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DLN: 93493136043012

Department of the Treasury

## 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

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 A For the 2011 D Employer identification number B Check if applicable MIDWAY BOOSTERS INC 74-2543958 Address change E Telephone number Doing Business As (435)654-1860 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 461,940 Terminated City or town, state or country, and ZIP + 4 Midway, UT 84049 Amended return Application pending Name and address of principal officer Is this a group return for Mark Nelson affiliates? PO Box 557 Midway, UT 84049 □ Yes □ No H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **▽** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► N/A K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ M State of legal domicile UT L Year of formation 1966 Summary Part I Briefly describe the organization's mission or most significant activities Provide Activities and Entertainment for Community Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 0 Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 0 Total number of volunteers (estimate if necessary) . . . . 6 175 0 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a  ${f b}$  Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** 750 8 Contributions and grants (Part VIII, line 1h) . 0 9 Program service revenue (Part VIII, line 2g) . 0 1,776 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 201,309 91,793 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 203,835 91,793 74,495 12,130 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 0 Professional fundraising fees (Part IX, column (A), line 11e) . . 0 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 67,950 27,721 142,445 39,851 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 61,390 51,942 Revenue less expenses Subtract line 18 from line 12 . Assets or d Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . . . 0 21 0 Total liabilities (Part X, line 26) . . . . . 22 Net assets or fund balances Subtract line 21 from line 20 0 Signature Block 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. \*\*\*\*\* 2012-05-14 Signature of officer Sign Here Mark Nelson President Type or print name and title

Date 2012-05-15

H Garth Rasband

RASBAND CONSULTING INC

1157 N SPRINGER VIEW DR

MIDWAY, UT 84049

May the IRS discuss this return with the preparer shown above? (see instructions) .

Preparer's

Firm's name (or yours if self-employed).

address, and ZIP + 4

Paid

Preparer's

**Use Only** 

Check If

employed 🕨 🔽

Preparer's taxpayer identification number

Phone no (435) 654-4442

(see instructions)

Par	t III		<b>Program Service</b> O contains a respon		<b>lishments</b> Jestion in this Part III		<del>.</del>
1	Briefl	y describe the orgar	nization's mission				
Prov	ide Act	ıvıtıes and Entertaır	ment for Community	У			
2	the pr	or Form 990 or 990			ervices during the year	which were not listed on	┌ Yes ┌ No
3					nt changes in how it co	nducts, any program	
	servic	es?	☐ Yes 🔽 No				
	If "Ye	s," describe these c	hanges on Schedule	0			
4	expen	ses Section 501(c)	)(3) and 501(c)(4) o	rganizations	s and section 4947(a)	ree largest program service (1) trusts are required to re h program service reported	port the amount of
4a	(Code		) (Expenses \$ ucation to the Communit	370,147 Ty	including grants of \$	) (Revenue \$	461,940 )
4b	(Code		) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code		) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
	Othe	r program services	(Describe in Sched	ule O )			
		enses \$		ing grants o	f \$	) (Revenue \$	)
4e	Tota	l program service ex	penses <b>-</b> \$	370,14	7		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
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		No
c	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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		N o
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		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

	330 (2011)			i age -	
Par	t IV Checklist of Required Schedules (continued)				
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No	
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		No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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				
24a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				
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			No	
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 Schedule L, Part III			No	
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)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part				
		28a		No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No	
C	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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No	
32		32		No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No	
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		No	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No	
b	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	35b		No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes		

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $$ .	•	. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c		Νo
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
U	That least one is reported on line 2a, did the organization me an required lederal employment tax returns?	2b		Νo
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No
ь	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 Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			No
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
L	organization solicit any contributions that were not tax deductible?			
D	were not tax deductible?	6b		Νo
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	file Form 8282?	<u> </u>		140
u	70 / / / / / / / / / / / / / / / / / / /			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	, 9		110
	Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		No
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club aculities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
U	sources against amounts due or received from them )			
4.5	<u> </u>	40.		NI -
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
4.4		4.4.		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
n	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		Nο

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . .

Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6		Νο			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a		Νo			
b	Each committee with authority to act on behalf of the governing body?	8b		No			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		No.			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No			
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo			
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No			
13	Did the organization have a written whistleblower policy?	13		Νo			
14	Did the organization have a written document retention and destruction policy?	14		No			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		Νo			
ь	Other officers or key employees of the organization	15b		Νo			
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b		Νo			
	ection C. Disclosure						
17							
18	List the States with which a copy of this Form 990 is required to be filed.  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)						

Own website Another's website Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Phil MeeksLarry Bonner

190 South Center St

Midway, UT 84049 (801)828-5561

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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, and **current** key employees 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, or 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

Check this box if neither the organization		lated o	rganı	zatı	ons (	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Mark Nelson President	10 00			Х				0	0	0
(2) Joe Linford Vice President	10 00			Х				0	0	0
(3) Larry Bonner Treasurer	10 00			х				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n on son er ai	e bo is b nd a	x, oth		Repo compo fro organiz	(D) ortable ensation m the eation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of oth compensatio from the organization a	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
1b	Sub-Total			<u></u>		•		<u>▶</u>						
	T 1 1 ( 11 !! 41 . 14 )						_	<b> </b>						
2	Total number of individuals (incli \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs			) who	receive	d more tha	an			
3	Did the organization list any <b>forr</b> on line 1a? <i>If "Yes," complete Sch</i>									t compens	ated employee		Yes	No
4	For any individual listed on line 1 organization and related organization and related organization.	.a, is the sum of	report	able	com	pens	sation	and	other cor			3 4		No
5	Did any person listed on line 1a services rendered to the organiz									anızatıon (	or individual for •	5		No
Se	ction B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio ear									ng with			
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
	Total number of independent conti \$100,000 of compensation from t			ot lır	nıted	l to	those	liste	d above)	who recei	ved more than			

Pait V		Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
##	1a	Federated campaigns 1a				
更与	ь	Membership dues 1b				
ಕ್	c	Fundraising events 1c				
ફ્લેં હ						
<u>ਜ਼</u> ਰ	d	Related organizations 1d				
હ∄	e	Government grants (contributions) <b>1e</b>				
_글 '쪼	f	All other contributions, gifts, grants, and 1f				İ
돌콜		similar amounts not included above				
豊吉	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts	١.	Innes 1a-1f \$				
ं ल	h	Total. Add lines 1a-1f				
œ.		Business Code				
를	2a					
9. 8.	Ь					
or or						
ž	C					
Ž.	d					
5	e					
<u> </u>	f	All other program service revenue				
Program Serwce Revenue						
<u> </u>	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest				
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds $\dots$				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	ь	Less rental				
		expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount				
		from sales of assets other				
		than inventory				
	Ь	Less cost or other basis and				
		sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
e E		events (not including				
<b>≅</b>		\$ of contributions reported on line 1c)				
Š		See Part IV, line 18				
œ		<b>a</b> 461,940				
Other Revenue	ь	Less direct expenses <b>b</b> 370,147				
₹	c	Net income or (loss) from fundraising events	91,793			
_	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances .				
		a				
	b	Less cost of goods sold <b>b</b>				
	С	Net income or (loss) from sales of inventory 🕨				
		Miscellaneous Revenue Business Code				
	11a					
	ь					
		All ships a revenue				
	d	All other revenue				<u> </u>
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	91,793	91,793		

#### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 12,130 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . 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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . Other employee benefits . . . . . . 10 Fees for services (non-employees) 11 Management . . . . . Legal . . . . . . . . . . Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 2,749 g 2,749 Advertising and promotion . . . 12 2,775 Office expenses . . . . 2,775 13 14 Information technology . . . . . 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . . 19 Conferences, conventions, and meetings . . . . 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . . 3,283 23 14,365 7,182 7,183 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) Development Project 4,500 4,500 Bank Charges 49 49 c d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 39,851 7,182 17,256 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

Pa	irt X	Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			1	,
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, keepinghest compensated employees Complete Part II of	ey employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B) Complete Part II of	on 4958(f)(1)) and			
		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
88	8	Inventories for sale or use			8	
₫	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>				
	ь	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			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		0	16	0
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
10	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
흕		persons Complete Part II of Schedule L			22	
Ξ	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 (including federal income tax, payables to related t and other liabilities not included on lines 17-24) Complete Part X				
		D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
on do		Organizations that follow SFAS 117, check here ► and complete	e lines 27			
υč	27	through 29, and lines 33 and 34. Unrestricted net assets			27	
<u>ଟ</u>	27	Temporarily restricted net assets			28	
<u> </u>	28	·			29	
Ĭ	29	Permanently restricted net assets			29	
or Fund Balance		Organizations that do not follow SFAS 117, check here ► 🔽 and collines 30 through 34.	ompiete			
sets	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
t As	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		0	33	0
	34	Total liabilities and net assets/fund balances		0	34	0
						Form <b>990</b> (2011)

14:1	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			91,79
2	Total expenses (must equal Part IX, column (A), line 25)	2			39,85
3	Revenue less expenses Subtract line 2 from line 1	3			51,94
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			ı
Par	The Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		•	୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis		ı		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		No

## OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

## **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.

Inspection

		e organization	Employer identification number						
MIDW	AY BOC	STERS INC	74-2543958						
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa		tions					
		zation is not a private foundation because it is (For lines 1 through 11, check only one box		LIOTIS					
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).	,						
2	Ė	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)							
3	Ē	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	F	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state							
5	Γ	An organization operated for the benefit of a college or university owned or operated by a	governmental unit	describe	- d ın				
_	_	section 170(b)(1)(A)(iv). (Complete Part II)	(4)(11)						
6 7	<u>'</u>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)</b> .  An organization that normally receives a substantial part of its support from a governmen		aanaral	nublic				
,	,	described in section 170(b)(1)(A)(vi) (Complete Part II)	tal unit of from the	generar	public				
8	Г	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )							
9	Ī	An organization that normally receives (1) more than 331/3% of its support from contribu	ıtıons. membershi	p fees, ar	nd aros	SS			
	•	receipts from activities related to its exempt functions—subject to certain exceptions, an	•		_				
		its support from gross investment income and unrelated business taxable income (less se							
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	III )						
10	Г	An organization organized and operated exclusively to test for public safety. See <b>section 5</b>	•						
11	F								
е	고	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)							
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box		porting o	rganız	ation,			
g		Since August 17, 2006, has the organization accepted any gift or contribution from any o following persons?							
		(i) a person who directly or indirectly controls, either alone or together with persons desc	rıbed ın (ıı)		Yes	No			
		and (III) below, the governing body of the the supported organization?		11g(i)		<u> </u>			
		(ii) a family member of a person described in (i) above?		11g(ii)					
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		1			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

instructions

Sch	edule A (Form 990	or 990-EZ) 2011						Page <b>2</b>
	(Com	oort Schedule 1 oplete only if you	ı checked the	box on line 5,	7, or 8 of Part	I or if the orgai	nızatıon faıle	ed to qualify
		r Part III. If the	organization f	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease compl</u>	ete Part III.)
	ection A. Public		1	1		Т	1	
Cal	<b>endar year</b> (or fisca in)	al year beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	. <b>(f)</b> Total
1	Gifts, grants, conti	ributions, and						
	membership fees r	eceived (Do not						
	include any "unusi	ual						
_	grants ") Tax revenues levie	ad for the						
2	organization's ben							
	paid to or expende							
	behalf							
3	The value of service							
	furnished by a gov the organization w							
4	Total. Add lines 1	<del>-</del>						
5	The portion of tota	_						
•	by each person (ot							
	governmental unit	•						
	supported organiza							
	line 1 that exceeds amount shown on l							
	(f)	ine 11, coraiiii						
6	Public Support. Su	btract line 5 from						
	line 4 ection B. Total 3	Support						
	<b>endar year</b> (or fisca		(a) 2007	<b>(b)</b> 2009	(6) 2000	(4) 2010	(0) 2011	(5) Total
	ın)		(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line							
8	Gross income from	′						
	dividends, paymen securities loans, re							
	and income from s	, , ,						
	sources							
9	Net income from u							
	business activities	•						
	not the business is carried on	s regularly						
10	Other income (Ex	plain in Part						
	IV ) Do not include	•						
	from the sale of ca							
11	Total support (Add	d lines 7						
12	through 10) Gross receipts fro	■ m related activitie	s, etc (See inst	ructions )	ı		12	<u> </u>
13	First Five Years If	the Form 990 is fo	or the organizati	on's first, second	I. third. fourth. or	fifth tax vear as a		ganization.
	check this box and		or the organizati	on 5 mot, 5000ma	., 4, 10 41 211, 01	men cax your as a	001(0)(0) 01	<b>▶</b> □
_	ection C. Comp	utation of Dub	lic Support D	lorcontago				
14	Public Support Pe				11 column (f))		14	
15	Public Support Pe	-	•	. ,	(.,,		15	
	33 1/3% support 1	_	•	-	x on line 13, and	line 14 is 33 1/3%		eck this box
	and <b>stop here.</b> The	e organization qual	ifies as a public	ly supported orga	nızatıon			<b>▶</b> ┌
b	33 1/3% support					6a, and line 15 is	33 1/3% or m	- <del>-</del>
17-	-	. The organization			-	no 12 165 5-10	handling 14	<b>►</b> I
T/q	10%-facts-and-cir is 10% or more, a							laın
	in Part IV how the							
	organızatıon							<b>▶</b> ┌
b								ne
	15 is 10% or mor Explain in Part IV							hlicly
	supported organiz	_	ion meets the 1	acts and Circuilis	tances lest like	a organization qua	iiiies as a pu	▶厂
18	, ,	<b>n</b> If the organization	on did not chack	a hov on line 13	16a 16h 17a d	r 17h chack this	hov and see	• •

**▶**□

Part III Support Schedule for Organizations Described in IRC 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.)

