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Revenue Procedure 2014-11 Retroactive Reinstatement
Return of Organization Exempt From Income Tax OMB NO 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

Ā	Fo	the 201	calendar year, or	tax year begi	nning	07/0	1,2013	, and er	nding		06,	/30, 20 14		
_			C Name of organization							D Employer ide	entifica	ation number		
В	Chec	k if applicable	GO-HAWK BOO	STER CLUB						45-419	9978	3		
Γ		Address change	Doing Business As							1				
2	_	Name change	Number and street (o	rPO box if mail is	not delivered to s	treet address)		Room/su	ıte	E Telephone number				
3		Initial return	1405 4TH AV	E SW			ĺ			(319) 35	2-20	087 EXT 162		
	\neg	Terminated	City or town, state or	province, country,	and ZIP or foreign	postal code								
4		Amended return	WAVERLY, IA	50677						G Gross receip	G Gross receipts \$ 201,163			
Z	$\overline{}$	Application pending	F Name and address of	principal officer.	DAVE L	TTERER				H(a) Is this a grou		for Yes X No		
\leq		perang	1207 PARK A	VE NW WAVE	ERLY, IA	50677				subordinates H(b) Are all subord		auded? Yes No		
ـــــــــــــــــــــــــــــــــــــ	Ta	x-exempt sta	tus X 501(c)(3)	501(c) () ◀ (inser	t no) 49	947(a)(1)	or	527	If "No," attac	h a list	(see instructions)		
事	W	ebsite: >			- / 3 - 3				·	H(c) Group exemp	ption nu	mber 🕨		
2	Fo	rm of organ	zation X Corporation	Trust	Association	Other		L Ye	ear of forma	tion: 2012 M	State o	of legal domicile: IA		
	ar		mary	1-1-1-1-1										
		1 Briefly	describe the organiza	ation's mission o	or most significa	nt activities	ro PRO	MOTE	AND SU	JPPORT THE	GR	OWTH AND		
MISCArement		DEV	LOPMENT OF A	THLETICS A	AND STUDE	NT ATHLE	TES IN	THE	WAVER:	LY-SHELL				
ρ	<u> </u>		COMMUNITY S											
5	5		this box			operations of	r dispose	d of more	e than 25%	of its net asset:	 s			
3	[]		r of voting members	-							3	36.		
ď	5		r of independent voti								4	36.		
9	3		umber of individuals								5			
Activities &			umber of volunteers (6	200.		
Š	2		nrelated business rev								7a	0		
			related business taxa								7b			
	+-	<u> </u>	Olated Decimoso taxa	Die meeme mem	1 0/111 0 00 7/1 111					Prior Year	-	Current Year		
		8 Contri	outions and grants (Pa	art VIII line 1h)						65,98	10.	71,388.		
9			m service revenue (Pa								0	0		
Over	1		nent income (Part VII							16	0.	0		
à			evenue (Part VIII, co							27,82	3.	33,540.		
	1		evenue - add lines 8							93,96		104,928.		
	┪-		and similar amounts				1 4	70	• •	83,59		76,033.		
	1		s paid to or for memb					7			0	0		
	14	5 Saları	s, other compensation	n employee ben	efits (Part Soci	olumbAA Ba	D -21615				0			
ğ	ة ق	6a Profes	sional fundraising fee	s (Part IX colum)	-		0	0						
Š	משפוושפין		undraising expenses (0	ļ ·			36 - C + 1 1/4/		
ņ	١ 1		expenses (Part IX, col				ه ساله ساله از المنافع المراجع	n la de la constitución de la cons] -	29,26	55.	41,445.		
	- }		xpenses Add lines 1					· · · ·	••	112,85		117,478.		
	١.		ue less expenses Su						• •	-18,89		-12,550.		
5	8 '		20.000 Caponioco Ou				<u> </u>		Begir	nning of Current		End of Year		
ets	일 일 2	0 Total:	ssets (Part X, line 16)						-	68,04		55,496.		
Assets or	2 2		abilities (Part X, line 2								0	0		
Net.	2 2		sets or fund balances							68,04	6.	55,496.		
	art		nature Block		,				 1 ,			 -		
- 11	nder	nenalties o	nerwhy I declare that	have examined it	geturn, includi	ing accompany	ng schedu	les and s	tatements,	and to the best of	my kr	nowledge and belief, it is		
tr	ue, c	orrect, and	ompete Declaration of	preparer (other the	i officer) is based	d on all informat	ion of which	ch prepar	er has any k	nowledge	- ,			
			/ (X aaai/	LAU.	un						1/7	1,5		
Si	gn		ignature of officer	1						Date	/ /	·		
He	ere		Dave 1	Herer	DiRec	tur								
			ype or print name and ti	<i>~</i>										
_		Print/	ype preparer's name		Preparer's sign	ature		Date	1 1	Check	if P	ΠN		
Pa -		ROBI	RT H NEUHAUS					11	1-115	self-employe	,	P00089678		
	epa	rer Firm's	COST THE	& COMPAN	Y PC				1113	Firm's EIN ▶ 4	2-12	277818		
Us	e O		address ▶109 E B			IA 5067	7					352-4217		
Ma	ay ti		uss this return with the									X Yes No		
<u> </u>	<u></u>		Industing Act Notice				••••	····	· · · · · ·	· · · · · · · · ·	<u></u>	Form 000 (2012)		

