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Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code
(except black lung benefit frust 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 pend of the year may use this form

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

A 2011 2012 For the 2011 calendar year, or tax year beginning JUL JUN 30, and ending Check if applicable D Employer identification number C Name of organization Address change MILLARD SOUTH ATHLETIC BOOSTER CLUB, 47-0792364 Name change Room/suite | E Number and street (or P O box, if mail is not delivered to street address) Telephone number Initial return 402-330-6600 12100 W. CENTER RD. 518 Terminated City or town, state or country, and ZIP + 4 F Group Exemption 68144 OMAHA, NE Number -Application pending X Cash Accrual Other (specify) H Check ► X If the organization is not G Accounting Method Website. ► N/A required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 4947(a)(1) or 501(c) () **◄**(insert no) 527 (Form 990, 990-EZ, or 990-PF) K Check Light 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, 73,020. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 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 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 21,413. 3 Membership dues and assessments 3 SEE SCHEDULE O 4 Investment income 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) 50 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue \$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 51,606. gross income and contributions exceeds \$15,000) 6b 21.941 c Less direct expenses from gaming and fundraising events 29,665. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 7b 7ε Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule 0) 8 8 51,079. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 SEE SCHEDULE O 55,000. Grants and similar amounts paid (list in Schedule Q) 10 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 124.Printing, publications, postage, and shipping 15 3,697. SEE SCHEDULE O Other expenses (describe in Schedule 0) 16 58,821. Total expenses Add lines 10 through 16 17 <7,742.>Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 11,137. (must agree with end-of-year figure reported on prior year's return) 19 0. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 3,395. Net assets or fund balances at end of year Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)



Form 990-EZ (2011) MILLARD SOUTH ATHLETIC BOOSTER CLUB, INC 47-0792364

	Balance Sheets. (see the instructions for Part II	•				
	Check if the organization used Schedule O to re	spond to any questio	n in this Part II			
	,	(1)	A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		11,137	• 22		3,395.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25	Total assets		11,137	2 5		3,395.
26	Total liabilities (describe in Schedule 0)		0	- 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		11,137			3,395.
Pa	It III Statement of Program Service Accomplishme	nts (see the instructi	ons for Part III)	Ex	cpenses
	Check if the organization used Schedule O to re	spond to any questio	n in this Part III	X	(Required	for section
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE ()			nroanizati	and 501(c)(4) ons and section
	ribe the organization's program service accomplishments for each of its three largest program		s In a clear and concise		4947(a)(1) trusts, optional
	er, describe the services provided, the number of persons benefited, and other relevant infor				for others)
28	THROUGH VARIOUS FUNDRAISING EVENTS	THE BOOSTER	CLUB WAS			
	ABLE TO CONTRIBUTE \$55,000 TO THE A	ATHLETIC DEPAR	TMENT			
	WHICH BENEFITED ALL THE HIGH SCHOOL	STUDENTS.				
	(Grants \$) If this amount includes foreign	grants, check here	>		28a	55,000.
29		<u>9</u>				
						