Se	ction A. Public Support							
	<b>ndar year</b> (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 20	11	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")	t 3,771	3,228	4,725	750			12,474
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	n 516,196	503,941	541,454	531,763		461,940	2,555,294
3	Gross receipts from activities that are not an unrelated trade or business under section 513	t						
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 the organization without charge							
6 7a	<b>Total.</b> Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified persons	519,967	507,169	546,179	532,513		461,940	2,567,768
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с 8	Add lines 7a and 7b <b>Public Support</b> (Subtract line 7c from line 6)						$\dashv$	2,567,768
Se	ction B. Total Support	•						
Cale	ndar year (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 20	11	(f) Total
9	ın) A mounts from line 6	519,967	507,169	546,179	532,513		161,940	2,567,768
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	3,474	480	1,324	1,776			7,054
b	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the	3,474	480	1,324	1,776			7,054
12	business is regularly carried on 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,	523,441	507,649	547,503	534,289	4	161,940	2,574,822
14	11 and 12 )  First Five Years If the Form 990 is check this box and stop here	for the organization	n's first, second,	thırd, fourth, or f	Ifth tax year as a	501(c)(3	) organi:	zation, ▶┌
Se	ction C. Computation of Pu	blic Support Pe	rcentage					
15	Public Support Percentage for 201			13 column (f))		15		99 730 %
16	Public support percentage from 20	)10 Schedule A, Pa	art III, line 15			16		
Se	ction D. Computation of Inv							
17	Investment income percentage for				(f))	17		0 270 %
18	Investment income percentage fro					18	-01	
19a	33 1/3% support tests—2011. If the	ne organization did	not check the bo	x on line 14, and	line 15 is more t	:nan 33 1/	3% and	iine 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests-2010. 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

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

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).										
	Facts And Circumstances Test										
	Explanation										

Schedule A (Form 990 or 990-EZ) 2011

### **Additional Data**

Software ID: Software Version:

**EIN:** 74-2543958

Name: MIDWAY BOOSTERS INC

#### Form 990, Special Condition Description:

**Special Condition Description** 

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136043012

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

	_	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	art V, line 46 (Political Car	mpaign Activities),
Section Sectio	ction 501(c)(3) organizations Co ction 501(c) (other than section 5 ction 527 organizations Complete corganization answered "Ye ction 501(c)(3) organizations that ction 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or t have filed Form 5768 (election under t have NOT filed Form 5768 (election u s," to Form 990, Part IV, Line 5 (Pre	ts I-A and C below Form 990-EZ, Pa section 501(h)) Conder section 501(l	art VI, line 47 (Lobbying A omplete Part II-A Do not cor h)) Complete Part II-B Do n	mplete Part II-B ot complete Part II-A
Naı	me of the organization WAY BOOSTERS INC				tification number
Dari	TEA Complete if the or	ganization is exempt under s	section 501(c	74-2543958 On is a section <b>527</b>	organization
1 2 3	<del>-</del>	ganızatıon's dırect and ındırect politic		-	\$
Dar	TES Complete if the or	ganization is exempt under :	section 501(c	1(3)	
	•	e tax incurred by the organization und	•	<u>,,(5).</u>	<u>.</u>
1	,	, <u>-</u>		4055	\$
2		e tax incurred by organization manage		4955	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	TI-C Complete if the or	ganization is exempt under s	section 501(c	) except section 501	.(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exempt	t function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to otl	her organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120	)-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			▼ — F Yes F No
5	Enter the names, addresses ar organization made payments if amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid from rectly delivered t	m the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sch	edule C (Form 990 or 990-EZ) 2011					Page <b>2</b>
Pa	cart II-A Complete if the organization is under section 501(h)).	s exempt under	section 501(	c)(3) and fil	led Form 5768	(election
	Check   If the filing organization belongs to an expenses, and share of excess lobbying the filing organization checked box A	ng expenditures)		_	oup member's name	e, address, EIN,
	Limits on Lobbying Ex (The term "expenditures" means amo	penditures			(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public opi	nıon (grass roots lob	byıng)			
b	Total lobbying expenditures to influence a legislati	ive body (direct lobby	/ıng)			
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c a	and 1d)				
f	Lobbying nontaxable amount Enter the amount fro columns	m the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:			
	Not over \$500,000	20% of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	1 ' ' '	\$175,000 plus 10% of the	. ,	·		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	1f)				
h	Subtract line 1g from line 1a If zero or less, enter	-0-				
i	Subtract line 1f from line 1c If zero or less, enter-	-0-				
j	If there is an amount other than zero on either line section 4911 tax for this year?	1h or line 1i, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year Ave (Some organizations that made a se columns below. See the		ection do not	have to cor		ne five
	Lobbying Exper	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					

