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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, 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

Α	For the	e 2010 calenda	lar year, or tax year beginnin	ng 06/01/10 , and	ending	05/31	/11		
В									r identification number
$\bar{\Box}$		ress change COOPER PIRATE ATHLETIC							
H		me change BOOSTER CLUB, INC.							0111240
Ħ	initial ret	-	•	, if mail is not delivered to street addr	ess)		Room/suite	E Telephone	
	Termina	ted	P.O. BOX 5389	94				806-	-741-2176
	Amende	d return	City or town, state or country, ar					F Group E	xemption
	Applicati	ion pending	LUBBOCK	TX_7	9 <u>453-3</u>	894		Number	>
G	Account	ing Method	X Cash Accrual Othe	er (specify)			H Check	▶ X if the org	ganization is not
1	Website	e ▶ <u>N/</u>					require	ed to attach Schedu	le B
<u>J</u>	Tax-exe	empt status (cl	theck only one) $ \mathbf{X}$ 501(c)(3)	501(c) () ((insert no.)	4947(a)(1) or	527 (Form	990, 990-EZ, or 990)-PF)
K	Check	If the o	organization is not a section 509(a)((3) supporting organization and its	s gross receip	ts are norm	ally not more than S	\$50,000 A	
	Form 99	0-EZ or Form 99	90 return is not required though Fori	m 990-N (e-postcard) may be require	ed (see instruc	tions) But	f the organization cho	ooses	
	to file a	retum, be sure to	o file a complete return						
L	Add line	s 5b, 6c, and 7b,	, to line 9 to determine gross receip	its If gross receipts are \$200,000 or	more, or if tota	al assets (Pa	art II,		
_			v) are \$500,000 or more, file Form 9					▶ \$	64,515
F	art l			anges in Net Assets or				ions for Part I)	X
				hedule O to respond to any	question ir	this Par	t I		<u>A</u>
	L_6_2011		gifts, grants, and similar amounts					2	CA ACO
	20	Program service revenue including government fees and contracts							64,460
	6 3	Membership dues and assessments						3	
	4	Investment i				1 1		4	55
	> ^{5a}		unt from sale of assets other	·		5a			
	₽ ₽		or other basis and sales expe			5b		 	
	ANNED NOV I	, ,		entory (Subtract line 5b from line 5a)				5c	
	Π_{6}	•	d fundraising events						
Revenue	Z a		ne from gaming (attach Sche	edule G if greater than		1 - 1			
e ve	₹.	\$15,000)				6a			
Ř	$\mathfrak{S}_{\mathfrak{p}}$		Gross income from fundraising events (not including \$ of contributions						
	77		undraising events reported on line 1) (attach Schedule G if the						
	İ		uch gross income and contributions exceeds \$15,000) 6b						
	C		ect expenses from gaming and fundraising events me or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract						
	d		or (loss) from gaming and fu	indraising events (add lines 6	a and 6b ar	nd subtra	Ct		
		line 6c)	6	. 1 . 11		1 _ 1		6d	
	7a		s of inventory, less returns ar	nd allowances		7a			
	b		of goods sold	stanic (Occlusion at line 27th forms line	- 7 -)	7b			
	1	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c	
	8						8 9	64,515	
	10		similar amounts paid (list in		- -	\ <u>\</u>	10	3 10	04,010
	11		id to or for members	ochedule O)	1-1	T	2 4 2011	10 11 12	
	12	•	her compensation, and empl	ovee benefits	A027	1111		<u>۱2</u>	
ses	13		il fees and other payments to	•			SEN UT	13	
Expenses	14		, rent, utilities, and maintenal	·	1	OGI	DEN, UT	14	
Ex	15		blications, postage, and ship		<u></u>			15	
	16		nses (describe in Schedule C	· =				16	65,177
	17	,	ses Add lines 10 through 16	,				▶ 17	65,177
	18		deficit) for the year (Subtract					18	-662
sts	19	•	• •	g of year (from line 27, colum	n (A)) (mus	t agree w	ıth		
SSE	.		figure reported on prior year		(1.1) (11143	g w		19	17,202
Net Assets	20	•		ances (explain in Schedule O))			20	2.,202
ž	21	Net assets of	▶ 21	16,540					

