
Part I Fundraising Activities. Comp Form 990EZ filers are not req	lete if the orgai uired to comple	nization ai ete this pa	nswered '\ rt	Yes' to Form 990, Part I	V, line 1	17.	
1 Indicate whether the organization	raised funds the	rough any	of the foll	lowing activities Check	all that	apply	
Mail solicitations				Solicitation of non-	governn	nent grants	
Internet and email solicitations	s			Solicitation of gove	_	-	
Phone solicitations	_			Special fundraising		9	
In-person solicitations				Opecial fulldraising	events		
2a Did the organization have written employees listed in Form 990, Par	or oral agreement VII) or entity	ent with ar	ny individu	ial (including officers, di	rectors,	trustees or key	Yes X No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	idividuals or ent	tities (fund	•	5			
	[(v) Ar	nount paid to	
(i) Name of individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity	(or r	etained by) aiser listed in	(vi) Amount paid to (or retained by)
or entity (turidraiser)			ibutions?	I HOITE activity	lunur	col (i)	organization
		Yes	No		1		
		•					
						-	
1121							
		 					
		.					
Total			•				0.
3 List all states in which the organiz or licensing	ation is register	red or lice	nsed to so	olicit funds or has been	notified	it is exempt fro	m registration
							

Schedule G (Form 990 or 990-FZ) 2009	T.TNCOLN	HTGH	SCHOOL	BOOSTER	CLUB

Δ1	I – 1	87	7 20 5	569

Page 2

Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization at	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, II	ne 18, or	\$5.00	<u> </u>
, RE:	`		(a) Event #1 President's Bo (event type)	(b) Event #2 Lace Em Up To (event type)	(c) Other Events 2 (total number)	(d) Tota (Add col	al Ever	nts
Km>mzn	1	Gross receipts	40,600.	16,358.	21,543.		78,5	501.
Ē	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)	40,600.	16,358.	21,543.		78,	501.
	4	Cash prizes						
	5	Noncash prizes						
D-RECT	6	Rent/facility costs						
	7	Food and beverages			6,974.		6,9	974.
E P	8	Entertainment						
EXPEZSES	9	Other direct expenses			18,858.		18,8	358.
Š	10	Direct expense summary Add lines 4- tl	hrough 9 in column (d)				25,8	332.
Dox	11	Net income summary Combine lines 3, o		-11. F 000 D	•		52,6	
Par	C III]	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s to Form 990, Par	t IV, line 19, or rep	oorted m	ore tr	ıan
мс г м<м»			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col. col	al gamı (a) thr . (c))	ng ough
Ü	1	Gross revenue						
D X	2	Cash prizes						
DIRECT	3	Non-cash prizes						
3	4	Rent/facility costs				·		
	5	Other direct expenses			-	· · · · · · · · · · · · · · · · · · ·		
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		•			
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	>			
			• •				YES	NO
		er the state(s) in which the organization op ne organization licensed to operate gaming				—	l	
t) If 'N	lo,' explain:						
		e any of the organization's gaming license	es revoked, suspended	or terminated during the	e tax year?	 10 a		
t) If 'Y 	'es,' explaın — — — — — — — — — — — — — — — — — — —						
11	 Doe	s the organization operate gaming activities	es with nonmembers?			- 11		
12	Is th	ne organization a grantor, beneficiary or tr ninister charitable gaming?	ustee of a trust or a me	ember of a partnership o	or other entity formed to	12		
	auii	minotor charitable garring				14		<u></u>

Schedule G (Form 990 or 990-EZ) 2009 LINCOLN HIGH	SCHOOL BOOSTER CLUB	41-187856	9	Pa	age 3
			'	YES	NO
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 prepare	s the organization's gaming/special evi	ents books and records			
Name •					
				1	
Address				ĺ	ļ
15 - Dans the assessment of bours a sector to with a third and of			<u>-</u> -		
15a Does the organization have a contact with a third party to b If 'Yes,' enter the amount of gaming revenue received b			15 a		
	<u></u>	and the amount		İ	
c If 'Yes,' enter name and address of the third party	 ·				
en res, entername and address of the third party					
Name· ►					
					}
Address.					ĺ
					l
16 Gaming manager information					Ì
Name: •					i
Gaming manager compensation \$					
Description of services provided ►					
Description of services provided				ı	-
Director/officer Employee	Independent contractor				
	maependent contractor				
17 Mandatory distributions					
•	ovitable distributions from the source			- 1	
a Is the organization required under state law to make character gaming license?	antable distributions from the gaming p	proceeds to retain the	17a	·	
b Enter the amount of distributions required under state la					
organization's own exempt activities during the tax year	▶\$				
BAA	TEEA3703L 02/05/10	Schedule G (Form 990	or 990)-EZ)	2009

SCHEDULE I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number 41-1878569

Department of the Treasury Internal Revenue Service Name of the organization

LINCOLN HIGH SCHOOL BOOSTER CLUB
Part I | General Information on Grants and Assistance

☐ Yes X No		es' to Form	0. Use	□
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II: Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered 'Yes' to Form	990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	Part IV and Schadula 1.1 (Form 990) if additional snace is needed

Part IV, fire 21 for any recipient that received find by,000. One on this box in no one recipient received find by,000. Ose Part IV and Schedule I-1 (Form 990) if additional space is needed	ly recipient unat r Form 990) if add	eceived inore u itional space is	needed). Ose
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>Lincoln High Scool</u> <u>2900 S. Cliff Ave</u> Sioux Falls, SD 57105			26,714.	0.			
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	(3) and government c	rganizations				A 'A	1
				1			

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 41-1878569 LINCOLN HIGH SCHOOL BOOSTER CLUB Schedule I (Form 990) 2009 [Part][[[

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Partiv Supplemental Information. Complete this part to		provide the information required in Part I, line	ion required in Par	1	and any other additional information.
<u>Part IV - Additional Supplemental Information</u>	rmation	; 1 1 1 1 1	1 1 1	 	
Support_of_Extraculicular_Activities	vities	; 	 		
	: 	- 	1 1 1 1 1 1 1 1 1	; ; ; ; ; ; ; ; ; ;	
; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1 1 1 1 1 1 1 1	 	 	 	
	! ! ! ! ! ! !	! ! ! ! !	 	1 	
·	! ! ! ! !	 	 	 	
ВАА					Schedule I (Form 990) 2009

SCHÊDULE O ◆ (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

	Employer identification number
LINCOLN HIGH SCHOOL BOOSTER CLUB	41-1878569
Farm 000 Part VI. Line 11 Form 000 Paview Process	
Form 990, Part VI, Line 11 - Form 990 Review Process	
No review was or will be conducted.	
	·

Schedule 0 (Form 990) 2009 Name of the organization	Page 2
Name of the organization	Employer identification number
LINCOLN HIGH SCHOOL BOOSTER CLUB	41-1878569
ZZNOCZN MICH BENESE SOCIETY OZGE	