	(Grants \$) If this amount includes foreign	grante check here			29a	
30	(draites \$\psi\$) In this amount includes loreign	grants, check here		Щ.	230	
JU .				—		
	(Cronto \$) If this amount includes favour	munato abasti bara		$\overline{}$	30a	
	(Grants \$) If this amount includes foreign Other program services (describe in Schedule O)	grants, check here		<u> </u>	304	
			_		24 -	
•	(Grants \$) If this amount includes foreign	grants, cneck nere			31a 32	55,000.
	Total program service expenses (add lines 28a through 31a)				32	33,000.
D-	- BI List of Officers Directors Trustees and Key F	mployoos	16 1			D+ B ()
Pa	List of Officers, Directors, Trustees, and Key E				instructions f	or Part IV)
Pa	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to re-	spond to any question	n in this Part IV	/		
Pa	Check if the organization used Schedule O to re-	spond to any question (b) Title and average hours		(d) He	alth benefits,	(e) Estimated
Pa		(b) Title and average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Her contremple plans,	alth benefits, ibutions to byee benefit and deferred	
	Check if the organization used Schedule O to res	(b) Title and average hours per week devoted to position	(C) Reportable compensation (Forms	(d) Her contremple plans,	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
LI	Check if the organization used Schedule O to resolve (a) Name and address NDA HONEYCUTT	(b) Title and average hours per week devoted to position PRESIDENT	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) Her contremple plans,	aith benefits, ibutions to yee benefit deferred pensation	(e) Estimated amount of other compensation
LI 23	Check if the organization used Schedule O to resolve (a) Name and address NDA HONEYCUTT 35 S. 147TH STREET, OMAHA, NE 68144	(b) Title and average hours per week devoted to position PRESIDENT 0.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Her contremple plans,	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
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instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V. 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 0. 34 Were any significant changes made to the organization or same of themses, explain the change on Schedule 0 (see instructions). 35 and the organization have underlided 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)? 35 bit the organization as section \$01(c)(4), \$01(c)(5), or \$01(c)(6) ingranization subject to section \$603(e) indice, reporting, and proxy tax requirements during the year? If Yes, 'complete sphiciable parts of Schedule 0, \$4 th III. 35 bid the organization one-proxy adjustation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete applicable parts of Schedule 10, \$4 th III. 36 bid the organization one-proxy adjustation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete applicable parts of Schedule 11, \$4 th III. 36 bid the organization one-proxy adjustation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete applicable parts of Schedule 11, \$4 th III. 37 bid the organization of political expenditures, direct or indirect, as described in the instructions in a print year or year of year and still outstanding at the end of the tax year covered by this return? 38 bid the organization of the form 1120-POL for this year? 39 bid the organization of the proxy or the year? If Yes, 'complete Schedule L, Part II and either the total amount involved 39 section 501(c)(7) organizations Enter amount of tax miposed on organization during the year mind year under sections \$41(c)(7) organizations Enter amount of tax imposed on organization managers or distributions included on line 9, to pu
33 Did the organization engage in any significant activity in Otherwise activity in Schedule O. 34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 Did the organization have unleaded business gross is some of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 36 If **Wes** to line 355, has the organization there a Form 990-T for the year? If **No.* provide an explanation in Schedule O. 36 Was the organization a section \$01(c)(4),501(c)(5), or \$01(c)(6) organization subject to section \$603(e) in notice, reporting, and proxy tax requirements during the year? If **Yes**, complete Schedule C. Part III 37 Did the organization in 49 year? If **Yes**, complete Schedule C. Part III 38 Did the organization diverged and guidation, dissolution, terimination, or significant disposition of net assets during the year? If **Yes**, complete Schedule II of this year? 38 Did the organization borrow from, or make any toans to, any officer, director, trustee, or key employee or were any such loans made in a pency year and stiff unstanding at the end of the tax year covered by this return? 39 If **Yes**, complete Schedule II, Part II and effect the total amount involved 39 If **Yes**, complete Schedule II, Part II and effect the total amount involved 39 If **Yes**, complete Schedule II, Part II and effect the total amount involved 39 If **Yes**, complete Schedule II, Part II and effect the total amount involved 30 If Yes**, complete Schedule II, Part II and effect the total amount involved 30 If Yes**, complete Schedule II, Part II and effect the total amount involved 30 If Yes**, complete Schedule II, Part II and effect the total amount involved 30 If Yes**, complete Schedule II, Part II and effect the total amount involved 30 If Yes**, complete Schedule II, Part II and effect the total amount involved 30 If Yes**, complete Schedule II, Part II and effect the total amo