Form 990-E	7 (2010) COOPER I	PIRATE ATHLETIC	20	0-0111240			Page 2
Part II		ee the instructions for Part II)		<u>-</u>			, ago s
	Check if the organizati	on used Schedule O to respond to any	guestion in this Part		 -		
				(A) Beginning of yea	_		End of year
22 Cash, sa	avings, and investments		_	17,2		22	16,540
23 Land an	d buildings		<u></u>			23	
24 Other as	sets (describe in Schedule	O)				24	
25 Total as	sets			17,2		25	16,540
26 Total lia	bilities (describe in Schedu	le O)				26	0
		7 of column (B) must agree with line 21)		17,2	02 2	27	16,540
Part III	-	ram Service Accomplishments (s			X		penses
		on used Schedule O to respond to any	question in this Part	<u> </u>			for section
What is the	organization's primary exem	ipt purpose?					and 501(c)(4)
	BOOSTER CLUB		<u> </u>			-	ons and section
	, ,	out the organization's exempt purposes			•) trusts, optional
_	provided, the number of pe	rsons benefited, or other relevant informa	ition for each program	title	-	for others)
28 See S	chedule O						
(Grants	¢) If this amount includes foreign grants,	check here		\Box	8a	15,604
	chedule O) It this amount includes loreign grants,	CHECK HEIC			00	
29 See S	chedule O						
(Grants	\$) If this amount includes foreign grants,	check here	•	$\Box \ \ _{2}$	9a	28,667
		PORTS AT LUBBOCK COOPER HIGH	<u> </u>				
		CASTS, PRINT ADS, OTHER					
	STED SPORTS SPECIFIC A						
(Grants) If this amount includes foreign grants,	check here	>	$\prod \mid 3$	0a	20,906
•	ogram services (describe in						•
(Grants	`) If this amount includes foreign grants,	check here	•		1a	
32 Total pre	ogram service expenses (a	dd lines 28a through 31a)) (32	65,177
Part IV	List of Officers, Directo	rs, Trustees, and Key Employees List 6	each one even if not	compensated (se	e the ii	nstructions	for Part IV)
		on used Schedule O to respond to any					
			(a) Title and average hours per week	(c) Compensation (If not paid,	1 ' '	ontributions to e benefit plans &	(e) Expense account and
	(a) Name	e and address	devoted to position	enter -0-)		d compensation	
DARRELL BE	DNARZ	LUBBOCK	PRESIDENT				
PO BOX 5	3894	TX 79453-3894	5 00	0		0	0
MIKE TOMLI	NSON	LUBBOCK	VICE PRES				
P.O. BOX 5	3894	TX 79453-3894	5 00	0		0	0
DEE HART		LUBBOCK	SECRETARY				
P.O BOX 5	3894	TX 79453-3894	5 00	ō		0	0
BRYAN LIMM	ER	LUBBOCK	TREASURER				
P.O BOX 5	3894	TX 79453-3894	5.00	0		0	.0
					.		
					 		
					+		
					 		
					 		
					1		I

Did the organization receive any payments for indoor tanning services during the year?

If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an

44c

44d

explanation in Schedule O

Form	990-EZ (201	0) CO	OPER	PIRATE ATHLE	TIC	20	0-0111240			F	age 4
			•							Yes	No
45	Is any relate	d organiza	tion a co	ontrolled entity of the orgai	nization within the me	eaning of section 5	12(b)(13)?		45		X
а	Did the orga	nization re	ceive an	y payment from or engage	e in any transaction w	vith a controlled en	tity within the				
	meaning of s	section 512	2(b)(13)?	If "Yes," Form 990 and S	chedule R may need	to be completed in	nstead of			_	İ
	Form 990-E2	Z (see inst	ructions))					45a		X
46	Did the orga	nızatıon er	ngage, di	rectly or indirectly, in polit	ical campaign activiti	es on behalf of or ı	n opposition			i	
				If "Yes," complete Schedu					46	J	X
Par	t VI Se	ection 50	01(c)(3)) organizations and s	section 4947(a)(1)) nonexempt ch	naritable trust	s only. All section	on		
	50	01(c)(3) or	ganızatı	ons and section 4947(a)	(1) nonexempt chari	table trusts must	answer question	s 47-49b			
	ar	nd 52, and	comple	ete the tables for lines 50	and 51						
	Cl	neck if the	organiz	zation used Schedule O t	o respond to any qu	iestion in this Part	: VI				<u> </u>
										Yes	No
47	Did the orga	nızatıon er	ngage in	lobbying activities? If "Ye	es," complete Schedu	ıle C, Part II			47_	ļ	X
	-			described in section 170(le E		48		X
49a	Did the orga	nization m	ake any	transfers to an exempt no	n-charitable related o	organization?			49a		X
b	If "Yes," was	the relate	d organi	zation a section 527 orgai	nization?				49b		<u></u>
50	Complete th	ıs table for	the orga	anızatıon's five hıghest cor	mpensated employee	s (other than office	ers, directors, trus	tees and key			
	employees)	who <u>each</u>	received	d more than \$100,000 of co	ompensation from the						
		(a) Name a		ss of each employee paid more		(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans) Expen count a	
			th	nan \$100,000		devoted to position		deferred compensatio		r allowa	
None											
								ļ <u> </u>	Д		
									ĺ		
											
