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### Form **990-EZ**

2012

OMB No 1545-1150

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 \$200,000 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 Department of the Treasury Internal Revenue Service

Open to Public Inspection

| _                   | For t                                  | he 2012 calendar year, or tax year beginning $JUL 1$ , 2  | 012 and ending JU                                 | N 3         | 0, 20                                  | 13   |  |
|---------------------|--|---|---|-------------|--|--|--|
| В                   | Check<br>applica                       | of the C Name of organization   |   | D Em        | ployer ident                           | ification number   |  |
|                     | _                                      | ress change   |   |             |  |  |  |
|                     | Nan                                    | ne change   MILLARD SOUTH ATHLETIC BOOST  | ER CLUB, INC                                      | 4           | 7-079                                  | 2364   |  |
|                     | Initi                                  | Number and street (or P O box, if mail is not delivered to street a   | ddress) Room/surte                                | E Tel       | ephone num                             | ber  |  |
|                     | Terr                                   | minated 12100 W. CENTER RD.   | 518   | 4           | 02 - 33                                | 0-6600   |  |
|                     | Ame                                    | City or town, state or country, and ZIP + 4   |   | F Gro       | oup Exempti                            | on   |  |
| Г                   | Appli                                  | ocation pending OMAHA, NE 68144   |   | Nur         | mber ►                                 |  |  |
| G                   | Accou                                  | inting Method X Cash  |   | H Che       | eck 🕨 🗓                                | If the organization is <b>no</b>                             |  |
| 1                   | Webs                                   | ıte. ►N/A   |   | req         | uired to atta                          | ch Schedule B  |  |
| J                   | Tax-e                                  | xempt status (check only one) — X 501(c)(3) 501(c)( ) ◄(ir  | nsert no ) 4947(a)(1) or 527                      | (Fo         | rm 990 <u>,</u> 990                    | )-EZ, or 990-PF)   |  |
| K                   | Check                                  | If the organization is not a section 509(a)(3) supporting organization  | on or a section 527 organization <b>and</b> its g | ross re     | eceipts are n                          | ormally <b>not</b> more than                                 |  |
|                     | \$50,0                                 | 00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-   | postcard) may be required (see instruction        | ons) B      | ut if the orga                         | anization chooses to file                                    |  |
|                     | a retui                                | rn, be sure to file a complete return   |   |             |  |  |  |
| L                   | Add in                                 | nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are  | \$200,000 or more, or if total assets (Part       | 11,         |  |  |  |
|                     | line 25                                | 5, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990   | D-EZ  |             | <b>\$</b>                              | 81,777   |  |
| P                   | art l                                  | Revenue, Expenses, and Changes in Net Assets  | or Fund Balances (see the instri                  | uctions     | for Part I)                            |  |  |
|                     |  | Check if the organization used Schedule O to respond to any question in t   | this Part I                                       |             |  | X  |  |
|                     | 1                                      | Contributions, gifts, grants, and similar amounts received  |   |             | 1                                      |  |  |
|                     | 2                                      | Program service revenue including government fees and contracts   |   |             | 2                                      |  |  |
|                     | 3                                      | Membership dues and assessments   |   |             | 3                                      | 25,198   |  |
|                     | 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  |             |  |  |  |
|                     | ε                                      | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from  | n line 5a)  |             | 5c                                     |  |  |
|                     | 6                                      | Gaming and fundraising events   |   |             |  |  |  |
