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Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	A F	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and	enamy <u>J</u>	UN 30, ZUII						
	B c	neck if	C Name of organization		D Employer identificati	ion number					
	- ар		Naperville North high School								
		Addre chang	Booster Club								
		Name chang	Doing Business As		36-3029113						
]initial return	Number and street (or P 0. box if mail is not delivered to street address)	Room/suite	E Telephone number						
		Termii ated	899 N. Mill	630-37	630-378-5350						
		Amen return	City or town, state or country, and ZIP + 4	G Gross receipts \$	279,294.						
		Application	Naperville, in 60363		H(a) Is this a group retur						
		pendi	F Name and address of principal officer Patrick McCue		for affiliates?	Yes X No					
			same as C above		H(b) Are all affiliates includ	ed? Yes No					
	1 T	ax-ex	empt status X 501(c)(3)	or 527	If "No," attach a list	(see instructions)					
	J W	/ebsi	te: ▶ www.nnhsboosters.org		H(c) Group exemption n						
	K F	orm o	organization: X Corporation Trust Association Other	L Year	of formation: 1979 M S	tate of legal domicile: ${f IL}$					
	Pa	rt I	Summary	······		····					
		1	Briefly describe the organization's mission or most significant activities To s	upport	<u>competetive</u> ,						
	Activities & Governance		school-approved athletics and activities								
	r a	2	Check this box I if the organization discontinued its operations or dispo	sed of more	than 25% of its net asse	ts					
	Š.	3	Number of voting members of the governing body (Part VI, line 1a)		3	28					
	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	28					
	တ္တ		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0					
	.≝		Total number of volunteers (estimate if necessary)		6	100					
	'ई∣		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
	۲		Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
					Prior Year	Current Year					
		8	Contributions and grants (Part VIII, line 1h)		36,157.	22,320.					
	<u> </u>	9	Program service revenue (Part VIII, line 2g)		22,620.	83,692.					
	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,343.	520.					
	ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		85,954.	104,294.					
2	1		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		146,074.	210,826.					
20%			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,000.	4,000.					
·==		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
	Expenses		Professional fundraising fees (Part IX, column (A) line 11e)		0.	0.					
MAR	De l			77.							
-3	찣	47	Other expenses (Part IX column (A) lines 11-11 11f-24f)		164,198.	184,098.					
]	18	Total expenses (And lines 13-17 (must equal Parolly, column (A), line 25)		168,198.	188,098.					
	2	19	Revenue less expenses Subtract line, 18 from Inc. 12		-22,124.	22,728.					
	Assets or Balances Ex	19		D.	eginning of Current Year	End of Year					
ان در	als:	00	Total assets (Part X-line 16) TOTAL TOTAL	100	130,128.	152,856.					
Ì	See See	20	Total liabilities (Part X, line 26)		0.	0.					
	in the second	21	Net assets or fund balances Subtract line 21 from line 20		130,128.	152,856.					
	뛶	<u>22</u> rt			130,120.	152,050.					
			alties of perjury, Lactar, that I have examined this return, including accompanying schedule	o and statem	cents, and to the hest of my ki	nowledge and belief it is					
			ct, and complete. Declaration of prepare <u>r (other th</u> an officer) is based on all information of w			nowicage and benci, it is					
	uue,	COITE	ct, and comprese. Declaration of preparer folices arian officery is based on all information of w	ilicii prepare	Thas any knowledge,	112					
	٥.		Signature of officer		Date	1					
	Sign										
	Here	B	Patrick McCue, President Type or print name and title								
				1	Date Check] PTIN					
	D=:4		Print/Type preparer's name Preparer's engineture	i	01/09/12 self-employed	1					
	Paid		Hugh J. Ahern, CPA JA JA Mern, Ltd.								
	Prep			_	Firm's EIN						
	Use	UIIIY	Firm's address 10827 S. Western Ave.		Dhone on 77	Phone no. 773-779-4720					
		Al- 1	Chicago, IL 60643		[FIIUIIEIIU. <i>[]]</i>	X Yes No					
			RS discuss this return with the preparer shown above? (see instructions)			Form 990 (2010)					
	03200	1 02-	22-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		romm 330 (2010)					

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Other program services (Describe in Schedule O)

including grants of \$

178,926.

