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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [X] Application pending

C Name of organization
HASTINGS TIGER BOOSTER CLUB

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
PO BOX 744

City or town, state or country, and ZIP + 4
HASTINGS, NE 68902

D Employer identification number
26-1816860

E Telephone number
402-461-7550

F Group Exemption Number ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

Website: ▶ N/A

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

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 or a section 527 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 ▶ $ 92,647.

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]

Revenue	1	Contributions, gifts, grants, and similar amounts received			1 17,000.
	2	Program service revenue including government fees and contracts			2
	3	Membership dues and assessments			3 215.
	4	Investment income			4
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	3,161.	
	c	Less: direct expenses from gaming and fundraising events	6c	552.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d 2,609.
	7a	Gross sales of inventory, less returns and allowances	7a	72,166.	
	b	Less: cost of goods sold SEE SCHEDULE O	7b	50,218.	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c 21,948.
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O			8 105.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9 41,877.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O			10 48,399.
	11	Benefits paid to or for members			11
	12	Salaries, other compensation, and employee benefits			12 2,500.
	13	Professional fees and other payments to independent contractors			13
	14	Occupancy, rent, utilities, and maintenance			14
	15	Printing, publications, postage, and shipping			15 845.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O			16 10,382.
	17	**Total expenses.** Add lines 10 through 16 ▶			17 62,126.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 -20,249.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19 69,561.
	20	Other changes in net assets or fund balances (explain in Schedule O)			20 0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21 49,312.

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Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	69,561.	22	49,312.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	69,561.	25	49,312.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	69,561.	27	49,312.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 58,074.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 58,074.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JAY LANDELL PO BOX 744, HASTINGS, NE 68902	PAST PRESIDENT 1.00	0.	0.	0.
DAVID LONG PO BOX 744, HASTINGS, NE 68902	PRESIDENT 1.00	0.	0.	0.
LAURA MATHIAS PO BOX 744, HASTINGS, NE 68902	SECRETARY 1.00	0.	0.	0.
VICKI KRUEGER PO BOX 744, HASTINGS, NE 68902	TREASURER 5.00	2,500.	0.	0.
STEPHANIE BLISS PO BOX 744, HASTINGS, NE 68902	DIRECTOR 1.00	0.	0.	0.
BOB FOOTE PO BOX 744, HASTINGS, NE 68902	DIRECTOR 1.00	0.	0.	0.
MIKE KARLOFF PO BOX 744, HASTINGS, NE 68902	DIRECTOR 1.00	0.	0.	0.
CARRIE LACY PO BOX 744, HASTINGS, NE 68902	DIRECTOR 1.00	0.	0.	0.
PAM MCCARTNEY PO BOX 744, HASTINGS, NE 68902	DIRECTOR 1.00	0.	0.	0.
JACK NEWLUN PO BOX 744, HASTINGS, NE 68902	DIRECTOR 1.00	0.	0.	0.
MATT VALENTINE PO BOX 744, HASTINGS, NE 68902	VICE PRESIDENT 1.00	0.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		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)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
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	40b		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 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
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	40e		X

41 List the states with which a copy of this return is filed. ▶ NE

42a The organization's books are in care of ▶ VICKI KRUEGER Telephone no. ▶ 402-461-7550

Located at ▶ PO BOX 744, HASTINGS, NE ZIP + 4 ▶ 68902

			Yes	No
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: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		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: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		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*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45b		

			Yes	No
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	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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." NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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 ▶ [X] 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 — Date: 2.27.2013

▶ DAVID LONG, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEREMY M. EVANS, CPA	JEREMY M. EVANS, CPA	02/21/13		P00425187

Firm's name ▶ MCDERMOTT AND MILLER, P.C. Firm's EIN ▶ 47-0608676

Firm's address ▶ PO BOX 1317 HASTINGS, NE 68902-1317 Phone no. (402) 462-4154

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] 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

2011

Open to Public Inspection

Name of the organization	Employer identification number
HASTINGS TIGER BOOSTER CLUB	26-1816860

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)	
(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)	

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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . . . 12

13 **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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . 15 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	57,393.	9,315.	16,103.	17,355.	17,215.	117,381.
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	89,144.	100,621.	81,981.	92,128.	75,327.	439,201.
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	146,537.	109,936.	98,084.	109,483.	92,542.	556,582.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6)						556,582.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	146,537.	109,936.	98,084.	109,483.	92,542.	556,582.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	692.	529.	136.	108.	105.	1,570.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	692.	529.	136.	108.	105.	1,570.
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)	147,229.	110,465.	98,220.	109,591.	92,647.	558,152.