| <u>o</u>            | a                                      | Gross income from gaming (attach Schedule G if greater than   |   |             |  |  |  |
| Revenue             |  | \$15,000)   | 00) <u>6a</u>                                     |             |  |  |  |
| Şe ç                | b                                      | Gross income from fundraising events (not including \$  | of contributions                                  |             |  |  |  |
| _                   |  | from fundraising events reported on line 1) (attach Schedule G if the sum of  |   |             |  |  |  |
|                     | 1                                      | gross income and contributions exceeds \$15,000)  | 6h 56,5   | <u>79.</u>  |  |  |  |
|                     | C                                      | Less direct expenses from gaming and fundraising events   | 6c 21,9   | <u>07.</u>  |  |  |  |
|                     | d                                      | Net income or (loss) from gaming and fundraising events (add lines 6a and   | 6b and subtract line 6c)                          |             | 6d                                     | 34,672   |  |
|                     | 7a                                     | Gross sales of inventory, less returns and allowances   | 7a  |             |  |  |  |
|                     | b                                      | Less cost of goods sold   | 7b  |             |  |  |  |
|                     | 3                                      | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  |   |             | 7c                                     |  |  |
|                     | 8                                      | Other revenue (describe in Schedule O)  | (1) TO (1) (T)                                    |             | 8                                      |  |  |
|                     | 9                                      | <b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | RECHIVED 1  | <u> </u>    | 9                                      | 59,870   |  |
|                     | +                                      | Create and aimiles amounts paid (list in Cabadula O)  |   |             | 10                                     | 55,000   |  |
|                     | 10                                     | Grants and similar amounts paid (list in Schedule O)  | SEE SCHEDULE 9                                    |             |  |  |  |
|                     | 10<br>11                               | Benefits paid to or for members   | 1           |             | 11                                     |  |  |
| sə                  |  | , ,   | SEE SCHEDULE OF NOV 1 2 2013                      |             | 11 12                                  |  |  |
| sesue               | 11                                     | Benefits paid to or for members   | NOV 1 2 2013                                      |             | $\overline{}$                          |  |  |
| xbeuses             | 11<br>12                               | Benefits paid to or for members Salaries, other compensation, and employee benefits   | 1           |             | 12                                     |  |  |
| Expenses            | 11<br>12<br>13                         | Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping   | NOV 1 2 2013                                      |             | 12<br>13<br>14<br>15                   |  |  |
| Expenses            | 11<br>12<br>13<br>14                   | Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O)   | NOV 1 2 2013                                      |             | 12<br>13<br>14<br>15<br>16             | 4,984  |  |
| Expenses            | 11<br>12<br>13<br>14<br>15             | Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16   | NOV 1 2 2013                                      | <b>&gt;</b> | 12<br>13<br>14<br>15<br>16<br>17       | 4,984<br>60,142  |  |
|                     | 11<br>12<br>13<br>14<br>15<br>16       | Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9)   | NOV 1 2 2013                                      | <u> </u>    | 12<br>13<br>14<br>15<br>16             | 4,984<br>60,142  |  |
| _                   | 11<br>12<br>13<br>14<br>15<br>16<br>17 | Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) | NOV 1 2 2013                                      | <u> </u>    | 12<br>13<br>14<br>15<br>16<br>17       | 4,984<br>60,142<br><272                                      |  |
|                     | 11<br>12<br>13<br>14<br>15<br>16<br>17 | Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9)   | NOV 1 2 2013                                      | <b>•</b>    | 12<br>13<br>14<br>15<br>16<br>17       | 4,984.<br>60,142.<br><272.<br>3,395.                         |  |
| Net Assets Expenses | 11<br>12<br>13<br>14<br>15<br>16<br>17 | Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) | NOV 1 2 2013                                      | <b>&gt;</b> | 12<br>13<br>14<br>15<br>16<br>17<br>18 | 158.<br>4,984.<br>60,142.<br><272.<br>3,395.<br>0.<br>3,123. |  |