Total program service expenses 4e

) (Revenue \$

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
_	If "Yes," complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		- 22
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? 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			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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			
Ŭ	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?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a		X
b	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	11b		X
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	-	X
þ				
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
45	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	200		1
	1. 100 to mid 200 did also differential arrest to analyse missions presented to mis total 1 1440 comp to the same many	I	1	1

Form **990** (2010)

operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010)

Booster Club

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 17 If "Yes," complete Schedule I, Parts I and II	21		X
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? If "Yes," complete			
	Schedule J	23		X
24a	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, 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a]	٠,,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	 	i	•
	Schedule L, Part I	25b	 	Х
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_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	07		х
00	Schedule L, Part III	27	 	_^_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions)	00-		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
·	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	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	- 31 -		
Ų.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	_	
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
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		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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," complete Schedule R, Part V, line 2			
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u></u> -
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		i -	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (2010)

	990 (2010) BOOSTER CIUD	36-3029	<u> </u>	Г	age J
Par					
	Check if Schedule O contains a response to any question in this Part V			·	لـــا
		اء ا		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able gaming			
	(gambling) winnings to prize winners?	1	_1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_		- T
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.				v
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		X.
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accordance	ınts	_		v
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	1	<u>5b</u>	<u> </u>	^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	renuzation collect	5c	 	
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a second did the organization have a second did the organization have a second did the organization of the organization have a second did the organization of the	janization solicit	6-		х
	any contributions that were not tax deductible?	or cutto	<u>6a</u>		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contributions	or girts	6b		
-	were not tax deductible?		OD		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	provided to the payor?	7a		Х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	provided to the payor	7b		
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re	aured			
·	to file Form 8282?	quiico	7c	х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra		7e	1	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any ti		8		L.
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter	1			
а	Gross income from members or shareholders 11a			ŀ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a	 	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			 	-
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	.1	1		
	organization is licensed to issue qualified health plans		1		
_	Enter the amount of reserves on hand	; 			Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	1	A

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Booster Club

36-3029113

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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

	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management				_		
		1	1			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		28			
b	Enter the number of voting members included in line 1a, above, who are independent	_1b		28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip wit	any other		_	v	
	officer, director, trustee, or key employee?		-4	<u> </u>	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne aire	ect supervision		3		Х
_	of officers, directors or trustees, or key employees to a management company or other person?	000 4	os filod?		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form Did the organization become aware during the year of a significant diversion of the organization's as			<u> </u>	5		X
5 6	Does the organization have members or stockholders?	330131		-	6		X
_	Does the organization have members, stockholders, or other persons who may elect one or more m	embe	rs of the				
, ,	governing body?			7	′a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	ersons	?	7	'b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken						
	by the following						
а	The governing body?				3a	X_	
b	Each committee with authority to act on behalf of the governing body?			_ 8	3b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the		ı		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Reven	ue Code)				
					_	Yes	No
	Does the organization have local chapters, branches, or affiliates?			_1	0a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	n chap	ters, affiliates,	۔ ا	ا ۵۰		
	and branches to ensure their operations are consistent with those of the organization?	filma	ha farm?		0b 1a	Х	
_	Has the organization provided a copy of this Form 990 to all members of its governing body before Describe in Schedule O the process, if any, used by the organization to review this Form 990	ming	ne iomi,	<u> </u>	ıa		 -
b 120	Does the organization have a written conflict of interest policy? If "No," go to line 13			•	2a		х
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	nuld a	ve rise	–	<u>-u</u>		
J	to conflicts?	g	101.00	1	2b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? It	f "Yes	" describe	-		•	<u> </u>
•	in Schedule O how this is done	•		1	2c		
13	Does the organization have a written whistleblower policy?				13		Х
14	Does the organization have a written document retention and destruction policy?			<u> </u>	14		X
15	Did the process for determining compensation of the following persons include a review and appro	val by	ındependent	j			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		İ			
	The organization's CEO, Executive Director, or top management official				5a		X
b	Other officers or key employees of the organization			1	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a		ای		_ v
_	taxable entity during the year?			-	6a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to every the second of the secon						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the or	gariiza	ition's	١,	6b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure				OU		l
17	List the states with which a copy of this Form 990 is required to be filed ▶IL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (50	1(c)(3)s only) avai	lable fo	r		
.5	public inspection Indicate how you make these available Check all that apply	,,,,,,					
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	confl	ct of interest poli	cy, and	fina	ncial	
	statements available to the public		•	-			
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the orga	anızatıo	n 🕨	·	
	Pam Hynes - 630-420-6480						
	899 N. Mill, Naperville, IL 60563						
						000	(2010)

