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SCANNED IIN 10

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 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The acceptation and have been converted to the section 12 for the converted requirements.

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

OMB No 1545-1150

2012

Open to Public Inspection

ΑF	or the 2	2012 calendar	year, or tax year beginning		2012, and e	nding		, 20
	Check if applicable		C Name of organization				D Employer ic	tentification number
1 1	Address cl	hange	FT OSAGE ATHLETIC	BOOSTER_CLUB				43-1360683
\Box	Name char	nge	Number & street (or P.O box,	if mail is not delivered to	street addr.)	Room/ suite	E Telephone n	number
ا 🗌 ا	nitial retur	rn				1		
1	Terminated	d	2101 N TWYMAN RI	D			(<u>816) 256-0484</u>
	Amended i	return	City or town, state or country,	and ZIP + 4			F Group Exem	ption
	Application pending	n	Independence MO	64058			Number >	<u> </u>
G /	Accounti	ng Method	X Cash Accrual Ot	her (specify) ▶		H Ched	ck ▶⊠ if the	organization is not
		te:▶ N/A				_ re	quired to attach	n Schedule B
J .	Гах-ехе	mpt status (ch	eck only one) X 501(c)(3) 50	1(c)() ◄ (insert no.)	4947(a)(1) or	527 (F	orm 990, 990-E	EZ, or 990-PF).
K	Check ▶	If the organ	ization is not a section 509(a)(3) supporting organization	or a section 5	527 organiza	ation and its g	ross receipts are normally
	not more	than \$50,000	A Form 990-EZ or Form 990 re	eturn is not required thoug	h Form 990-	N (e-postca	ard) may be rec	quired (see instructions).
8	But if the	organization o	hooses to file a return, be sure	to file a complete return.				
L.	Add line:	s 5b, 6c, and 7	b, to line 9 to determine gross r	eceipts. If gross receipts a	are \$200,000	or more, or	ıf total assets ((Part II,
	line 25, d	column (B) bel	ow) are \$500,000 or more, file F	orm 990 instead of Form	990-EZ		>	\$ 94,706
P	art I	Revenue,	Expenses, and Change	es in Net Assets or	Fund Bal	ances (se	e the instruction	ns for Part I)
	•	Check if the	organization used Schedule O	to respond to any questio	n in this Part	1	<u></u>	X
	1	Contributions	s, gifts, grants, and similar amou	nts received · · · ·			1	
	2	Program serv	rice revenue including governme	ent fees and contracts			2	
	3	Membership	dues and assessments					396
	4	Investment in	ncome · · · · · · · · · · · · · · · · · · ·				4	8
	5a	Gross amour	nt from sale of assets other than	inventory · · · ·	- 5a			
	b	Less cost or	other basis and sales expenses		5b			
R	, с	Gain or (loss)	from sale of assets other than i	inventory (Subtract line 5b	from line 5a) · · ·	50	;
Ë	6	Gaming and	fundraising events					
Ě	а	Gross Income	e from gaming (attach Schedule	G if greater than				
REVENU		\$15,000) · ·	DECENTER	 	. 6a			
Ě	1 -	Gross income	from fundraising events (not in	icluding \$		f contribution	ns	
		from fundrais	ing events reported on line 1) (a	attach Schedule G if the				
		sum of such	angs incdute, and contributions	exceeds \$15,000)	- 6b		94,255	
	С	Less. direct e	xpenses from gaming and fund	raising events · · ·	. 6c		72,951	
	d	Net income of	(loss),from gaming and fundra	aising events (add lines 6a	a and 6b and	subtract		
		line 6c).	I OGDEN, DI				6c	21,304
	7a	Gross sales of	f inventory, less returns and allo	owances · · · ·	7a			
	b	Less: cost of	goods sold · · · · · ·		7b			
	С	Gross profit of	r (loss) from sales of inventory ((Subtract line 7b from line	7a) · · · · · ·		· · · · · · · 70	
	8		e (describe in Schedule O) · · ·				<u>8</u>	
	9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7					
	10		milar amounts paid (list in Sche					
Е	11		to or for members $\cdots \cdots$					9
X	12		er compensation, and employee					
E	13		lees and other payments to inde					240
N S	14		ent, utilities, and maintenance -					
EXPENSES	15		ications, postage, and shipping					
3	16		es (describe in Schedule O) .					
	17		ses. Add lines 10 through 16.					
,	18	Excess or (de	eficit) for the year (Subtract line	17 from line 9) · · · · ·			18	10,627
ΝŜ	19		fund balances at beginning of y			_]	
Ę	 		figure reported on prior year's re					38,338
N E T	20	Other change	es in net assets or fund balances	s (explain in Schedule O)				
•	21	Net assets or	fund balances at end of year. C	Combine lines 18 through:	20		. 🕨 21	48,965