|  | m 990-EZ (2012) MILLARD SOUTH ATHLETIC BO   |                                       | , INC                                      | 4/-           | 07923   | 364 Page 2  |
|--|---|---------------------------------------|--|---------------|---|---|
| Pa                                     | art II Balance Sheets (see the instructions for Part  | II)                                   |  |               |   |   |
|  | Check if the organization used Schedule O to  | respond to an                         |  |               | t_II  |   |
|  |   |                                       | (A) Beginning of year                      |               | (B) E   | nd of year  |
| 22                                     | Cash, savings, and investments  |                                       | 3,395                                      | - 22          | <u> </u>  | 3,123.  |
| 23                                     | Land and buildings  |                                       |  | 23            | <u> </u>  | ·   |
| 24                                     | Other assets (describe in Schedule O)   |                                       |  | 24            | ļ. <u>.</u>                                       |   |
| 25                                     | Total assets  |                                       | 3,395                                      | $\rightarrow$ |   | 3,123.  |
| 26                                     | Total liabilities (describe in Schedule 0)  |                                       |  |               |   | 0.  |
| 27                                     |   |                                       | 3,395                                      |               |   | 3,123.  |
|  | Check if the organization used Schedule O to at is the organization's primary exempt purpose? SEE SCHEDULE Ochobe the organization's program service accomplishments for each of its three largest program. | respond to any                        | y question in this                         | 2             | (Required<br>501(c)(3)<br>organizati<br>4947(a)(1 | tor section<br>and 501(c)(4)<br>ons and section<br>trusts, optional |
| manr                                   | ner, describe the services provided, the number of persons benefited, and other relevant inform   | nation for each program title         |  |               | for others  | )   |
|  | THROUGH VARIOUS FUNDRAISING EVENTS,   |                                       | ER CLUB WAS                                |               | !   |   |
|  | ABLE TO CONTRIBUTE \$55,000 TO THE A  |                                       | PARTMENT                                   |               |   |   |
|  | WHICH BENEFITED ALL THE HIGH SCHOOL   | STUDENTS.                             |  |               |   |   |
|  | (Grants \$ ) If this amount includes foreign g  | grants, check here                    | <b></b>                                    |               | 28a   | 55,000.   |
| 29                                     |   |                                       |  |               |   |   |
|  |   |                                       |  |               |   |   |
|  |   |                                       |  |               |   |   |
|  | (Grants \$ ) If this amount includes foreign g  | grants, check here                    |  |               | 29a   |   |
| 30                                     |   | <u>-</u> ,                            |  | -             |   |   |
|  |   |                                       |  |               |   |   |
|  |   | •                                     |  |               |   |   |
|  | (Grants \$ ) If this amount includes foreign g  | rants, check here                     | <b>&gt;</b>                                |               | 30a   |   |
|  | Other program services (describe in Schedule O)   | ,                                     |  |               | -   | <del></del>   |
|  | (Grants \$ ) If this amount includes foreign g  | rants, check here                     | •  |               | 31a   |   |
|  | Total program service expenses (add lines 28a through 31a)  | ,                                     |  | _             | 32  | 55,000.   |
| Pa                                     | art IV List of Officers, Directors, Trustees, and Key E   | mplovees Listeact                     | one even if not compensated                | (see the      |   | or Part IVA   |
|  |   |                                       |  |               |   | or Part IV)   |
| —                                      | Check if the organization used Schedule O to  |                                       | · · · · · ·                                | 1             |   | (2) 525   |
|  | (a) Name and title  | (b) Average hours per week devoted to |  | cont          | alth benefits,                                    | (e) Estimated amount of other                                       |
|  | (a) Name and title  | 1 '                                   | W-2/1099-MISC)<br>(if not paid, enter -0-) |               | oyee benefit                                      |   |
| DΩ                                     |   | ι ροςπίοπ                             |  |               | and deferred                                      | 1   |
|  | N UNCVDNDM  | position                              | (ii liot paid, dittol o )                  |               |   | compensation  |
|  | N HACKBART  |                                       |  |               | and deferred<br>pensation                         | compensation  |
| MF.                                    | ESIDENT   | 0 • 0 0                               | 0.   |               | and deferred                                      | compensation  |
|  | ESIDENT<br>LODIE MCNEE  | 0.00                                  | 0.   | con           | and deferred pensation                            | compensation O.   |
| VI                                     | ESIDENT<br>LODIE MCNEE<br>CE PRESIDENT  |                                       |  | con           | and deferred<br>pensation                         | compensation O.   |
| VI<br>CR                               | ESIDENT<br>LODIE MCNEE<br>CE PRESIDENT<br>IS TIBBS  | 0.00                                  | 0.   | con           | and deferred pensation  0.                        | O .   |
| VI<br>CR<br>VI                         | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT  | 0.00                                  | 0.   | con           | and deferred pensation                            | O .   |
| VI<br>CR<br>VI<br>MI                   | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER   | 0.00                                  | 0.   | con           | and deferred pensation  0.                        | O .   |
| VI<br>CR<br>VI<br>MI                   | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT  | 0.00                                  | 0.   | com           | and deferred pensation  0.                        | O. O.   |
| VI<br>CR<br>VI<br>MI<br>VI             | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER   | 0.00                                  | 0.   | com           | on deferred                                       | O. O.   |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA       | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT  | 0.00                                  | 0.   | com           | on deferred                                       | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT LIS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY  | 0.00<br>0.00<br>0.00                  | 0.<br>0.<br>0.                             | com           | on deferred spensation  O.  O.                    | 0 . 0 . 0 .   |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT LIS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY  | 0.00<br>0.00<br>0.00                  | 0.<br>0.<br>0.                             | com           | on deferred spensation  O.  O.                    | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0. 0. 0. 0.   |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | 0.<br>0.<br>0.  |
| VI<br>CR<br>VI<br>MI<br>VI<br>CA<br>SE | ESIDENT LODIE MCNEE CE PRESIDENT IS TIBBS CE PRESIDENT CHELE BESTENLEHNER CE PRESIDENT ROL GLOVER CRETARY SA TURNER   | 0.00<br>0.00<br>0.00<br>0.00          | 0.<br>0.<br>0.                             | com           | on deferred spensation  o.  o.  o.  o.  o.        | compensation  |