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** ▶ [X]

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.72 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 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 ▶ [ ]

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization

HASTINGS TIGER BOOSTER CLUB

Employer identification number

26-1816860

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a [X] Mail solicitations
b [ ] Internet and email solicitations
c [ ] Phone solicitations
d [X] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SCHOOL DANCE (event type)	(b) Event #2 BACK TO SCHOOL TAILG (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	1,243.	1,918.		3,161.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	1,243.	1,918.		3,161.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		180.		180.
	8 Entertainment				
	9 Other direct expenses	372.			372.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(552.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	2,609.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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 ▶ _____

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)

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

2011

Open to Public Inspection

Name of the organization: HASTINGS TIGER BOOSTER CLUB

Employer identification number: 26-1816860

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS	72,166.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	72,166.
4. COST OF GOODS SOLD (LINE 13)	50,218.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	21,948.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	46,968.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	3,250.
11. ADD LINES 6 THROUGH 10	50,218.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	50,218.

FORM 990-EZ, PART I, LINE 7B, OTHER COSTS:

DESCRIPTION OF OTHER COSTS:	AMOUNT:
CONCESSION STAND MANAGEMENT FEE	3,250.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	105.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

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

2011

Open to Public Inspection

Name of the organization: HASTINGS TIGER BOOSTER CLUB

Employer identification number: 26-1816860

ACTIVITY CLASSIFICATION: FUNDING FOR STUDENT POST PROM & GRADUATION CELEBRATION

GRANTEE NAME: HASTINGS HIGH SCHOOL

GRANTEE ADDRESS: 1100 WEST 14TH STREET HASTINGS, NE 68901

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 01/31/12

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: FUNDING FOR PURCHASE OF NEW DIGITAL OUTDOOR SIGN

GRANTEE NAME: HASTINGS HIGH SCHOOL

GRANTEE ADDRESS: 1100 WEST 14TH STREET HASTINGS, NE 68901

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/22/11

AMOUNT GIVEN: 7,607.

ACTIVITY CLASSIFICATION: FUNDING FOR PURCHASE HUDL COACHING SOFTWARE

GRANTEE NAME: HASTINGS HIGH SCHOOL

GRANTEE ADDRESS: 1100 WEST 14TH STREET HASTINGS, NE 68901

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/01/12

AMOUNT GIVEN: 2,800.

ACTIVITY CLASSIFICATION: FUNDING FOR PURCHASE OF NEW TRACK EQUIPMENT

GRANTEE NAME: HASTINGS HIGH SCHOOL

GRANTEE ADDRESS: 1100 WEST 14TH STREET HASTINGS, NE 68901

Name of the organization: HASTINGS TIGER BOOSTER CLUB

Employer identification number: 26-1816860

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/01/12

AMOUNT GIVEN: 12,879.

ACTIVITY CLASSIFICATION: FUNDING FOR PURCHASE OF NEW SOCCER EQUIPMENT

GRANTEE NAME: HASTINGS HIGH SCHOOL

GRANTEE ADDRESS: 1100 WEST 14TH STREET HASTINGS, NE 68901

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/22/12

AMOUNT GIVEN: 5,968.

ACTIVITY CLASSIFICATION: FUNDING FOR PURCHASE OF SOFTBALL EQUIPMENT

GRANTEE NAME: HASTINGS HIGH SCHOOL

GRANTEE ADDRESS: 1100 WEST 14TH STREET HASTINGS, NE 68901

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 03/22/12

AMOUNT GIVEN: 1,190.

ACTIVITY CLASSIFICATION: FUNDING FOR PURCHASE OF FOOTBALL HELMENTS

GRANTEE NAME: HASTINGS HIGH SCHOOL

GRANTEE ADDRESS: 1100 WEST 14TH STREET HASTINGS, NE 68901

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 04/02/12

AMOUNT GIVEN: 9,739.

