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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)

OMB No 1545-1150

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JULY 01, 2010, and ending JUNE 30, 20 11

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: HERITAGE ATHLETIC ASSOCIATION. D Employer identification number: 38-2120741. E Telephone number: (989) 799-0140. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual [] Other (specify) H Check [X] if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one) -- [X] 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, 6c, 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 \$ 53,336

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 [X]

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (9,325); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments (4,875); 4 Investment income (460); 5a Gross amount from sale of assets other than inventory; 5b Less cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events (8,825); 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events (16,765); 7a Gross sales of inventory, less returns and allowances; 7b Less cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue (31,425); 10 Grants and similar amounts paid (19,490); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping (50); 16 Other expenses (2,489); 17 Total expenses (22,029); 18 Excess or (deficit) for the year (9,396); 19 Net assets or fund balances at beginning of year (52,853); 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (62,249).

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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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

| | | Yes | No |
|-----|--|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <input type="text" value="37a"/> | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 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? | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved. <input type="text" value="38b"/> | | |
| 39 | Section 501(c)(7) organizations Enter: | | |
| a | Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/> | | |
| b | Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/> | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/> | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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 | | X |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/> | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/> | | |
| e | 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 | | X |
| 41 | List the states with which a copy of this return is filed ▶ NONE | | |
| 42a | The organization's books are in care of ▶ See attachment #5 Telephone no. <input type="text"/> Located at <input type="text"/> ZIP + 4 <input type="text"/> | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | Yes | No |
| | | | X |
| c | 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 <input type="text"/> | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/> | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | X |

| | Yes | No |
|---|--------------------------|-------------------------------------|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 990-EZ (see instructions) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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: Gary Davis Date: 9-30-11

Type or print name and title: Gary Davis President

Paid Preparer Use Only

Print/Type preparer's name: Shirley Lehman, EA Preparer's signature: Shirley Lehman Date: 09-22-2011 Check if self-employed PTIN: _____

Firm's name: H & R BLOCK PREMIUM Firm's EIN: _____

Firm's address: 4600 FASHION SQUARE BLVD STE 115 SAGINAW MI 48604 Phone no: 989-793-8121

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
HERITAGE ATHLETIC ASSOCIATION

Employer identification number
38-2120741

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III--Functionally integrated d Type III--Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | X |
| (ii) A family member of a person described in (i) above? | 11g(ii) | X |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | X |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|--|----|--|----|--|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2010

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)

Section A. Public Support

| Calendar 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") | 2,750 | 10,775 | 10,595 | 4,412 | 14,200 | 42,732 |
| 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 | 39,582 | 38,825 | 36,374 | 48,450 | 38,676 | 201,907 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 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 | 42,332 | 49,600 | 46,969 | 52,862 | 52,876 | 244,639 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 244,639 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 42,332 | 49,600 | 46,969 | 52,862 | 52,876 | 244,639 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,083 | 598 | 833 | 653 | 460 | 3,627 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b | 1,083 | 598 | 833 | 653 | 460 | 3,627 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 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.) | 43,415 | 50,198 | 47,802 | 53,515 | 53,336 | 248,266 |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 98.54 % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 98.29 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--------|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)). | 17 | 1.46 % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | 2.00 % |

19a 33 1/3 % support tests -- 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests -- 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

| REVENUE | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|--------------------------|--------------|------------------|--------------------------------|
| | | Hawktion (event type) | (event type) | (total number) | (add col (a) through col. (c)) |
| 1 | Gross receipts | 47,501 | | | 47,501 |
| 2 | Less: Charitable contributions | 8,825 | | | 8,825 |
| 3 | Gross income (line 1 minus line 2) | 38,676 | | | 38,676 |
| DIRECT EXPENSES | 4 | Cash prizes | 1,140 | | 1,140 |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 16,253 | | 16,253 |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 4,518 | | 4,518 |
| 10 | Direct expense summary Add lines 4 through 9 in column (d) | | | | (21,911) |
| 11 | Net income summary Combine line 3, column (d), and line 10 | | | | 16,765 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

| REVENUE | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) thru col (c)) |
|-----------------|--|---|---|---|---|
| | | 1 | Gross revenue | | |
| DIRECT EXPENSES | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | () |
| 8 | Net gaming income summary Combine line 1, column d, and line 7 | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 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? Yes No
- 13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ See Attachment #6

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? Yes No
- 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)

This Organization does not engage in gaming activities

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HERITAGE ATHLETIC ASSOCIATION

Employer identification number

38-2120741

Line 10, page 1: Amounts paid were for:

Scholarships \$7,800

Athletic Awards \$3,665

Team Equipment, Uniforms & Apparel: \$8,025

Line 16, Page 1: Other Expenses - Advertising \$180

Supplies \$1,891

Tax Prep \$250

Misc \$160

Total Other Expenses: \$2,489

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

| | | | | |
|---|--|-------|--------------|--|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01 | , and ending | 06-30-2011. |
| Name of Organization HERITAGE ATHLETIC ASSOCIATION | | | | Employer Identification Number 38-2120741 |