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|      | 1990-EZ [2012] MILLARD SOUTH ATHLETIC BOOSTER CLUB, INC 47-0792   |            |          | Page 3        |
|------|---|------------|----------|---------------|
| Pa   | ort V Other Information (Note the Schedule A and personal benefit contract statement require  | emen       | its in   | the           |
|      | instructions for Part V) Check if the organization used Sch. O to respond to any questi   | on in      | this     | : Exart       |
|      |   | لا         | 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 0  | 33         | <u> </u> | 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         | <u> </u> | X             |
| 35 a | 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        | 77 /     | X             |
|      | 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  |            | i        | v             |
| 20   | 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,"   | 26         |          | X             |
| 271  | complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   37a   0.   | 36         |          |               |
|      | Did the organization file Form 1120-POL for this year?  | 37b        |          | Х             |
|      | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made   | 3/1        |          |               |
| 000  | in a prior year and still outstanding at the end of the tax year covered by this return?  | 38a        |          | Х             |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved    38b   N/A   | 000        |          | <del></del> - |
| 39   | Section 501(c)(7) organizations Enter   |            |          |               |
| а    | Initiation fees and capital contributions included on line 9  |            |          |               |
| 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   |            |          | ĺ             |
|      | section 4911 ► , section 4912 ► , section 4955 ►  |            |          |               |
| þ    | 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   |            |          |               |
| d    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the   |            |          |               |
| _    | organization •O .   |            |          | ļ             |
| е    | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter  |            |          | v             |
| 41   | transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed   NE   | 40e        |          | X             |
|      | The organization's books are in care of ► MILLARD SOUTH ATHLETIC BOOST Telephone no ► 402-33  | 0-6        | 600      |               |
| 720  | Located at ► 12100 WEST CENTER RD. #518, OMAHA, NE  ZIP+4 ► 6   |            |          |               |
| h    | 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   | ſ          | Yes      | No            |
|      | account)?   | 42b        |          | X             |
|      | 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      | ļ             |
| C    | At any time during the calendar year, did the organization maintain an office outside of 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   | N/A        |          |               |
|      |   | Г          | 1        |               |
|      | But the construction of the control | [ <u> </u> | Yes      | No            |
| 442  | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of  | _          |          | v             |
|      | Form 990-EZ   | 44a        |          | <u>X</u>      |
| D    | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead  | 1          | 1        | Y             |
| •    | of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  | 44b        | -+       | X             |
|      | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation   | 44c        |          |               |
| u    | In Schedule O   | 44d        | 1        | ı             |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a        |          | X             |
|      | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section   |            |          | <del></del>   |
| _    | 512/h)/13)? If "Yes " Form 990 and Schedule B may need to be completed instead of Form 990-F7 (see instructions)  | 45h        | 1        |               |