f	Total numbe	r of other	employe	es paid over \$100,000		• _		_			
51	Complete th	is table for	the orga	anization's five highest cor	mpensated independ	ent contractors who	o each received n	nore than			
	\$100,000 of	compensa	tion fron	n the organization If there	e is none, enter "Nor	ne "					
	(a) Name	and address	of each in	ndependent contractor paid more	e than \$100,000	(b)	Type of service	(c)	Compen	sation	
Non	ie										
				· · · ·							
				<u></u>							
	<u>.</u>										
				dent contractors each rece		>					
52	Did the orga	nization co	omplete :	Schedule A? Note All se	ction 501(c)(3) organ	zations and 4947	a)(1)	r			
				ust attach a completed Sc					X Yes	;	No
Under	penalties of pen	ury, I declare	that I hav	e examined this return, including	g accompanying schedules	s and statements, and t	o the best of my know	ledge and belief, it is			
true, co	orrect, and comp	olete Declara	ation of pre	eparer (other than officer) is base	ed on all information of whi	ich preparer nas any kr					
_		<u> </u>	yan	Sim			10-1	7-2011			
Sign		Signature of		-		mp ma	Date				
Here				MMER		TREA	SURER				
		Type or print		l title			- T				
	Print/T	ype prepare	r's name		Preparer's signature		Date	Check] _{if} PTIN	V	
Paid								self-employ	ed		
Prepa	arer Firm's	name)	Th	is tax return	1			Firm's EIN			
Use (^ 1 ├──	address •		epared by a	- · · · · · · · · · · · · · · · · · · ·						
			_	n-paid prepar	er.			Phone no			
Mav	the IRS disci	uss this ref		the preparer shown above			• •	•	П	es	No
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

COOPER PIRATE ATHLETIC

► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

BOOSTER CLUB, INC. 20-0111240

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

Pi	art i	Keaso	on for Public Charity 5	tatus (Ali organizations m	iust cor	npiete ti	iis par	. <i>)</i> See	1115111	ICHOITS	<u> </u>		
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, c	heck only	y one box)						
1		A church, cor	nvention of churches, or asse	ociation of churches described i	n sectio	n 170(b)(1)(A)(ı).						
2	\sqcap	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П			ce organization described in se	ction 170)(b)(1)(A)(III).						
4	Ħ			in conjunction with a hospital c)(1)(A)(i	ıı). Ent	er the h	ospital's name,		
	ш	city, and state					•		•				
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
·	ш)(1)(A)(iv). (Complete Part I			, 3							
6				overnmental unit described in	section 1	70(h)(1)(A	3/v1.						
7	H	i i	•	substantial part of its support fro				rom the	genera	ıl nuhlic	<u>.</u>		
•		1	section 170(b)(1)(A)(vi). (Co		in a gov	orran critar	G/11(G/)		90	pas			
8				70(b)(1)(A)(vi). (Complete Part∃	11.5								
9	X	1) more than 33 1/3% of its supp		contributio	ons mei	nbershir	fees.	and arc	oss		
3				pt functions —subject to certain									
		1		d unrelated business taxable in									
				0, 1975 See section 509(a)(2).				,	40111000	,00			
10	\Box		· ·	exclusively to test for public safe									
11	H	1	•	exclusively for the benefit of, to	-				out th	۵			
• •	Ш	_		ed organizations described in se							on		
				ne type of supporting organization						50011			
		. \square _		ETT			d	_	e III–O1	hor			
			<u> </u>	<u> </u>	, ,			_ •					
е	Ш			anization is not controlled direct	-								
		Į.		r than one or more publicly supp	ported or	gariizatioi	is desci	ibeu iii s	ection	509(a)(1)		
		or section 50		and the state of the state of	- T 1	T	T	ممسم	rt.o.o.				
f				rmination from the IRS that it is	a Type I,	, Type II, (or Type	iii suppc	rung				
		1	check this box			6.11							Ш
g		1		ion accepted any gift or contribi	ution from	n any of tr	ne						
		following per									Г.		
				introls, either alone or together i	with perso	ons descr	ibed in (ii) and				res	No
		, , ,	w, the governing body of the	- · · · -							11g(ı)		
		, , ,	member of a person describ	,,							11g(II)		
	(III) A 35% controlled entity of a person described in (I) or (II) above?												
<u>h</u>		Provide the f	following information about ti	ne supported organization(s)							Γ		
(1)		e of supported	(II) EIN	(III) Type of organization	1 ' '	organization		ou notify nization in		s the tion in col	(vii) Amour support		
	org	anization		(described on lines 1 −9 above or IRC section		sted in your document?	col (i)	of your	(I) organ	ized in the			
				(see instructions))			<u> </u>	oort?		S ?			
					Yes	No	Yes	No	Yes	No			
(A)	İ												
	I					_							
(B)													
(C)	i												
(0)	j												