For	m 990-EZ (2012) FT OSAGE ATHLETIC BOOSTER 43-1360683		Page 2
Pá	art 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		<u></u> X
•	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	22	48,965
23		23	0
24		24	0
25	Total assets	25	48,965
26		26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) 38,338	27	48,965
Pá	art III Statement of Program Service Accomplishments (see the instructions for Part III)		Expenses
	Check if the organization used Schedule O to respond to any question in this Part III		(Required for section 501(c)(3) and 501(c)(4)
Wh	at is the organization's primary exempt purpose? See attachment #1		organizations and section
Des	scribe the organization's program service accomplishments for each of its three largest program services,		4947(a)(1) trusts, optional
per	measured by expenses in a clear and concise manner, describe the services provided, the number of sons benefited, and other relevant information for each program title.		for others.)
28			
	(Grants \$) If this amount includes foreign grants, check here ▶	28	a
29			
	(Grants \$) If this amount includes foreign grants, check here	29	а
30			
		ŀ	
	(Grants \$) If this amount includes foreign grants, check here	30	a
31	Other program services (describe in Schedule O)	1	
	(Grants \$) If this amount includes foreign grants, check here ▶	31	a
32	Total program service expenses (add lines 28a through 31a)	32	0
Pa	Art 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 title (b) Average hours per week devoted to position (c) Reportable contributions t (d) Health benefit contributions t employee benefit t deferred compens	s, o lans. l	(e) Estimated amount of other compensation
96	devoted to position (if not paid, enter -0-) deferred compenses attachment #2	ation	
26	e accacimient #2		
_			<u>-</u>
_			
_			
_			-
			
			
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	1 990-EZ (2012)		P	age (
Pa	other Information (Note the Schedule A and personal benefit contract statement requirements in the			_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u>····</u>	· · ·	<u> </u>
•			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	1		
	detailed description of each activity in Schedule O	33	ļ	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	_	X
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			٠,
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<u> </u>	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000		.,
	during the year? If "Yes," complete applicable parts of Schedule N	36	<u> </u>	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	-	}	37
b	Did the organization file Form 1120-POL for this year?	37b		X
388	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	<u> </u>	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	┨		
39	Section 50 f(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9	-		
400	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		}	1
h	section 4911 , section 4912 , section 4955 , sectio	-		
b			}	
	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
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400	\vdash	<u> </u>
•	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	1	İ	1
d				
_	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	40e		X
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of ▶ See attachment #3 Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	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.	1.	.	
c	At any time during the calendar year, did the organization maintain an office outside the U.S?	42c		X
	If "Yes," enter the name of the foreign country.			_
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			
			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	ļ	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	ļ	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	1
	explanation in Schedule O····································	44d	ļ	
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	1	X