232173 01-11-13

MILLARD SOUTH ATHLETIC BOOSTER CLUB, INC

47-0792364

Form 990-EZ (2012)

| Form 990-EZ                      | (2012)                          | MILLARD                  | SOUTH             | ATHLETIC                | BOOSTER               | CLUB,             | INC                                   | 47-0792               | 364            |          | Page 4    |
|----------------------------------|---------------------------------|--------------------------|-------------------|-------------------------|-----------------------|-------------------|---------------------------------------|-----------------------|----------------|----------|-----------|
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                | Yes      | No        |
| 46 Did the                       | organizatioi                    | n engage, directly o     | r indirectly, in  | political campaign a    | ctivities on behalf   | of or in oppositi | on to candidates for p                | ublic office?         |                |          |           |
| If "Yes,"                        | complete S                      | chedule C, Part I        |                   |                         |                       |                   |                                       |                       | 46             |          | X         |
| Part VI                          | Sectio                          | n 501(c)(3) or           | ganizatio         | ns only                 |                       |                   |                                       |                       |                |          |           |
|                                  | All section                     | n 501(c)(3) organ        | izations mus      | st answer question      | ns 47-49b and 52      | 2, and comple     | ete the tables for line               | es 50 and 51          |                |          |           |
|                                  | Check If                        | the organization         | used Sched        | ule O to respond t      | o any question i      | n this Part VI    |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       | _                     |                | Yes      | No        |
| 47 Did the                       | organizatioi                    | n engage in lobbying     | g activities or   | have a section 501(f    | i) election in effect | during the tax    | year? If "Yes," complet               | e Sch C, Part II      | 47             |          | X         |
| 48 Is the or                     | rganization                     | a school as describ      | ed in section 1   | i70(b)(1)(A)(ii)?lf "\  | es," complete Sch     | edule E           |                                       | Į                     | 48             |          | X         |
| 49a Did the                      | organizatioi                    | n make any transfer      | s to an exemp     | t non-charitable rela   | ted organization?     |                   |                                       |                       | 49a            |          | X         |
| b If "Yes,"                      | was the rela                    | ated organization a      | section 527 o     | rganization?            |                       |                   |                                       | į                     | 49b            |          |           |
| 50 Complet                       | te this table                   | for the organization     | n's five highes   | t compensated empl      | oyees (other than     | officers, directo | irs, trustees and key e               | mpioyees) who e       | ach rec        | eived i  | nore      |
| than \$10                        | 00,000 of c                     | ompensation from t       | the organizatio   | n If there is none, e   | nter "None "          |                   |                                       |                       |                |          |           |
|                                  | (                               | a) Name and title of     |                   | ee e                    |                       | erage hours       | (C) Reportable                        | (d) Health benefits   | s, (e)         | Estim    | ated      |
|                                  |                                 | paid more than           |                   |                         |                       | ek devoted to     | compensation (Forms<br>W-2/1099-MISC) | employee benefit      | '. I           | unt of   |           |
|                                  |                                 |                          | NC                | ONE                     | Р                     | osition           |                                       | compensation          | , cou          | npensa   | 31100     |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   | 1                                     |                       | ļ              |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
| f Total nu                       | mber of oth                     | er employees paid        | over \$100,000    | )                       |                       | <b></b>           |                                       |                       |                |          |           |
| <b>51</b> Complet                | e this table                    | for the organization     | -                 |                         | endent contractor     | s who each rec    | eived more than \$100                 | ,000 of compens       | ation fro      | om the   | ŧ         |
|                                  |                                 | e is none, enter "No     |                   | NE                      |                       | T                 |                                       |                       |                |          |           |
| (a) Name an                      | nd address                      | of each independen       | t contractor p    | aid more than \$100,    | 000                   | (b) Type          | of service                            | (c) (                 | Comper         | isatior  | 1         |
| <del> </del>                     |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
| •                                |                                 | -                        |                   |                         |                       | <u> </u>          |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       | _                 |                                       |                       |                |          |           |
|                                  |                                 | <del></del>              |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  | <del></del>                     | <del></del>              |                   |                         |                       | _                 |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       | -                 |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       |                   |                                       |                       |                |          |           |
|                                  |                                 |                          |                   |                         |                       | <u> </u>          |                                       |                       |                |          |           |
|                                  |                                 |                          |                   | receiving over \$100    | ,                     |                   | <b>-</b>                              |                       |                |          |           |
|                                  |                                 |                          |                   | section 501(c)(3) or    | =                     |                   |                                       | , (3                  | er .           | _        | _         |
| charitable<br>Under penalties of | e trusts mu<br>of periury. I de | st attach a complet      | ed Schedule A     | including accompanying  | schedules and state   | ments, and to the | best of my knowledge and              | belief it is true con | Yes            | Comple   | No No     |
| Declaration of pre               | eparer (other                   | han officer) is based or | n all information | of which preparer has a | ny knowledge          |                   |                                       | 1 // /                |                | 2        |           |
| Sign                             | Supartire                       | of efficer               | Lus               | ner                     |                       |                   |                                       | Date /- 6             | <u>-/·</u>     | <u> </u> |           |
| Here                             | 1.                              |                          |                   |                         |                       |                   |                                       | 244                   |                |          |           |
|                                  | Type or pr                      | nt name and title        | rec               | Teas                    | ucec_                 |                   |                                       |                       |                |          |           |
|                                  | <del></del>                     |                          |                   | D-000-0-10 01           | · · · · ·             | D-1-              | Chook                                 | of DTIN               |                |          |           |
| Paid                             | Printry                         | e preparer's name        |                   | Preparer's signa        | nture // A            | Date              | Check                                 | f PTIN                |                |          |           |
|                                  |                                 |                          |                   | 1/2 4                   | at // In              | AN 11/2           | self- emplo                           |                       |                |          |           |
| Preparer                         |                                 |                          | HIEBER            | V V V                   | STRUCCIO              | דן חע             | 113                                   | P000                  |                |          |           |
| Use Only                         |                                 | me ► BORMA               |                   | ·                       | P.C.                  |                   |                                       | 47-06                 |                |          |           |
|                                  | Firm's ac                       | ldress ► 1210            |                   | ENTER RD                | #518                  |                   | Phone no                              | 402-3                 | 30−6           | 60       | Ü         |
|                                  |                                 | OMAH                     |                   | 68144                   |                       |                   |                                       | _                     |                |          |           |
| May the IRS di                   | scuss this                      | return with the prep     | arer shown at     | ove? See instructio     | ns                    |                   |                                       |                       | Yes            |          | <u>No</u> |
|                                  |                                 |                          |                   |                         |                       |                   |                                       | F                     | orm <b>9</b> 9 | 10-EZ (  | 2012)     |

## 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.

2012

Open to Public Inspection

Employer identification number Name of the organization MILLARD SOUTH ATHLETIC BOOSTER CLUB, 47-0792364 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). 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 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.) 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. d Type III - Non-functionally integrated c Type III · Functionally integrated a L Type I b Type II 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? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 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) (iv) is the organization (v) Did you notify the (vi) is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col (described on lines 1-9 în col (ı) listed in your organization in col organization (I) organized in the support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 2 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) 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.") 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 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 12 Gross receipts from related activities, etc. (see instructions) 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 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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