Primary Purpose

The Exempt purpose of the Heritage Athletic Association is to provide additional financial support to the various athletic teams in the Heritage High School, as well as to provide scholarships, trophies and awards to the high school athletes that qualify. The membership of the Athletic Association is composed of parent volunteers of the high school students who are participants in the various athletic programs. Membership is not limited to only parents, but interested community persons as well may be volunteer members and contribute support.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

| | | | |
|--|--|------------------------|---|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01-2010, and ending | 06-30-2011. |
| Name of Organization HERITAGE ATHLETIC ASSOCIATION | | | Employer Identification Number 38-2120741 |

Part III - Statement of Program Service Accomplishments

| | | | |
|------------------------|--------------------------------|--------------------------|-------|
| Grants and allocations | Amount includes foreign grants | Program service expenses | 7,800 |
|------------------------|--------------------------------|--------------------------|-------|

Exempt Purpose Achievements

SCHOLARSHIPS to qualifying Senior High School Athletes: in the Spring, 2011 Scholarship Assembly, 12 qualified Heritage High School Senior Athletes were awarded athletic scholarships to be used to further their post high school education. Six Seniors were awarded \$1000 each (\$6,000) Three Seniors were awarded \$500 each (\$1,500) Four Seniors were awarded \$75 each (\$300)

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 2 - 990-EZ Page 3, Part III

| | | | |
|--|--|--------------------------|---|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01-2010, and ending | 06-30-2011. |
| Name of Organization HERITAGE ATHLETIC ASSOCIATION | | | Employer Identification Number 38-2120741 |
| Part III - Statement of Program Service Accomplishments | | | |
| Grants and allocations | Amount includes foreign grants | Program service expenses | 3,665 |

Exempt Purpose Achievements

AWARDS: presented at the Athletic Banquets that were held at the end of each season (Fall, Winter, and Spring) to qualifying athletes that demonstrated valuable team athleticism in the various sports. The awards presented were trophies, medals and certificates.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 3 - 990-EZ Page 3, Part III

| | | | |
|---|--|------------------------|--|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01-2010, and ending | 06-30-2011 |
| Name of Organization HERITAGE ATHLETIC ASSOCIATION | | | Employer Identification Number 38-2120741 |

Part III - Statement of Program Service Accomplishments

| | | | |
|------------------------|--------------------------------|--------------------------|-------|
| Grants and allocations | Amount includes foreign grants | Program service expenses | 8,025 |
|------------------------|--------------------------------|--------------------------|-------|

Exempt Purpose Achievements

TEAM EQUIPMENT, UNIFORMS AND ADDITIONAL APPAREL: The Athletic Association provides for the replacement of worn, damaged or obsolete athletic equipment and uniforms for the various athletic teams. Additional apparel includes warm-up suits, tee shirts, and anything additional that may be needed by the student athlete participants.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

| | | | |
|---------------------------|--|------------------------|-------------|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01-2010, and ending | 06-30-2011. |
|---------------------------|--|------------------------|-------------|

| | |
|--|---|
| Name of Organization HERITAGE ATHLETIC ASSOCIATION | Employer Identification Number 38-2120741 |
|--|---|

| (A) Name and Address | (B) Title and Average Hrs per Week | (C) Compensation (if not paid, enter 0) | (D) Cont. to Employee Ben Plans & Def Comp | (E) Expense Account & Other Allowances |
|--|------------------------------------|---|--|--|
| Gary Davis 2611 Mission Drive Saginaw, MI 48603 | President 20.00 | 0 | 0 | 0 |
| David Wachowiak 3781 White Trillium Drive W Saginaw, MI 48603 | Vice President 20.00 | 0 | 0 | 0 |
| Diane Vondette 6837 Dunburton Ct. Saginaw, MI 48603 | Secretary 20.00 | 0 | 0 | 0 |
| Lisa Avery 3218 Settlers Pass Saginaw, MI 48603 | Treasurer 20.00 | 0 | 0 | 0 |

990 STATEMENT EXPLAINING PART V, LINE 35

Attachment 4: page 1 - 990-EZ Page 2, Part V, line 35

| | | | |
|---------------------------|--|------------------------|--|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01-2010, and ending | 06-30-2011. |
| Name of Organization | HERITAGE ATHLETIC ASSOCIATION | | Employer Identification Number 38-2120741 |

Explanation

Income reported for this organization is primarily from an annual auction of donated items, as well as from cash contributions and membership dues. The organization did not engage in any unrelated trade or business activities.

990 BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

| | | | | |
|---|--|-------|--------------|--|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01 | , and ending | 06-30-2011 |
| Name of Organization HERITAGE ATHLETIC ASSOCIATION | | | | Employer Identification Number 38-2120741 |

Part V - Line 42a

Individual Name Gary Davis, President
or
Business Name:

Street Address 3465 N Center Road

U.S. Address

Zip code 48603-0883 City Saginaw State MI
or

Foreign Address

City
Province or State
Country
Postal code
Phone Number (989) 799-0140
Fax Number

990 GAMING/SPECIAL EVENTS BOOKS AND RECORDS

Attachment 6: Sch G Page 3, Part III, Line 14

| | | | |
|---|--|------------------------|--|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01-2010, and ending | 06-30-2011 |
| Name of Organization HERITAGE ATHLETIC ASSOCIATION | | | Employer Identification Number 38-2120741 |

Part III - Line 14

Individual Name Lisa Avery, Treasurer
 or
 Business Name

Street Address 3465 N Center St

U.S. Address:

Zip code 48603-0883 City Saginaw State MI

Foreign Address

City

Province or State

Country

Postal code