032006 12-21-10

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any See instructions for definition of "key employee"
- 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

(A)	(B)	(C)					(D) Reportable	(E) Reportable	(F) Estimated	
Name and Trtle	Average hours per	(c	Position (check all that apply)					compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Patrick McCue										•
President	2.00	X		X		<u> </u>	ļ	0.	0.	0
Kelly Duffey-Bassett					İ					
Co-Vice President	2.00	X		X	├	ļ	_	0.	0.	0
Jeff Bassett		l								_
Co-Vice President	2.00	X		Х	\vdash	├-		0.	0.	0
Heidi Hookstadt										•
Secretary	2.00	X	 	X	\vdash			0.	0.	0
Pam Hynes Treasurer	2.00	x		x				0.	0.	0
										F 990 (001)

Napervil (2010) Napervil (2010) Napervil		n F	łic	ŗh	S	cho	00.	l	36-30	2911	3 г	Page 8
art VII Section A. Officers, Directors, Tr		nplo	yee	s, a	nd F	ligh	est	Compensated Employ				
(A) Name and title	(B) Average hours per			(C Posi	c) tion			(D) Reportable compensation	(E) Reportable compensatio	n	(F) Estimate	t of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s co (6C) o	other ompens from the organization and relation ganiza	sation he ation ated
							-					-
b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c) Total number of individuals (including but		nose	liste	ed al	bove	► ► e) wh	no re	0. 0. 0. eceived more than \$100	0,000 in reportabl	0. 0. 0.		0. 0. 0.
compensation from the organization											Yes	O s No
Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	y em	plo	yee,	or h	nighest compensated er	mployee on	3		x
For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or	60,000? If "Yes,	," со	mpl	ete S	Sch	edule	e J f	for such individual	-	4	·	x
rendered to the organization? If "Yes," corection B. Independent Contractors	nplete Schedui	le J i	for s	uch	pers	son				5		X
Complete this table for your five highest of the organization NONE	ompensated in	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	npensatio	n from	
(A) Name and busines:	s address							(B) Description of s	services	Com	(C) pensat	ion
	·											

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Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 in compensation from the organization

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and other similar amounts		Federated campaigns	1a				
, <u>ē</u>	b	Membership dues	1b 17,250).			
a	С	Fundraising events	1c	_			
ā	d	Related organizations	1d	_			
Ë	е	Government grants (contributions)	1e	_			1
ē	f	All other contributions, gifts, grants, and					
뒴		similar amounts not included above	1f 5,07) -			
2	_	Noncash contributions included in lines 1a-1f \$		22,320.	1		
- 100	h	Total. Add lines 1a-1f	Business Co		 		
	_	Codedtwoon	900099		64,017.		
		Spiritwear	90009				
9		Spirit Signs		19,073.	19,015.		
Ş	C		1				
Revenue	d	· · · · · · · · · · · · · · · · · · ·					-
:	•	All other program service revenue			<u> </u>		·
İ		Total. Add lines 2a-2f	<u></u>	83,692.			
	3	Investment income (including dividend	is, interest, and			-	
	•	other similar amounts))	▶ 520.			520
	4	Income from investment of tax-exemp	t bond proceeds	•			
	5	Royalties		•			
	_	•	Real (ii) Persona	al		-	
	6 a	Gross Rents					
	b	Less rental expenses					}
	С	Rental income or (loss)					
	d	Net rental income or (loss)		>		<u> </u>	
	7 a	Gross amount from sales of (i) Sec	urities (ii) Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)]	<u> </u>	ļ		
<u> </u>	8 a	Gross income from fundraising events including \$	1				
Other Heven		contributions reported on line 1c) See					
Ĕ		Part IV, line 18	a 107,72	0.			
<u> </u>	h	Less direct expenses	ь 35,42				
5		Net income or (loss) from fundraising		72,298			72,298
1		Gross income from gaming activities					1
		Part IV, line 19	a 3,62	5.			
	b	Less direct expenses	b				
		Net income or (loss) from gaming activ	rities	3,625	,		3,625
	10 a	Gross sales of inventory, less returns					
		and allowances	a 61,41				
	b	Less cost of goods sold	ь 33,04				
L	<u> </u>	Net income or (loss) from sales of inve	ntory	≥ 28,371.	,		28,371
L		Miscellaneous Revenue	Business Co	ode			
	11 a						
	b						
1	С						<u>- </u>
	d	All other revenue					
	е	Total. Add lines 11a-11d		>	ļ <u>.</u>	· · · · · · · · · · · · · · · · · · ·	ļ., <u>.</u>
	12	Total revenue. See instructions.		▶ 210,826.	83,692.	0	. 104,814 Form 990 (201