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34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the arrended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) 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)? 35b If "Yes," to line \$5, has the organization fled a Form 990-T for the year? If "No," provide an explanation in Schedule 0 35b If "Yes," to line \$5, has the organization a section \$01(c)(4), \$01(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and provy tax requirements during the year? If "Yes," complete spliciable parts of Schedule N 37b If "Yes," complete spliciable parts of Schedule N 37c Enter amount of political exponitions, 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? 37c If "Yes," complete Schedule L, Part II and enter the total amount involved 38c N/A 38 Section \$51(c)(3) organizations Enter amount of tax imposed on the organization during the year under section \$91(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section \$91(c)(3) and \$501(c)(4) organizations. Bit it enamount of tax imposed on organization managers or disqualment persons during the year under sections \$91(c)(4) organizations. Bit it enamount of tax on time 40c reimbursed by the organization and provide the organization applies besidelle. L, Part I If the organization applies to the organization and provide persons during the year under sections \$91(c)(4) organizations. Bit it enamount of tax on time 40c reimbursed by the organization is an excess benefit transaction in an applie of the programation in a proper organization and provide persons during the year under sections \$91(c)(4) organizat
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complete applicable parts of Schedule N 37a Cheir amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? 38a Did the organization for mitted POL for this year? 38b Did the organization for own 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? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 Poly organizations. Briter amount of tax imposed on the organization during the year under section 4911 Poly organizations. But 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 Section 501(c)(3) and 501(c)(4) organizations. But the organization engage in any section 4958 excess benefit transaction during the year under sections. 912, 4955, and 4958 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. 912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. If the organization is a tany time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8866-T List the states with which a copy of this return is filed NE 11 List the states with which a copy of this return is filed NE 12 In organization shocks are in care of MILLLARD SOUTH ATHLETIC BOOST Telephone no 402 - 330 - 6600 202 - 330 - 6600 202 - 330 - 6600 202 - 330 - 6600 202 - 330 - 6600 202 - 330 - 6600 202
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b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► Section 501(c)(3) and 501(c)(4) organizations the programments of the programment of tax imposed on the organization 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-E2? If "Yes," complete Schedule L, Part I 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 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 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T List the states with which a copy of this return is filed ► NE 11 List the states with which a copy of this return is filed ► NE 12 List the states with which a copy of this return is filed ► NE 13 Located at ► 12100 WEST CENTER RD. #518, OMAHA, NE 21 List the states with which a copy of this return is filed ► NE 21 List the states with which a copy of this return is filed ► NE 21 List the states with which a copy of this return is filed ► NE 21 List the organization is books are in care of ► MILLARD SOUTH ATHLETIC BOOST Telephone no ► 402-330-6600 21 Located at ► 12100 WEST CENTER RD. #518, OMAHA, NE 21 List the states with which a copy of this return is filed ► NE 21 List the states with which a copy of this return is filed ► NE 21 List the states with which a copy of this return is filed ► NE 22 List the organization and the organization have an interest in or a signature or other authority over a financial account in
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section 4911 O. section 4912 O. section 4955 O. 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 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 O. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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 1. List the states with which a copy of this return is filed. NE 1. Located at 1. 2100 WEST CENTER RD. #518, OMAHA, NE 2. IP+4 68144 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 of It "Yes," enter the name of the foreign country 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 Yes 442a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
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Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
Form 990-EZ 44a