**d** Grassroots non-taxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

_	edule C (Form 990 or 990-EZ) 2011	10= 5			Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	NOT f	iled Fo	orm 5	/68
		(	a)	(	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a	Volunteers?		No		
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
C	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	O ther activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	, ,		No		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c	)(5), o	r sec	tion
_			_		es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493136043012

OMB No 1545-0047

2011

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization MIDWAY BOOSTERS INC	Employer identifi	cation number
MIDWAY DOOSTERS INC		
	74-2543958	

Identifier	Return Reference	Explanation
		Provide Activities and Entertainment for Community

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136043012

OMB No 1545-0172

**Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury

See separate instructions. Attach to your tax return.

Sequence No 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** MIDWAY BOOSTERS INC 74-2543958 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. \$ 500,000 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$ 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2011 3,283 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (g)Depreciation (d) Recovery year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property **e** 15-year property **f** 20-year property g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L 39 yrs MM i Nonresidential real property ММ Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs MMS/L Part IV **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 3,283 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

23

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomot	iles.)		
<b>24a</b> Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? <b>┌ Yes</b>	Γ <sub>No</sub>		2	<b>4b</b> If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN	)		
(a) Type of property (list vehicles first)	st Date placed in investment Cost		(c Cost o ba	other (husiness/investment		<b>(f)</b> Recover period	y M∈	(g) y Method/ Convention		Method/				<b>(h)</b> Depreciation/ deduction			(i) Elected section 179 cost	
<b>25</b> Special depreciation allo 50% in a qualified busi	•		erty placed	in service (	during the	tax year	and u	used moi	e than	25								
<b>26</b> Property used more	e than 50%	ın a qualıfıed	business	use														
		%									+			-				
		%									+							
<b>27</b> Property used 50%	orless in a		iness us	e														
		%							S/L - S/L -		_							
		%							S/L -									
28 Add amounts in co	olumn (h), lır	ies 25 throug	jh 27 En	ter here a	and on lu	ne 21, <sub>l</sub>	oage	1 .	28	8								
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29						
			ction B															
Complete this section If you provided vehicles to														e vehic	les			
				(6	a)	(1	<b>)</b>		(c)		((			≘)	(	f)		
year (do not inclu-			-	Vehi	cle 1	Vehi	cle 2	: V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6		
31 Total commuting i	miles driven	during the ye	ear .							$\neg \dagger$								
32 Total other persor	nal(noncomm	nuting) miles	drıven							$\neg \dagger$								
33 Total miles driven through 32	during the y		s 30															
34 Was the vehicle a			•	Yes	No	Yes	No	Ye	s   1	No.	Yes	No	Yes	No	Yes	No		
during off-duty ho	urs? .															1		
35 Was the vehicle us		by a more tl	nan 5%															
<b>36</b> Is another vehicle			e? .															
Section	on C—Que	stions for	Employ	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees				
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha		
<b>37</b> Do you maintain a employees?		y statement											our.	Y	es	No		
<b>38</b> Do you maintain a	written polic	y statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by							
employees? See t	he instructio	ns for vehicle	es used b	y corpor	ate office	ers, dire	ector	s, or 1	% or m	nore o	wners							
<b>39</b> Do you treat all us	se of vehicles	s by employe	es as pei	sonal us	e? .		•	•		•	•		•					
<b>40</b> Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio •	n fro	m your • •	emplo •	yees	about •	the us	e of the	9				
<b>41</b> Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)							
<b>Note:</b> If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5						
	rtization														I			
(a) Description of c	osts	(b) Date amortizatio begins	n	(c) A mortizable amount		(d) Code section		ode A mortiz		(e) A mortization period or percentage		r A Moi		on for ar				
<b>42</b> A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns )		<u> </u>		5							
			1	,	,_ ,_ ,,,,	T	,											
						-+			$\dashv$									
43 Amortization of co	sts that beg	an before you	ur 2011 t	ax year		-			•		43							
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44							