Booster Club

Part IX | Statement of Functional Expenses

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

	All other organizations must com				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
•	Grants and other assistance to individuals in				
2	the U S See Part IV, line 22	4,000.	4,000.		<u></u>
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
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)				
а	Management				
b	Legal				
C	Accounting	4,485.		4,485.	
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	- 4 225		4 005	
13	Office expenses	1,225.		1,225.	
14	Information technology				
15	Royalties				
16	Occupancy		-		
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	-			
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization			-	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	Student programs	92,622.	92,622.		
b	Spiritwear	44,343.	44,343.		
c	Scoreboards/record boar	17,801.	17,801.		
d	Spirit signs	16,222.	16,222.		
е	Senior signs	3,938.	3,938.		
f	All other expenses	3,462.		3,385.	77
25	Total functional expenses Add lines 1 through 24f	188,098.	178,926.	9,095.	77
26	Joint costs. Check here If following SOP	•			
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
00001	12-21-10				Form 990 (2010

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orm 990 (2010)		Booster		
Part X Balance	e Sheet			_

Part	X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	13,409.	1	35,773.
İ	2	Savings and temporary cash investments	116,719.	2	<u>117,083.</u>
ĺ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
1	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
,		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>"</u>		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Asi	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges		9	
•	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
•	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	<u></u>	13	
•	14	Intangible assets		14	
١.	15	Other assets See Part IV, line 11	100	15	450.056
ֈ՟	16	Total assets. Add lines 1 through 15 (must equal line 34)	130,128.	16	152,856
'	17	Accounts payable and accrued expenses		17	
'	18	Grants payable		18	
	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
Se 2	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	· ·-	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	0.
- 12	26	Total liabilities. Add lines 17 through 25	0.	26	
		Organizations that follow SFAS 117, check here X and complete	•		
Se		lines 27 through 29, and lines 33 and 34.	130,128.		152,856
<u>a</u>	27	Unrestricted net assets	130,120.		132,630
80 3	28	Temporarily restricted net assets		28	<u> </u>
ב ז	29	Permanently restricted net assets		29	
년		Organizations that do not follow SFAS 117, check here			
ō		complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
≝	32	Retained earnings, endowment, accumulated income, or other funds	120 120	32	152,856
_ ,	33	Total net assets or fund balances	130,128. 130,128.		152,856
:	34	Total liabilities and net assets/fund balances	130,120.	34	Form 990 (2010

Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2010)