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Form	990-EZ (2012)							Pa	age 4
	•							Yes	No
46	Did the organization engage, directly or indirectly	• • •	-						
`	to candidates for public office? If "Yes," complet	e Schedule C, Part	1	. <u></u>	<u> </u>	<u> </u>	46		Χ
Pa	rt VI Section 501(c)(3) organization All section 501(c)(3) organizations mu 50 and 51		s 47-49t	and 52, and com	plete the tat	oles for lines			
	Check if the organization used Sched	ule O to respond to	any que	estion in this Part V	Ί				
								Yes	No
47	Did the organization engage in lobbying activitie year? If "Yes," complete Schedule C, Part II				_		47		Х
48	Is the organization a school as described in sec								Х
49a	Did the organization make any transfers to an ex	cempt non-charitat	le relate	d organization?			. 49a		X
b	If "Yes," was the related organization a section 5	527 organization?					. 49b		_X
50	Complete this table for the organization's five high	ghest compensated	l employ	ees (other than offi	cers, directo	ors, trustees and	key		
	employees) who each received more than \$100						<u> </u>		
	(a) Name and title of each employee	(b) Average	eek	(C) Reportable compensation (Forms		h benefits, contruib- oloyee benefit plans,	(e) Estima		
	paid more than \$100,000	devoted to po	sition	W-2/1099-MISC)	and deferre	ed compensation	other co	mpensa	ition
NOI	NE								
			+						
			-		 				
						· ·			
						i			
	Total number of other employees paid over \$10	0.000			J				
-					- bb		_		
51	Complete this table for the organization's five his \$100,000 of compensation from the organization				vno each re	ceived more tha	n		
(a)	Name and address of each independent contractor paid in					(a) a			
	Name and address of each independent contractor pard in	1019 than \$100,000		(b) Type of service		(6)	mpensatio	n 	
пои	NE								
		i							
d	Total number of other independent contractors	each receiving over	\$100,00		l				
52	Did the organization complete Schedule A? No	te: All section 501(d	;)(3) orga	anizations and 494	7(a)(1)				
	nonexempt chantable trusts must attach a comp	leted Schedule A .	<u></u> .	· · · · · · · · · · · · · · · · · · ·	<u></u>	·	➤ X Ye	s 🗍	No
	penalties of perjury, I declare that I have examined this re	iturn, including accomp	anying sc	hedules and statemen	ts, and to the	best of my knowle	ge and bel	ef, it is	
true, c	correct, and complete. Declaration of prepare (other than	(Nicer) is based on all	informatio	n of which preparer h	as any knowle	dge 	- -		
Ci~-	- Never shu	6					<u> </u>		
Sigr Her		th					5°-13	-13	3
	Type or print name and title								
	Print/Type preparer's name Pr	reparer's signature		Date		Check if	PTIN		
Paid	1 " ' ' '					self- employed			
Pre	parer Firm's name ► HRB TAX GROU	JP INC				Firm's EIN ▶			
Use	Only Firm's address NOLAND ROAD		IOPPE	S		Phone no 816	-461-		
May t	the IRS discuss this return with the preparer show	vn above? See inst	ructions				► X Ye	s	No

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization OSAGE ATHLETIC BOOSTER CLUB 43-1360683 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 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, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 d Type III-Non-functionally integrated 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 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) 11g(i) Χ 11g(ii) Χ

(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 in col. (i) Ii					s the n in col. (i) id in the 5.7	(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total								/F 00	

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

Schedule A (Form 990 or 990-EZ) 2012

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 und	der the tests list	ed belo	v, please	ÇÇ	mplete Part II)					
	tion A. Public Support		,									
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b)	2009		(c) 2010	(d) 2011	(e)	2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,02	0	63	.5	34	0	77	0	39	6	3,14
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	92,5	.2	99,83	30_	81,41	.2	94,98	19	94,25	5	462,99
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	93,5	32	100,4	5	81,79	2	95,75	9	94,65	1	466,13
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								_			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.											
C	Add lines 7a and 7b											
8	Public support (Subtract line 7c from line 6)			,,/	Ĺ	`* 3 \\ (~ `	TANKS ME . C	}-7, ₄ \	<u></u>		466,13
<u>Sec</u>	tion B. Total Support											
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2008	<u> </u>	2009	Ļ	(c) 2010	,	(d) 2011		2012	_	(f) Total 466,13
9	Amounts from line 6	93,5	12	100,4	45	81,79	2	95,79	9	94,65		466,13
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4	9 5	1:	1.7	6	54	-	.5		8	60
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975											
С	Add lines 10a and 10b	4	5	1	7		4		.5		8	60
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)										17	4
13	Total support. (Add lines 9, 10c, 11, and 12.)	93,937	:	.00,562		81,816		95,774		94,706		466,79
14	First five years. If the Form 990 is for the orgonganization, check this box and stop here.					h, or fifth tax y						▶ □
Sec	tion C. Computation of Public Sup											
15	Public support percentage for 2012 (line 8, co			13, colui	mn	(f))			15		9	9.86%
16	Public support percentage from 2011 Schedul	• • •	-						16			_%
Sec	tion D. Computation of Investment											
17	Investment income percentage for 2012 (line				3, (column (f))			17			0.13%
18	Investment income percentage from 2011 Sch								18			%_
19a	33 1/3% support tests 2012. If the organiz											
b	not more than 33 1/3%, check this box and si 33 1/3% support tests 2011. If the organiz	-										_
20	line 18 is not more than 331/3%, check this bo	x and stop he	re. The	organıza	tto	n qualifies as a	a pu	blicly suppo	rted o	rganizatıon		

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012 Openato Public

Inspection (a)

Department of the Treasury Internal Revenue Service

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.