ACTIVITY CLASSIFICATION: FUNDING FOR PURCHASE OF GROUNDS MAINTENANCE

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

2011

Open to Public Inspection

Name of the organization: HASTINGS TIGER BOOSTER CLUB

Employer identification number: 26-1816860

EQUIPMENT

GRANTEE NAME: HASTINGS HIGH SCHOOL

GRANTEE ADDRESS: 1100 WEST 14TH STREET HASTINGS, NE 68901

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 05/30/12

AMOUNT GIVEN: 5,716.

ACTIVITY CLASSIFICATION: FUNDING FOR PURCHASE OF EXERCISE EQUIPMENT

GRANTEE NAME: HASTINGS HIGH SCHOOL

GRANTEE ADDRESS: 1100 WEST 14TH STREET HASTINGS, NE 68901

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 08/31/11

AMOUNT GIVEN: 500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 48,399.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE SUPPLIES	248.
ADVERTISING & PROMOTIONAL ITEMS	458.
SPORTS BANQUET	2,598.
COACHING CLINIC EXPENSE	3,459.
SUMMER CAMP & EDUCATION EXPENSE	3,619.
TOTAL TO FORM 990-EZ, LINE 16	10,382.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE INTEREST THOUGHOUT THE COMMUNITY, IN ALL HASTINGS HIGH SCHOOL SPORTS AND

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
2011
Open to Public Inspection

Name of the organization
HASTINGS TIGER BOOSTER CLUB

Employer identification number
26-1816860

ACEDEMIC EXTRACURRICULAR ACTIVITY PROGRAMS. TO PROMOTE THE THEORY AND PRACTICE OF THE PRINCIPLES OF GOOD SPORTSMANSHIP. TO CARRY ON PROJECTS AGREEABLE TO THE MEMBERSHIP, SO THAT SPORTS EQUIPMENT CAN BE PURCHASED FOR THE ATHLECTIC DEPARTMENT OF THE SCHOOL. TO CARRY OUT ANY PROJECTS FOR THE BETTERMENT OF THE BOOSTER CLUB, ATHLETIC PROGRAMS, OR ACADEMIC PROGRAMS OF HASTINGS PUBLIC SCHOOLS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
ORGANIZING AND MANAGING VARIOUS FUNDRAISING ACTIVITIES THROUGHOUT THE SCHOOL YEAR, AND PROVIDING $58,074 OF FINANCIAL SUPPORT TO THE EXTRACIRRICULAR ACTIVITIES OF THE STUDENTS AT HASTINGS PUBLIC

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Tiger Boosters
Hastings, NE
Bylaws

Article I – Name

The name of this organization shall be the Hastings Tiger Booster Club, a non-profit organization.

Article II – Objectives

The objectives of this organization shall be:

To promote interest throughout the community in all Hastings High School sports activities programs;

To promote the theory and practice of the principles of good sportsmanship;

To carry on projects agreeable to the membership, so that sports equipment can be purchased for the athletic department of the school; and

To carry out any projects for the betterment of the booster club, athletic programs, or academic programs.

Article III – Membership

Section 1. Membership shall be open to all persons interested in the objectives listed in Article II.

Section 2. Any adult or family may become business members of the organization upon payment of annual dues.

Section 3. Annual dues shall be tiered, payable yearly on August 1. (Annual dues will be set each year by the general membership committee and will run through August 30 each year).

Section 4. Upon the signed recommendation of one member, seconded by another member, and by a three-fourths vote at the annual meeting, honorary membership can be conferred upon a resident of the Adams County area who shall have rendered notable service to this organization.

[1] Amended/Approved January 26, 2009

Article IV – Officers

Section 1. Elected Officers

A. No person shall be eligible to hold office or be appointed to a committee in this club unless he/she is an active member in good standing.

B. No voting officer or director shall receive any compensation for any service rendered this organization.

C. The elected officers shall be: The Vice-President and Secretary who shall serve for a term of one year or until their successors are elected and have assumed office. In addition to the officers, there shall be at least 5 directors, appointed by the president, who will serve as voting committee chairpersons.

D. The Executive Committee consists of the President, Vice President, Secretary and Treasurer.

E. The president may appoint special committees to perform some particular duty or responsibility. A special committee will cease to function when its duty has been performed.