За

X

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

Open to Public Inspection

Employer identification number

Name of t	the organizati	on Napervi	lle North Hi	gh Sc	hool			E		lentificatio		nber
		Booster							36	<u>-30291</u>	<u>113</u>	
Part I			ity Status (All organiz					ructions				
			because it is (For lines 1									
1 📙	•		s, or association of churc		ribed in se	ction 170	(b)(1)(A)(i)	•				
2			'0(b)(1)(A)(ii). (Attach Sc									
3 🖳			tal service organization of						. F-44b			_
4 📖			operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e nospitai s	s nam	e,
_ 🗀	city, and stat					44-1			4 d			
5 📖			benefit of a college or ur	niversπy ov	wnea or op	erated by	a governr	nentai uni	t described	חו ג		
• 🗀		(b)(1)(A)(iv). (Comple			d	470/LV/4	W A W. A					
6			ent or governmental unit					r from the	aonoral ni	iblic descr	ahad u	n
7 [X]	-		eives a substantial part	or its supp	ort irom a	governme	miai umii o	r iroin the	general pu	יוטוני טפטטו	ibeu ii	.1
• 🗀		b)(1)(A)(vi). (Comple		(Complete	Dort II \							
8			ection 170(b)(1)(A)(vi). (eives (1) more than 33 1			om contri	hutione m	ambarch	n foos and	d arnee rec	ointe i	from
9			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete		lion 511 ta	x) 110111 0u.	311103303 6	ioquii cu b	y and orga	incation a	101 00110 01	,	•
10			perated exclusively to te	et for nubli	ıc safety S	ee sectio	n 509(a)(4	ı)				
11 🗔	•	•	perated exclusively for the	-					v out the p	urposes of	f one (or
			ations described in section									
			organization and comple				., 555 55 1					
	a Type I		-		e III - Func		egrated		d 🗀	Type III - O	ther	
•	• •		at the organization is not			-	_	more dis	qualified po	ersons oth	er tha	n
•			han one or more publicly									
f			tten determination from t						, , , ,			
	ŭ	rganization, check th			•		•					
g		•	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
•			lirectly controls, either al								Yes	No
			upported organization?							11g(i)		
			n described in (i) above?							11g(ii)		L
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
ħ	Provide the f	ollowing information	about the supported or	ganization	(s)							
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) l	s the	(vii) Am	ount o	of
• •	anization	(,	organization (described on lines 1-9		sted in your			organizati (i) organi U.S	zed in the	supp	ort	
			above or IRC section	governing	document?	(I) of you	r support?	U.S	5.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
					ļ							
				ļ	_			ļ				
				-					+ +			
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Total_	Name			<u> </u>	<u> </u>	<u> </u>	<u> </u>	Sabadii	In A /For-	990 or 99	U-E21	2010
LMA FOR I	-aperwork Re	auction ACT Notice	, see the Instructions f	Uľ				JUNEUU	IO W (LOLU)	. JOU 01 JO	∪-Œ ∠)	<i>,</i> 20 10

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Form 990 or 990-EZ.

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LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2010 Booster Club

(Form 990 or 990-EZ) 2010 Booster Club 36-3029113 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	ction 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			j				
	include any "unusual grants ")	17,957.	17,280.	31,595.	36,157.	22,320.	125,309.	
2	Tax revenues levied for the organ-							
	ızatıon'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	17,957.	17,280.	31,595.	36,157.	22,320.	125,309.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly						il.	
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,			Į				
	column (f)							
6	Public support. Subtract line 5 from line 4						125,309.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	17,957.	17,280.	31,595.	36,157.	22,320.	125,309.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	5,175.	4,230.	2,620.	1,343.	520.	13,888.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on			1		· ·		
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			1			139,197.	
12	Gross receipts from related activities,	etc (see instruction	ons)			12 1	,257,760.	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio			
	organization, check this box and stor	here		<u></u>			▶□_	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2010 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	90.02 %	
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	87.73 <u>%</u>	
16a	33 1/3% support test - 2010.If the o	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X	
b	33 1/3% support test - 2009.If the o	rganization did not	check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons	
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	ınızatıon dıd not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,	
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop he	ere. Explain in Pa	rt IV how the organ	nization	
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a j	publicly supported	organization	_	ightharpoons	
b	b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the	_						
	organization meets the "facts-and-circ						ightharpoons	
18	Private foundation, If the organization				· · · · · · · · · · · · · · · · · · ·		s 🕨	
						edule A (Form 990		