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2010

(D)

(E)

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				<u> </u>		
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support Add lines 7 through 10						
12 13	Gross receipts from related activities, etc First five years If the Form 990 is for the	,	, second, third, fo	urth, or fifth tax ye	ear as a section 50	12 1 1(c)(3)	
	organization, check this box and stop her						>
	tion C. Computation of Public Sup	·			_		
14	Public support percentage for 2010 (line 6			ın (f))		14	
15	Public support percentage from 2009 Sche					15	%
16a	33 1/3% support test—2010. If the organiz				3 1/3% or more, c	neck this	. □
	box and stop here. The organization quali				E . 22 1/20/		
b	33 1/3% support test —2009. If the organiz				5 IS 33 1/3% OF ITIC	re,	▶ □
47-	check this box and stop here. The organiz	•		ū	or 16h and line	14 16	
17a	10%-facts-and-circumstances test —2010	•					
	10% or more, and if the organization meet Part IV how the organization meets the "fa organization	acts-and-circumsta	nces" test The o	rganızatıon qualıfı	es as a publicly su	pported	> [
b	10%-facts-and-circumstances test —2009	•					
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me	ets the "facts-and	-cırcumstances "	test The organiza	tion qualifies as a	publicly	
	supported organization						> [
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b	o, 17a, or 17b, che	eck this box and se	е	
	instructions						P [

1240 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 or if the organization failed to qualify under Part II.

_	ii the organization rails to	quality under the	e tests listed be	now, please co	mpiete Part II)		
	tion A. Public Support	·				_	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						- <u>-</u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	55,883	52,800	31,659	62,867	64,460	267,669
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	55,883	52,800	31,659	62,867	64,460	267,669
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						267,669
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	55,883	52,800	31,659	62,867	64,460	267,669
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
_	royalties and income from similar sources	92	57	24	58	55	286
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-					. <u></u>
С	Add lines 10a and 10b	92	57	24	58	55	286
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11,						
	and 12)	55,975	52,857	31,683	62,925	64,515	267,955
14	First five years. If the Form 990 is for the o	-	second, third, four	th, or fifth tax year	as a section 501(c)(3)	_
_	organization, check this box and stop here						>
	tion C. Computation of Public Supp						
15	Public support percentage for 2010 (line 8,		•	(f))		15	99 89 %
16	Public support percentage from 2009 Sche					16	99_89%
	tion D. Computation of Investment					147	
17	Investment income percentage for 2010 (I			column (f))		17	%
18	Investment income percentage from 2009 33 1/3% support tests —2010. If the organi			1 and line 15 is	ore than 32 1/20/	18	%
19a	17 is not more than 33 1/3%, check this bo	ox and stop here T	he organization qu	ialifies as a publicl	ly supported organ	zation	▶ [X
b	33 1/3% support tests —2009 If the organi line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation If the organization did					-	> [

20-0111240

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

2010
Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

COOPER PIRATE ATHLETIC BOOSTER CLUB, INC.

Employer identification number

20-0111240

Form 990-EZ, Part I, Line 16 - Other Expenses

Description

Amount

Expenses

Other - banquets	\$	15,604
Other - spirit, ads, sign	\$	28,667
Other - broadcasts, etc.	\$	20,906
	Total \$	65.177

Form 990-EZ, Part III, Line 28 - First Achievement
ORGANIZING & PROMOTING FALL & SPRING ATHLETIC BANQUETS
FOR ALL LUBBOCK COOPER HIGH SCHOOL ATHLETES. ORGANIZING
AND PROMOTING FALL AND SPRING "MEET THE PIRATES"
ACTIVITIES.

Form 990-EZ, Part III, Line 29 - Second Achievement

FUNDRAISING TO BENEFIT LUBBOCK COOPER HIGH SCHOOL ATHLETES

INCLUDING SALE OF SPIRIT ITEMS, SPONSOR ADS IN PROGRAMS,

SELLING OF PROGRAMS AT HOME GAMES, SOLICITING ADVERTISERS

FOR FENCE SIGNS.