#### Schedule A'(Form 990 or 990-EZ) 2012 MILLARD SOUTH ATHLETIC BOOSTER CLUB, INC47-0792364 Page 3 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)

| <u></u> | eties A. Dublic Compact   | ciow, picade comp                       | bicte rait ii /       | <del></del>               |                                       | ·                                       | <del></del>       |
|---------|---|---|-----------------------|---------------------------|---------------------------------------|---|-------------------|
|         | ction A. Public Support   | <del> </del>                            |                       |                           |                                       | г                                       | Ţ <del></del>     |
| Cale    | endar year (or fiscal year beginning in) 🕨                        | (a) 2008                                | <b>(b)</b> 2009       | (c) 2010                  | (d) 2011                              | (e) 2012                                | (f) Total         |
| 1       | Gifts, grants, contributions, and                                 |   |                       |                           |                                       |   |                   |
|         | membership fees received (Do not                                  |   |                       |                           |                                       |   |                   |
|         | ınclude any "unusual grants ")                                    | 20,800.                                 | 23,796.               | 35,860.                   | 21,413.                               | 25,198.                                 | 127,067.          |
| 2       | Gross receipts from admissions,                                   |   |                       |                           | · · · · · · · · · · · · · · · · · · · |   |                   |
|         | merchandise sold or services per-                                 |   |                       |                           |                                       |   |                   |
|         | formed, or facilities furnished in                                |   |                       |                           |                                       |   |                   |
|         | any activity that is related to the                               | E0 E10                                  | EA 427                | 67 202                    | E1 606                                | EC E70                                  | 276 422           |
|         | organization's tax-exempt purpose                                 | 50,519.                                 | 50,427.               | 67,302.                   | 51,606.                               | 36,379.                                 | 276,433.          |
| 3       | Gross receipts from activities that                               |   |                       |                           |                                       |   |                   |
|         | are not an unrelated trade or bus-                                |   |                       |                           |                                       |   |                   |
|         | iness under section 513   |   |                       |                           |                                       |   |                   |
| 4       | Tax revenues levied for the organ-                                |   |                       |                           |                                       |   |                   |
|         | ization's benefit and either paid to                              |   |                       |                           |                                       |   |                   |
|         | or expended on its behalf   |   |                       |                           |                                       |   |                   |
| _       | •   |   |                       |                           | <del></del>                           |   |                   |
| 5       | The value of services or facilities                               |   |                       |                           |                                       |   |                   |
|         | furnished by a governmental unit to                               |   |                       |                           |                                       |   |                   |
|         | the organization without charge                                   |   |                       |                           |                                       |   |                   |
| 6       | Total. Add lines 1 through 5                                      | 71,319.                                 | 74,223.               | 103,162.                  | 73,019.                               | 81,777.                                 | 403,500.          |
| 7a      | Amounts included on lines 1, 2, and                               |   |                       |                           |                                       |   |                   |
|         | 3 received from disqualified persons                              |   |                       |                           |                                       |   | 0.                |
| h       | 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.                |
| С       | Add lines 7a and 7b   |   |                       |                           |                                       |   | 0.                |
| 8       | Public support (Subtract line 7c from line 6)                     |   |                       |                           |                                       |   | 403,500.          |
|         | ction B. Total Support  | •                                       |                       |                           |                                       |   |                   |
| Cale    | ndar year (or fiscal year beginning in)                           | (a) 2008                                | <b>(b)</b> 2009       | (c) 2010                  | (d) 2011                              | (e) 2012                                | (f) Total         |
|         | Amounts from line 6   | 71,319.                                 | 74,223.               | 103,162.                  | 73,019.                               | 81,777.                                 | 403,500.          |
|         | Gross income from interest,                                       | , 1, 01, 0                              | 7172230               | 100/102.                  | 737013.                               | 01/1/14                                 | 403/300.          |
| iva     | dividends, payments received on                                   |   |                       |                           |                                       |   |                   |
|         | securities loans, rents, royalties                                | 4=0                                     |                       | _                         | _                                     |   |                   |
|         | and income from similar sources                                   | 478.                                    | 3.                    | 5.                        | 1.                                    |   | 487.              |
| b       | Unrelated business taxable income                                 | İ                                       |                       |                           |                                       |   |                   |
|         | (less section 511 taxes) from businesses                          |   |                       |                           | i                                     |   |                   |
|         | acquired after June 30, 1975                                      |   |                       |                           |                                       |   |                   |
| _       | Add lines 10a and 10b   | 478.                                    | 3.                    | 5.                        | 1.                                    |   | 487.              |
|         | Net income from unrelated business                                | 170.                                    |                       |                           | **                                    |   | <del>- 107•</del> |
| •       | 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)                     | 71,797.                                 | 74,226.               | 103,167.                  | 73,020.                               | 81,777.                                 | 403,987.          |
|         | First five years. If the Form 990 is for                          |   | <del></del>           |                           |                                       |   | <del></del>       |
|         | check this box and stop here                                      | the organization s                      | mot, scoona, triic    | s, locitii, or milit ta   | A year as a section                   | ii 30 i (c)(3) Organiz                  | alion, <b>▶</b> □ |
| 200     |   | o Cupport Don                           |                       |                           |                                       |   |                   |
|         | tion C. Computation of Publi                                      |   |                       | <del></del>               |                                       |   | 00 00             |
|         | Public support percentage for 2012 (In                            | • | •                     | olumn (f))                |                                       | 15                                      | 99.88 %           |
|         | Public support percentage from 2011                               |   |                       | - <u>-</u>                | <del></del>                           | 16                                      | 99.69 %           |
| Sec     | tion D. Computation of Inves                                      | tment Income                            | Percentage            |                           |                                       | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   |
| 17      | Investment income percentage for 20                               | 12 (line 10c, colum                     | ın (f) dıvıded by lın | e 13, column (f))         |                                       | 17                                      | .12 %             |
|         | Investment income percentage from 2                               |   |                       | `''                       | İ                                     | 18                                      | .31 %             |
|         | 33 1/3% support tests - 2012. If the                              |   |                       | in line 14 and line       | 15 is more than ?                     |   |                   |
|         |   |   |                       |                           |                                       |   |                   |
|         | more than 33 1/3%, check this box ar                              |   |                       |                           |                                       |   | <b>►</b> X        |
|         | 33 1/3% support tests - 2011. If the                              |   |                       |                           |                                       |   | and               |
|         | line 18 is not more than 33 1/3%, che                             |   |                       |                           |                                       |   | ▶                 |
| 20      | Private foundation. If the organization                           | n did not check a b                     | oox on line 14, 19a   | <u>, or 19b, check th</u> | s box and see ins                     | tructions                               | <b>▶</b>          |
|         | 3 12-04-12  |   |                       |                           |                                       | edule A (Form 99)                       | 0 or 900 EZ) 2012 |

