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Form **990-EZ**

**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2010 calendar year, or tax year beginning** , 2010, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: **PARKER VIKING ATHLETIC BOOSTER CLUC**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: **3044 CLAIRE COURT**  
 City or town, state or county, and ZIP + 4: **JANESVILLE, WI 53548**

**D** Employer identification number: **39-1969996**

**E** Telephone number: **608-754-5124**

**F** Group Exemption Number . . . ▶

**G** Accounting method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶

**J Tax-exempt status** (check only one):  501(c)(3)  501(c)( ) ◀ (insert no )  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **104164**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

SCANNED FEB 8 2012 Revenue

01-30-12

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<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	355
<b>4</b>	Investment income . . . . .	<b>4</b>	296
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
<b>6</b>	Gaming and fundraising events		
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1)(attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . .	<b>6b</b>	68245
<b>c</b>	Less direct expenses other than fundraising events . . . . .	<b>6c</b>	4982
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	63263
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	35268
<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	5103
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	30165
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	<b>9</b>	94079
<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	100464
<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	2502
<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	102966
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-8887
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	80283
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	<b>21</b>	71396

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

Form 990-EZ (2010)

PRESNO, CA

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**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End year
22 Cash, savings, and investments . . . . .	80283 22	71396
23 Land and buildings . . . . .		23
24 Other assets (describe in Schedule O)		24
25 Total assets . . . . .	80283 25	71396
26 Total liabilities (describe in Schedule O)	0 26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	80283 27	71396

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PROVIVE SERVICE TO ALL PARKER HIGH (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947 (a)(1) trusts, optional for others )

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

	Expenses
28 ..... ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 ..... ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 ..... ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses. (add lines 28a through 31a) . . . . .	32

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0- )	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DIANE JACOBSON 514 N PINE ST JANESVILLE, WI 53548	PRESIDENT 5	0		
GREG RICHARDS 4309 W US HWY 14 JANESVILLE, WI 53548	VICE PRESIDENT 5	0		
DAVE BOHLER 2111 CONWAY ST JANESVILLE, WI 53545	SECRETARY 5	0		
DIANA ZEILINGER 3044 CLAIRE COURT JANESVILLE, WI 53548	TREASURER 5	0		
ELISA COLSON JANESVILLE, WI 53548	BOARD MEMBER 1	0		
ANNIE LOBRANNO . 535	BOARD MEMBER 1	0		
BARB MOORE JANESVILLE, WI 53548	BOARD MEMBER 1	0		
TROY BREWSTER . 5354	BOARD MEMBER 1	0		
TERESA DUBANOWICH JANESVILLE, WI 53548	BOARD MEMBER 1	0		
LORI LONG JANESVILLE, WI 53548	BOARD MEMBER 1	0		
RICK LEHMAN JANESVILLE, WI 53548	BOARD MEMBER 1	0		
.....				
.....				

Part V Other Information (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? 35 If the organization had income from business activities... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures... 37b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955. 40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40c 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. 40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. 40e 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. 41 List the states with which a copy of this return is filed WI. 42a The organization's books are in care of DIANA ZEILINGER Telephone no (608) 756-1363 Located at 3044 CLAIRE COURT, JANESVILLE WI ZIP + 4 53548. 42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c 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. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44c Did the organization receive any payments for indoor tanning services during the year? 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990EZ . . . . .		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		X
b If "Yes," was the related organization a section 527 organization? . . . . .		

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

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

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *Diane Jacobson* Date: 1-27-2012

Type or print name and title: DIANE JACOBSON President

**Paid Preparer's Use Only**

Print/Type preparer's name: CHARLES DE ZWARTE Preparer's signature: *[Signature]* Date: 01/25/12 Check if self-employed:  PTIN: P01317208

Firm's name: DE ZWARTE ACCOUNTING SERVICE Firm's EIN: \_\_\_\_\_

Firm's address: 4035 BORDEAUX DR JANESVILLE, WI 53546 Phone no: (608) 752-5018

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

PARKER VIKING ATHLETIC BOOSTER CLUC

39-1969996

FORM 990-EZ, PART I, LINE 10

PROGRAM PAYOUTS FOR PARKER HIGH ATHLETES INCLUDES THINGS SUCH

AS, UNIFORMS, EQUIPMENT AND SUPPLIES, REGISTRATION AND EVENT FEES,

TRAVEL EXPENSES, TRAININGS FOR COACHES AND ASSISTANTS, AND OTHER DIRECT

ATHLETIC EXPENSE

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

### Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>PARKER VIKING ATHLETIC BOOSTER CLUC</b>	Employer identification number <b>39-1969996</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>3044 CLAIRE COURT</b>	
	City, town or post office, state and ZIP code. For a foreign address, see instructions <b>JANESVILLE, WI 53548</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► DIANA ZEILINGER

Telephone No ► (608) 756-1363 FAX No ► ( ) -

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 01/31, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year 20 10 or

►  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF or 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for form 990-PF or 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box . . . . .

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of exempt organization	Employer Identification Number
	Number, street, and room or suite no If a P O box, see instructions	
	City, town or post office, state and ZIP code For a foreign address, see instructions	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of Telephone No \_\_\_\_\_ FAX No \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . . . . .  If it is for part of the group, check this box . . .  and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_\_
- For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_
- If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension \_\_\_\_\_

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  Date

QNA Form 8868 (Rev 1-2011)