Employer identification number 43-1360683

Name of the organization

FT OSAGE ATHLETIC BOOSTER CLUB

SCHOLARSHIPS 3000.00

SEE LIST OF OTHER EXPENSES

990 PRIMARY EXEMPT PURPOSE

•									
Attachm	ent	1: page 1	1 - 990-I	EZ Page	e 2, Par	rt III			
Open to Put	olic								
Inspection		For calendar year	2012 or tax pend	od beginning	l	, and	dending		
Name of Orga	ınızatıo					<u></u>	E	mployer Identification Num	ber
FT OSAG	E A	THLETIC BO	OOSTER C	LUB		_	4	3- <u>1360683</u>	
					Primary Pur	oose			
SCHOOL	ORG	ANIZATION	FORMED '	ro Aid	SCHOOL	DISTRICT,	GRANT	SCHOLARSHIPS	AND
1		DENTS	-	-		•			

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Open to Public		0-EZ Page 2,	Tare iv			
Inspection	For calendar year 2012 or tax			ending		
Name of Organization		pened beginning			Employer Ident	ification Number
FT OSAGE A	THLETIC BOOSTER	CLUB		ļ	43-13606	83
	Name and Title	(B) Average hours per week devoted to postion	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)		to employee s & def comp.	(E) Expense account & other compensation
DEBBIE SMI PRESIDENT	ТН	Focusion	(in neceptate, enter e)			
DAVID GATE VICE PRESI				;		
KRISTEN MC SECRETARY	INTYRE					
LINDA NEWE TREASURER	Y					
BECKY DUDL MEMBERSHIP						
JANET DAUB FUNDRAISIN						
FLOYD HAWK OTMS	INS					
				;		

990 BOOKS ARE IN CARE OF

Attachme	nt 3 - 990-EZ Page 3, Part V, L	ine_42a
Open to Publi		
Inspection	For calendar year 2012 or tax period beginning	, and ending .
Name of Organi	zation	Employer Identification Number
FT OSAGE	ATHLETIC BOOSTER CLUB	43-1360683
Part V - Line 42		
Individual Name or Business Name.		LINDA NEWBY
Street Address		1229 N SIOUX COURT
U.S. Address		
Zip codor or Foreign Address	city Independence	State MO
City		
		,
Province	e or State	
Country		<u> </u>
Postal c	ode ,	
Phone N	Number	
Fax Nur	nber	··· ··· · · · · · · · · · · · · · · ·

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2012 DETAIL STATEMENTS

FT OSAGE ATHLETIC BOOSTER CLUB 43-1360683

Page 1

· ·	
STATEMENT #1 - Other revenue (990-EZ PG 1 Line 8)	
RETURN CHECK4	7
	,
TOTAL CARRIED TO 990-EZ PG 1 Line 8	47
STATEMENT #2 - Other expenses (EOEZ Pg 1 Line 16)	
ADMINISTRATION75	1
RETURNED CHECKS	
BANK CHARGE 3	0
SUPPLIES 61	
SCHOOL REQUESTS4,57	
CONCESSION DECORATIONS85	
SCHOLARSHIP DINNER5	6
TOTAL CARRIED TO EOEZ Pg 1 Line 16	7,089
STATEMENT #3 - Gross income from fundraising (990-EZ PG 1 Line	6b)
GOLF TOURNEY	7
BOOK MONEY	
CONCESSIONS	3
APPAREL	5
TOTAL CARRIED TO 990-EZ PG 1 Line 6b	94,255
STATEMENT #4 - Direct expenses from gaming (990-EZ PG 1 Line 6	c)
GOLF 5,16	0
CONCESSION	
APPAREL	
BOOKS	
TOTAL CARPATED TO 000 TO TO 1 TO 1	
TOTAL CARRIED TO 990-EZ PG 1 Line 6c	72 , 951