#### SCHEDULE G

Department of the Treasury Internal Revenue Service

(Farm 990 or 990-EZ)

**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

Open To Public Inspection

Name of the organization

Employer identification number

| MILLARD   | SOUTH ATHLETIC BO   | OST   | ER  | CLUB, INC  | 47-0792  | 364   |
|---|---|---|---|--|--|---|
| Part I Fundraising Activities required to complete this part  | . Complete if the organization answert  | red "Y  | es" to  | Form 990, Part IV, I   | ine 17 Form 990-EZ   | filers are not  |
| <ul> <li>Indicate whether the organization rai</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written key employees listed in Form 990, F</li> <li>If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul> | e Solicitat f Solicitat g Special  or oral agreement with any individual Part VII) or entity in connection with p iividuals or entities (fundraisers) pursi | ion of<br>ion of<br>fundra<br>(includ           | non-g<br>gover<br>dising of<br>ding of<br>lonal f | overnment grants<br>nment grants<br>events<br>fficers, directors, tru-<br>undraising services? | stees or Yes   | <del></del>   |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity   | (iii)<br>fundr<br>have cr<br>or con<br>contribu | aiser<br>ustody<br>trol of                        | (iv) Gross receipts from activity  | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|   |   | Yes   | No  |  |  |   |
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| Total   |   |   | <b>&gt;</b>                                       |  |  |   |
| 3 List all states in which the organization or licensing  | on is registered or licensed to solicit of  | contrib   | utions  | s or has been notifie  | d it is exempt from re   | egistration   |
|   |   |   |   |  |  |   |
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|                 | edu<br>₃rt   | )   | ne organization answered    | d "Yes" to Form 990, Part    | IV, line 18, or reported              | more than \$15,000        |  |  |  |  |
|-----------------|--|---|-----------------------------|------------------------------|---------------------------------------|---------------------------|--|--|--|--|
|                 |  | of fundraising event contributions and g        | ross income on Form 990     |                              |                                       | ots greater than \$5,000. |  |  |  |  |
|                 |  |   | (a) Event #1                | (b) Event #2                 | (c) Other events                      | (d) Total events          |  |  |  |  |
|                 |  |   | BOWLING                     | SPORTS                       |                                       | (add col. (a) through     |  |  |  |  |
|                 |  |   | TOURNAMENT                  | PROGRAMS                     | 2                                     |                           |  |  |  |  |
| •               |  |   | (event type)                | (event type)                 | (total number)                        | col. <b>(c)</b> )         |  |  |  |  |
| ĕ               |  |   |                             |                              | <del></del>                           |                           |  |  |  |  |
| Revenue         | 1  | Gross receipts                                  | 18,437.                     | 12,274.                      | 16,177.                               | 46,888.                   |  |  |  |  |
|                 | 2  | Less Contributions                              |                             |                              |                                       |                           |  |  |  |  |
|                 | 3  | Gross income (line 1 minus line 2)              | 18,437.                     | 12,274.                      | 16,177.                               | 46,888.                   |  |  |  |  |
|                 | 4  | Cash prizes                                     | 0.                          | 0.                           | 0.                                    |                           |  |  |  |  |
| S               | 5  | Noncash prizes                                  | 0.                          | 0.                           | 0.                                    |                           |  |  |  |  |
| bense           | 6  | Rent/facility costs                             | 0.                          | 0.                           | 0.                                    |                           |  |  |  |  |
| Oirect Expenses | 7  | Food and beverages                              | 0.                          | 0.                           | 0.                                    |                           |  |  |  |  |
| Ω               | 8  | Entertainment                                   | 0.                          | 0.                           | 0.                                    |                           |  |  |  |  |
|                 | 9  | Other direct expenses                           | 4,003.                      | 6,112.                       | 2,858.                                | 12,973.                   |  |  |  |  |
|                 | 10   | Direct expense summary. Add lines 4 throug      | h 9 ın column (d)           |                              | <b>•</b>                              | ( 12,973)                 |  |  |  |  |
|                 | 11   | Net income summary Combine line 3, colum        |                             |                              | <b>&gt;</b>                           | 33,915.                   |  |  |  |  |
| Pa              | ırt l  | II Gaming. Complete if the organization         |                             | 990, Part IV, line 19, or re | eported more than                     |                           |  |  |  |  |
|                 |  | \$15,000 on Form 990-EZ, line 6a                |                             |                              |                                       |                           |  |  |  |  |