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
c Did the organization receive any payments for indoor tanning services during the year?
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
15a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
15b Did the organization have a controlled entity within the meaning of section 312(b)(13)?
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

orm 990-EZ	(2011) MILLARD	SOUTH .	ATHLETIC BO	OOSTER CLU	JВ , Т	NC	4/-0/92	<u> 364</u>		rage 4
6 Did the	organization engage, directly	or indirectly, in p	olitical campaign activiti	es on behalf of or in	opposition	n to candidates for p	ublic office?	<u> </u>	Yes	No
	complete Schedule C, Part I					, , , , , , , , , , , , , , , , , , , ,		46		Х
art VI	Section 501(c)(3) o	rganization	s and section 49	947(a)(1) none	xempt	charitable tru	sts only. All	section	on 501	(c)(3)
	organizations and sectio	_			-					
	for lines 50 and 51 Chec	k if the organiz	ation used Schedule	O to respond to a	ny quest	ion in this Part VI				
									Yes	
Did the	organization engage in lobbyii	ng activities or ha	ive a section 501(h) ele	ction in effect during	the tax ye	ar? If "Yes," complet	e Sch. C, Part II	47		X
is the or	ganization a school as descri	bed in section 17	0(b)(1)(A)(II)? If "Yes,"	complete Schedule E				48		X
	organization make any transfe	•		rganization?				49a	<u> </u>	X
	was the related organization a	=						49b	L	
•	e this table for the organization	•		•	, directors	, trustees and key e	mployees) who e	ach red	ceived r	nore
than \$10	00,000 of compensation from					(-)	1(d)		\ 	
	(a) Name and addres paid more tha		98	(b) Title and average per week devot		(C) Reportable compensation (Forms	(d) Health benefit contributions to	- 1 am	e) Estima ount of	
	F -1	NOI	NT.	per week devot	.00 10	W-2/1099-MISC)	employee benefit	٠	трепза	
			NE	-			compensation	+	<u> </u>	
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Complet	mber of other employees paid e this table for the organizatio	n's five highest o		nt contractors who e	ach receiv	red more than \$100	,000 of compens	ation fi	rom the	ı
	tion If there is none, enter "N									
) Name an	d address of each independe	iit contractor bait	Thore man \$100,000		b) Type of	Service	(6)	Compe	ensation	-
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Total nur	nber of other independent co	ntractors each re	ceiving over \$100,000			<u> </u>				
	rganization complete Schedu		•	ations and 4947(a)(1	l) nonexer	mpt				
	-			` ' ' '	•	•	▶ [X Ye	s 🗀	No
penalties of	e trusts must attach a comple of penury, I declare that I have exam eparer (other than officer) is based of	nined this return, inc	cluding accompanying scheo	dules and statements, an	d to the bes	st of my knowledge and	belief, it is true, con	rrect, an	d comple	ete
	Qua 1	ume	21				10-2	2-	12	
n e .	Signature of officer	_					Date			
	Lisa lui	nec	MSABC	Treasu	cer	_				
	Type or print name and title									
	Print/Type preparer's name	9	Preparer's signature		Date	Check	ıf PTIN			
d			11 -	00 1 DD	10/	self- emplo	yed			
parer	KENNETH A. SO	CHIEBER	/lemithes	Kullet	1/12/	12	P00	042	493	
Only	Firm's name ► BORM	AN & SCH	IEBER, P.C	•		Firm's EIN	▶ 47-06	177	32	
	Firm's address ► 1210	00 W. CE	ENTER RD #5	18		Phone no	402-3	30-	6600	5
	OMAI	HA, NE 6	8144							
he IRS di	scuss this return with the pre	parer shown abo	ve? See instructions					X Ye	s _	No
									90-EZ (

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

Employer identification number Name of the organization 47-0792364 MILLARD SOUTH ATHLETIC BOOSTER CLUB, 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 crty, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X 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). 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 **b** Type II c ___ Type III - Functionally integrated ___ Type III - Other a Type I 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) 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) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col organization in col (i) listed in your organization in col organization (i) organized in the support (described on lines 1-9) (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) (d) 2010 (e) 2011 (f) Total (a) 2007 **(b)** 2008 (c) 2009 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 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 (f) Total **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 19,970. 20,800. 23,796. 35,860. 21,413. 121,839. include any "unusual grants ") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 67,302. 61,389. 50,519. 50,427. 51,606. 281,243. organization's tax-exempt purpose 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 403,082. 81,359.71,319. 74,223. 103,162. 73,019 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 403,082. Section B. Total Support (e) 2011 Calendar year (or fiscal year beginning in) (c) 2009 (a) 2007 (b) 2008 (d) 2010 (f) Total 81,359. 71,319 74,223. 103,162. 73,019 403,082. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 783. 478. 3. 5. 1. 1,270. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 783. 478. 3. 5. 1. 1,270. c Add lines 10a and 10b 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.) 71,797. 74,226. 103,167. 73,020. 82,142. 404,352. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.69 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 % 99.43 Public support percentage from 2010 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .31 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 % .57 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 ightharpoons Xmore 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

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.