F. The term of office shall be from the close of the annual meeting until closing of the succeeding annual meeting. (May)

G. Any officer may be a candidate to succeed himself for one year.

Section 2. Election of Officers

A. The officers shall be elected by a majority of the active members present at the regular May meeting by secret ballot for a term immediately following the May meeting of election and ending the May meeting the following year.

B. The Vice-President will automatically roll into the President position following the Presidents term.

C. Officers shall be eligible for re-election. The past president will serve as an ex-officio member on the Board of Directors for the term following his/her last term as president.

D. The membership shall have the right of recall of the elected officers.

E. Recall shall be by majority vote of active members present at the special meeting scheduled for that purpose.

[1] Amended/Approved January 26, 2009

F. Each active member shall be notified in advance of the time, date, and purpose of the special meeting.

Section 3. Duties of Officers

A. The **Past President** shall serve as an "ex-officio" member on the board and offer assistance when called upon by the president. They shall also monitor the meeting when both the president and vice president are unable to be in attendance.

B. The **President** shall preside at all meetings of the organization and the executive committee.

C. The **Vice-President** shall assume the office of the President at the close of the President's term; shall preside at meetings in the absence of the President. The Vice-President needs to have been a member of the board the previous year and have a student attending HHS the following year.

D. The **Secretary** shall attend all meetings; shall be responsible for maintaining the records of the organization; shall keep a record of the attendance of the members; shall send to the officers and the board before each meeting the minutes of the previous meeting showing the exact order of business discussed, and shall be responsible for maintaining the general correspondence for the organization.

E. The **Treasurer** shall attend all meetings; shall be responsible for maintaining the records of fiscal affairs of this organization; shall collect dues and give receipts for all funds received; shall keep a record of membership, and shall make the books available for review; shall co-sign checks for claims approved by the Board; shall present a monthly report of the finances to the Board.

F. The **Athletic Director** shall attend all board meetings serving as a non-voting ex officio member giving the board information and guidance regarding the HHS athletic program.

G. The **Directors** shall attend board meetings; assure that the duties of the committee are carried out in a manner that will be to the benefit of, and in the best interest of, the club and the purpose for which the club was organized.

H. The duties of the Board of Directors shall be as follows:

[1] Amended/Approved January 26, 2009

1. The Board of Directors composed of the Past-President; President, Vice-President, Secretary, Treasurer, and the five Directors, shall constitute the Executive Board of the club and shall be responsible for administering the authorized policies of the club.
2. It shall not create an indebtedness beyond the income of the club.
3. It shall have the books and accounts audited every 5 years beginning with 2009/2010 fiscal year
4. It shall make financial records available to the membership upon request.
5. It shall hold regular meetings.
6. It shall approve or disapprove claims for payment from club funds.

I. The immediate Past President becomes Counselor with the obligation of attendance at executive meetings. In the event the past president is not in attendance, these duties will fall on the Secretary.

J. A majority of the officers and directors shall constitute a quorum at any meeting of the Board of Directors.

Section 4. Vacancies

A. A vacancy in an elective office, except the President, shall be appointed from the Executive Committee, by the president.

B. A vacancy in the office of President shall be filled by the Vice-President.

Article V – Meetings

Section 1. The regular meetings of the organization shall be held on the fourth Monday of each month from August to May inclusive, unless otherwise ordered by the organization or Executive Committee. All regular meetings are open to the membership.

Section 2. The regular meeting in May shall be known as the **annual meeting** and shall be for the purpose of electing officers, board members, receiving reports of officers and committees, and for any other business that may exist.

Section 3. Special meetings can be called by the President or the Executive Committee. The purpose of the meeting shall be stated in the call.

Section 4. A quorum for the transaction of business shall consist of five members, one of whom shall be an officer, but at no time shall a lack of quorum prevent those present from proceeding with sharing information concerning the objectives of this organization.

[1] Amended/Approved January 26, 2009

Article VI – Directors

Section 1. The selected directors shall fill positions of Ad-Sales chairman, Fund Raising chairman, Membership chairman, Spirit/Special Events and Publicity/Communications.