|                 |  |   | T                           | (b) Pull tabs/instant        |                                       | (d) Total gaming (add     |  |  |  |  |
| Revenue         |  |   | (a) Bingo                   | bingo/progressive bingo      | (c) Other gaming                      | col (a) through col. (c)) |  |  |  |  |
| e Ve            |  |   |                             |                              |                                       |                           |  |  |  |  |
| ď               | 1  | Gross revenue                                   |                             |                              |                                       |                           |  |  |  |  |
| _               |  | arous revenue                                   |                             |                              |                                       |                           |  |  |  |  |
| ses             | 2  | Cash prizes                                     | <u></u>                     |                              |                                       |                           |  |  |  |  |
| Direct Expenses | 3  | Noncash prizes                                  |                             |                              | -                                     |                           |  |  |  |  |
| Direct          | 4  | Rent/facility costs                             |                             |                              | , , , , , , , , , , , , , , , , , , , |                           |  |  |  |  |
|                 | 5  | Other direct expenses                           |                             |                              |                                       |                           |  |  |  |  |
|                 | 6  | Volunteer labor                                 | Yes % No                    | Yes %                        | Yes % No                              |                           |  |  |  |  |
|                 | 7  | Direct expense summary. Add lines 2 through     | n 5 ın column (d)           |                              | •                                     |                           |  |  |  |  |
|                 | 8  | Net gaming income summary Combine line 1        | I, column d, and line 7     |                              | <b></b>                               |                           |  |  |  |  |
|                 |  |   |                             |                              |                                       |                           |  |  |  |  |
| 9               | Ent  | er the state(s) in which the organization opera | tes gaming activities:      |                              |                                       |                           |  |  |  |  |
| a               | ls t   | he organization licensed to operate gaming ac   | tivities in each of these s | states?                      |                                       | Yes No                    |  |  |  |  |
| ь               | If 'I  | No," explain:                                   |                             |                              |                                       |                           |  |  |  |  |
|                 | _  |   |                             |                              |                                       |                           |  |  |  |  |
|                 |  |   |                             |                              |                                       |                           |  |  |  |  |
| 10a             | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes No |   |                             |                              |                                       |                           |  |  |  |  |
| b               | If "Y  | res," explain                                   |                             |                              |                                       |                           |  |  |  |  |
| b               | If "\  | res, explain                                    |                             |                              |                                       |                           |  |  |  |  |

| Sch   | edule G (Form 990 or 990-EZ) 2012 MILLARD SOUTH ATHLETIC BOOSTER CLUB, INC 47-0  | 792364         | 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?   | Yes            | No        |
| 13    | Indicate the percentage of gaming activity operated in.  |                |           |
| а     | 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      |
| ь     | 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.   |                |           |
|       | is the organization required under state law to make charitable distributions from the gaming proceeds to                  |                |           |
|       | retain the state gaming license?   | Yes            | No        |
|       | 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 🕨 \$  |                |           |
| Par   | TIV 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      | n (see instruc | tions)    |
|       |  |                |           |
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| 23208 | 3 01-07-13 Schedule G (Forr  | n 990 or 990   | -EZ) 2012 |

#### 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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

MILLARD SOUTH ATHLETIC BOOSTER CLUB, INC 47-0792364 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 590. INSURANCE 755. OFFICE EXPENSE 586. BANK & CREDIT CARD CHARGES 1,514. HALF TIME PRIZES 695. ADVERTISING 821. LICENSES 23. TOTAL TO FORM 990-EZ, LINE 16 4,984. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUPPORT OF THE SCHOOL ATHLETIC DEPARTMENT 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.

#### 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 Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization MILLARD SOUTH ATHLETIC BOOSTER CLUB, 47-0792364 INC THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.