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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year teginning in) Gitts, grants, contributions, and membership fees received (00 not include any "unusual grants") Gioss receipts from admissions, merchandess cold or services per- formed, or facilities from admissions, merchandess cold or services per- formed, or facilities from admissions, merchandess cold or services per- formed, or facilities from admissions, merchandes cold or services per- formed, or facilities from admissions, merchandes extended to 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 change 6 Total. Add lines 1 through 5 7 A mounts molitied on lines 1, 2, and 3 reserved from disqualified persons be received by great or the cold of the cold	Sec	ction A. Public Support						
membership fees recaved (0 not include any "unusual grants" ? 2 Gross recepts from admissions, merchandes sold or services performed, or facilities furnished in any activity that irrelated to the organization's tax-exempt purpose 3 Gross recepts from activities that are not an unrelated trade or business under services that are not an unrelated trade or business under services of facilities from activities that are not an unrelated trade or business under services of facilities 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'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 A Facework from disqualified persons D Amounts included on lines 1, 2, and 3 received from disqualified persons D Amounts included on lines 1, 2, and 3 received from disqualified persons D Amounts included on lines 1, 2, and 3 received from disqualified persons D Amounts included on lines 1, 2, and 3 received from disqualified persons are according to the organization with the organization with the organization of the organization with the organization of the	Cale	ndar year (or fiscal year beginning in) 📂	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Include any *unusual grants *) Gross receipts from admissions, merchandries sold or services performed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues level for the organization's trave-empt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues level 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 7. A mounts moluted on lines 12, 2 and 3. received from disqualified persons but secret the general of \$5,000 or 1% of the service with the secret the general of \$5,000 or 1% of the service with the secret the general of \$5,000 or 1% of the service with the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to the system of the 15 to th	1	Gifts, grants, contributions, and						
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			•		• •	•		▶
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	t	• •	-					. —
	20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ii	nstructions	▶□

032023 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

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.

2010

Open To Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer identification number** Name of the organization Naperville North High School 36-302<u>9113</u> Booster Club Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity from activity fundraiser or entity (fundraiser) organization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2010

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

Naperville North High School

	Schedule G (Form 990 or 990-EZ) 2010 Boster Club 36-3029113 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000								
of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000									
		(a) Event #1		(b) Event #2	(c) Other events				
			Huskie saver		(6)	(d) Total events			
			card	Golf Outing	. 2	(add col (a) through			
_			(event type)	(event type)	(total number)	col (c))			
Revenue			(0.000.0)	((
e e	1	Gross receipts	52,420.	33,425	21,225.	107,070.			
æ	'	Gross receipts	32,420.	33,423	21,223.	1077070			
	2	Less Charitable contributions							
	_	2003 Chantable Contributions							
	3	Gross income (line 1 minus line 2)	52,420.	33,425	21,225.	107,070.			
	Ť		02/220						
	4	Cash prizes]					
		•							
S	5	Noncash prizes				1			
nse		·							
(be	6	Rent/facility costs							
Direct Expenses									
ırec	7	Food and beverages		6,734	8,930.	15,664.			
ا ۵									
	8	Entertainment		9,548		9,548.			
	9	Other direct expenses	9,695.	L	515.	10,210.			
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		•	(35,422)			
	11	Net income summary Combine line 3, colum	n (d), and line 10		<u> </u>	71,648.			
Pa	irt I		answered "Yes" to Form	990, Part IV, line 19,	or reported more than				
	r	\$15,000 on Form 990-EZ, line 6a		Ţ/ ···		T			
e			(a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add			
Revenue				bingo/progressive bing	10	col (a) through col (c))			
Re						•			
_	1	Gross revenue							
		0.1		1					
ses	2	Cash prizes							
Direct Expenses		No cook owner							
Exp	3	Noncash prizes	- 						
əct		Pout /for pilty agents				İ			
Dir	4	Rent/facility costs							
	_	Other direct expenses							
_	5	Other direct expenses	Yes %	Yes	% Yes %				
	6	Volunteer labor	Yes % No	No No	70 105 70 No				
	٠	Volunteer labor	L NO	10 140	1 140				
	7	Direct expense summary Add lines 2 through	n 5 in column (d)		•	1,			
	ľ		10 11 00141111 (0)		•				
	8	Net gaming income summary Combine line 1	L column d. and line 7		•				
					· · · · · · · · · · · · · · · · · · ·				
9	Ent	ter the state(s) in which the organization opera	tes gaming activities						
		he organization licensed to operate gaming ac	-	states?		Yes No			
b	If "	No," explain							
	_								
	_								
10a	We	Vere any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							
b	If "	Yes," explain							
					 				

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

Naperville North High School
Schedule G (Form 990 or 990-EZ) 2010 Booster Club 36-3029113 Page 3
11 Does the organization operate gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity operated in
a The organization's facility b An outside facility 13b %
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records
14 Effet the flame and address of the person who prepares the organization's gaming/special events books and records
Name
Address >
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount
of gaming revenue retained by the third party ▶\$
c If "Yes," enter name and address of the third party
Name ►
Address >
16 Gaming manager information
Name ▶
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year ▶ \$
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)
032083 01-13-11 Schedule G (Form 990 or 990-EZ) 201

SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Naperville North High School

Employer identification number 36 – 30 29113

Booster Club	<u> 36-3029113</u>						
Form 990, Part VI, Section A, line 2: Jeff Bassett and	Kelly						
Duffy-Bassett are Co-Vice Presidents and are husband and wife.							
Form 990, Part VI, Section B, line 11: The 990 was init	cially reviewed by						
the Executive Board. It was provided to the entire boar	d via email prior to						
filing.	· · · · · · · · · · · · · · · · · · ·						
Form 990, Part VI, Section C, Line 19: Governing docume	ents and financial						
statements are available upon request.							

Form **8868** (Rev January 2011)

(Rev January 2011)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-1709

 \triangleright \mathbf{X}

• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of this	form)					
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously f	iled Fo	orm 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	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								
Person	al Benefit Contracts, which must be sent to the IRS in pag	oer format	(see instructions) For more details on t	he ele	ctronic filing of this f	orm,			
visit ww	w irs gov/efile and click on e-file for Chanties & Nonprofits	5							
Part	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed)						
A corpo	oration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and con	nplete					
Part I o					>				
All othe	r corporations (including 1120-C filers), partnerships, REM	1ICs, and t	rusts must use Form 7004 to request ar	n exter	nsion of time				
to file in	come tax returns								
Type or	Name of exempt organization	-		Emp	loyer identification	number			
print	Naperville North High School	ol		`					
•	Booster Club			3	6-3029113				
File by the	Number street and seem as suite no. If a D.O. how a	ee instruc	tions						
filing your	899 N. Mill								
return Se		oreign add	ress see instructions						
	Naperville, IL 60563	oroigir isos	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Naperville, III 00303								
Enter th	e Return code for the return that this application is for (file	e a senara	te application for each return)			0 1			
Litter	e neturn code for the return that this applications is for the	c a separa	te application for cachifetany						
Applica	tion	Return	Application			Return			
	uon		Is For			Code			
Is For	00	Code				07			
Form 99		01	Form 990-T (corporation)						
Form 99		02	Form 1041-A			08			
Form 99		03	Form 4720			09			
Form 99	IO-PF	04	Form 5227			10			
Form 99	00-T (sec 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	00-T (trust other than above)	06	Form 8870			12			
	Pam Hynes								
	books are in the care of \blacktriangleright 899 N. Mill - 1	Naper	ville, IL 60563	_					
Tele	phone No ► <u>630-420-6480</u>		FAX No 🕨						
If the	organization does not have an office or place of business	s in the Un	ited States, check this box		>				
If the	s is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) If this	is is fo	r the whole group, c	heck this			
box 🕨	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for			
1 1	equest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time unt	n)					
	February 15, 2012, to file the exemp	t organizat	tion return for the organization named a	bove	The extension				
 IS	for the organization's return for	Ū	·						
•	calendar year or								
	X tax year beginning JUL 1, 2010	an	d ending JUN 30, 2011						
		, 							
2 If	the tax year entered in line 1 is for less than 12 months, cl	hock reas	on Initial return Fina	ıl retur	n				
	Change in accounting period	ricek reas	Sir E initiariciani						
L	Change in accounting period								
20 14	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6060	ntor the tentative tax loss any	r					
	• • • • • • • • • • • • • • • • • • • •	or occe, er	nter the tentative tax, less any			0			
_	onrefundable credits See instructions			3a	\$	0.			
	this application is for Form 990-PF, 990-T, 4720, or 6069,			^					
_	timated tax payments made. Include any prior year overp			3b	\$	0.			
	alance due. Subtract line 3b from line 3a Include your pa	-		1		_			
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	<u> </u>			
Caution	. If you are going to make an electronic fund withdrawal w	vith this Fo	orm 8868, see Form 8453-EO and Form	<u>8879-</u>	EO for payment inst	ructions			
IΗΔ	HA For Panenwork Reduction Act Notice see Instructions Form 8868 (Rev. 1-2011)								

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