Section 2. Duties of the Directors

A. Ad-Sales Chairman
   1. Organize the ad campaign for the sports program.

B. Fundraising Chairman
   1. Organize fundraising projects and care for merchandise.
   2. Organization/planning of concessions.

C. Spirit/Special Events Chairman
   1. Organize parent's night, dances for students, homecoming float for our organization, and any other happenings which come under the heading of special events.
   2. Assume responsibility for finding ways to provide Booster spirit for each of our teams during the seasons.

D. Membership Chairman
   1. Assume responsibility for finding new members for the organization.

E. Membership Chairman Elect
   1. Assume Membership Chairman's position at end of term and assist Membership Chairman.

F. Publicity/Communication Chairman
   1. Assume responsibility for developing and distributing Booster Newsletter, contacting TV, radio and newspaper media for promoting athletic events, and handling necessary correspondence and thank you letters.

Article VII – Committees

Section 1. A Nominating Committee shall be appointed by the President. The committee will consist of a Past President and two other members. It shall be the duty of this

[1] Amended/Approved January 26, 2009

committee to nominate candidates to serve on the Executive Committee at the annual meeting in May. Additional nominations from the floor shall be permitted.

Section 2. Such other committees shall be appointed by the President of the organization or the Executive Board shall from time to time deem necessary. The President shall be the ex-officio member of all committees except the nominating committee.

Section 3. The committee chairman shall report on their activities at such time as the President deems necessary.

Article VIII – Parliamentary Authority

The rules contained in the current edition of Roberts Rules of Order – newly Revised, shall govern the organization in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of the order that the organization may adopt.

Article IX – Wish List

Section 1. All coaches will receive a wish list in duplicate to be filled out, signed by the coach and Athletic Director with one copy given to the Athletic Director and the other to the secretary of the Booster Club by May 1 of every year.

Section 2. These wish lists will be reviewed by the Board. The wish lists will be discussed with the Athletic Director and coach at the regular monthly meeting. The Board will vote on final approval of the requests. Majority vote needed to pass.

[1]

Section 3. Funds will be dispersed as invoices or statements are submitted and verified from the request list.

Section 4. Additional fund requests will be handled as the need arises. The requests must be on the agenda and presented at a regular monthly meeting. Majority vote needed to pass.

Article X – Dissolution

Section 1. Should this club, by vote of the membership, elect to disband the club, the Board of Directors shall turn the remaining funds over to the Central Administration's finance department to be used strictly for the athletic department's needs.

Article XI-Amendment of Bylaws

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[1] Amended/Approved January 26, 2009

Section 1. These bylaws can be amended at any regular meeting of the organization by a two-thirds vote, provided that the amendment has been submitted in writing at the previous meeting.

Section 2. Dissolution Clause.

A. In the event that this organization is dissolved at sometime in the future, the funds in the treasury shall be turned over to the Athletic Director and he/she shall deposit said amount in the athletic department account of the Hastings High School.

[1] Amended/Approved January 26, 2009

Form **8868** (Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

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

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

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	HASTINGS TIGER BOOSTER CLUB	[X] 26-1816860
	Number, street, and room or suite no If a P.O box, see instructions. PO BOX 744	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HASTINGS, NE 68902	

Enter the Return code for the return that this application is for (file a separate application for each return) . [0 1]

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

- The books are in the care of ▶ VICKI KRUEGER PO BOX 744 - HASTINGS, NE 68902
  Telephone No. ▶ 402-461-7550 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013, to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2011, and ending JUN 30, 2012

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

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 1-2012)

123841
01-04-12

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	HASTINGS TIGER BOOSTER CLUB	[X] 26-1816860
	Number, street, and room or suite no If a P.O. box, see instructions PO BOX 744	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HASTINGS, NE 68902	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . [0 1]

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

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

- The books are in the care of ▶ JAY LANDELL PO BOX 744 - HASTINGS, NE 68902
  Telephone No ▶ 402-461-7550 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2013

5 For calendar year _____, or other tax year beginning JUL 1, 2011, and ending JUN 30, 2012

6 If the tax year entered in line 5 is for less than 12 months, check reason. [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION IN ORDER TO PROPERLY PREPARE THE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$	0.

Signature and Verification must be completed for Part II only.

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

Signature ▶ _____ Title ▶ CPA Date ▶ 2-14-13