OMB No 1545-0047

2011

Open To Public Inspection

Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number Name of the organization 47-0792364 MILLARD SOUTH ATHLETIC BOOSTER CLUB, INC Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part 1 required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations internet and email solicitations Solicitation of government grants b Special fundraising events Phone solicitations ч 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 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. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual fundraiser have custody or control of contributions? (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No 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.

Schedule G (Form 990 or 990-EZ) 2011 MILLARD SOUTH ATHLETIC BOOSTER CLUB, INC47-0792364 Page 2

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

			(a) Event #1 BOWLING	(b) Event #2 SPORTS	(c) Other events	(d) Total events (add col (a) through
e			TOURNAMENT (event type)	PROGRAMS (event type)	(total number)	col. (c))
Revenue	1	Gross receipts	15,648.	13,100.	11,713.	40,461.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	15,648.	13,100.	11,713.	40,461.
	4	Cash prizes	0.	0.	0.	
ses	5	Noncash prizes	0.	0.	0.	
Direct Expenses	6	Rent/facility costs	0.	0.	0.	
Direct	7	Food and beverages	0.	0.	0.	
	8	Entertainment Other direct expenses	0. 3,530.	0. 4,022.	0. 2,136.	9,688.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through		4,022.	2,130.	9,688
	11	Net Income summary Combine line 3, column	* *		•	30,773.
Pa	ırt 1	Gaming. Complete if the organization a		990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	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	Enta	er the state(s) in which the organization operat-	es damina activitios:			
а	ls th	ne organization licensed to operate gaming act	ivities in each of these s			Yes No
		e any of the organization's gaming licenses reves," explain				Yes No

Sc	hedule G (Form 990 or 990-EZ) 2011 MILLARD SOUTH ATHLETIC BOOSTER CLUB, INC 47-0	<u> 792</u>	<u> 364</u>	Page 3
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?	إلىا،	Yes	No
13	Indicate the percentage of gaming activity operated in:		ı	
	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 ►			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
1	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				
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mandatani diatrihistiana			
	Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠	retain the state gaming license?	,	Yes	☐ No
Ŀ	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 ▶ \$			
Pa	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	<u>ı (see ır</u>	struc	tions).
				_

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MILLARD SOUTH ATHLETIC BOOSTER CLUB, INC

Employer identification number 47-0792364

MILLARD SOUTH ATHLETIC BOOSTER CLOB, INC	47-0792304
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: ATHLETIC PROGRAM SUPPORT	
GRANTEE NAME: MILLARD SOUTH ATHLETIC DEPARTMENT	
GRANTEE ADDRESS: 14905 Q STREET OMAHA, NE 68137	
GRANTEE RELATIONSHIP: SCHOOL AFFILIATED ATHLETIC DEPT.	
DATE OF GIFT: VARIOUS	
AMOUNT GIVEN:	55,000.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MEETINGS/PROMOTION_	1,309.
INSURANCE	755.
OFFICE EXPENSE	565.
BANK & CREDIT CARD CHARGES	924.
HALF TIME PRIZES	144.
TOTAL TO FORM 990-EZ, LINE 16	3,697.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUPPORT OF	THE SCHOOL
ATHLETIC DEPARTMENT	

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization MILLARD SOUTH ATHLETIC BOOSTER CLUB, INC 47-0792364 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.