•	•			•	
For	m 990 (201	3)			Page 2
	art III	Statement of Program Service Ad	scomplishments sponse or note to any line in this Part	111	
1		escribe the organization's mission.	ONEM AND DEVELOPMENT OF	A MULL EMT CC	
			ROWTH AND DEVELOPMENT OF WAVERLY-SHELL ROCK COMMUN		
		DISTRICT.	WALKEL SHEET ROOK COLLIES.		
2	prior Fo		cant program services during the year		es X No
3	services'	?	or make significant changes in h		es X No
4	Describe expense		rice accomplishments for each of it c) organizations are required to rep	s three largest program services, as rort the amount of grants and allocation	
4a	(Code: GENER		17,478. including grants of \$ LY PROVIDE FUNDS AND VOLU		<u>o</u>)
			ROCK COMMUNITY SCHOOL D	ISTRICT FOR	
	ITS US	SE IN REGARDS TO ATHLET	C PROGRAMS.		
					
					
					
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$)(Revenue \$)
					
					
					

) (Revenue \$

Form **990** (2013)

4d Other program services (Describe in Schedule O.)

1 2 3	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 2 3	Yes X	No
2	complete Schedule A	2	х	
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	 	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		.,
4				X
			i 	17
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,]	.	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	 	 	
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		
Ū	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
·	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			č.
	VII, VIII, IX, or X as applicable.			· .
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		_ <u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	··· · · · · · · · · · · · · · · · ·	445		Х
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
14 8	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a	İ	Х
h	complete Schedule D, Parts XI and XII	120		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		ĺ	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		ļ	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			.,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
•	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		

Part	Checklist of Required Schedules (continued)		· ·	
		 -	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or	ĺ		
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	45° - 33	þ.	
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1 Yeu 2.	34.	to the same
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	47.	X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
b	Schedule L. Part IV	28b		х
		<u>, — — </u>		 -
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		 ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M	30		- ^
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		x
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			x
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l .
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			,
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ļ		}
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ł		\ <u>.</u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ł		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	l		1
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
			000	/20121

Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • • •	Yes	1 1
_	5 to 11 and the Company of Form 4000 February of feet applicable		res	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		-	
	Enter the name of our office at 20 meta202 m most at 2 meta202 m most approximate a 1 m most approximate a 1 m m m m m m m m m m m m m m m m m m			'
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2-	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax	7 -		-
Za	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	-		
, P	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		l	
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶		i	. :
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		-	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ı	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	٥.		ł
	gifts were not tax deductible?	6b	سور قوت	36
7	Organizations that may receive deductible contributions under section 170(c).	, *		7
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		X
	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 72		\vdash
C	required to file Form 8282?	7c		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year	· i	·	j.
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	حضيمة	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	걸립		13 -
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	4		ديد ا
	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.	<u>. Ē.</u>	<u> </u>	أتنسنا
	Did the organization make any taxable distributions under section 4966?	9a	L	ļ
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	2"	
10	Section 501(c)(7) organizations. Enter.		3	- ~
	Initiation fees and capital contributions included on Part VIII, line 12	المام المام	E 76	1.5
	Cross recorded metalog on the management of the formation of the first		- '	- '
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	: -	, -	٠ -
	Gross income from members or shareholders		-	ļ
b	against amounts due or received from them)			ļ
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	- !		1
	the organization is licensed to issue qualified health plans			1
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O			
C 4	Check if Schedule O contains a response or note to any line in this Part VI	· · · ·	· · ·	X
Sect	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year		765	- 10
1a	Enter the number of voting members of the governing body at the end of the tax year		İ	ł
	If there are material differences in voting rights among members of the governing body, or if the governing			}
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent		()	
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		!	
2	any other officer, director, trustee, or key employee?	2	х	l
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			l
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	. ;		, l
	the year by the following:	Land	÷	١
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	.	x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		لــــــــــــــــــــــــــــــــــــ	
Jecti	on b. t onotes (This occitor b requests information about policio not required by the informat revenue	0000	Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, ,	,	
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	,]		j
	rise to conflicts?	12b	X	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	,		
	describe in Schedule O how this was done	12c	X	<u>. </u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		A
15	Did the process for determining compensation of the following persons include a review and approval by	, }	, }	- }
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	,	
a	The organization's CEO, Executive Director, or top management official	15a 15b		
b	Other officers or key employees of the organization	.50		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	,
,00	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		[
	organization's exempt status with respect to such arrangements?	16b	}	
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_NONE			-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c	.)(3)s	only)
	available for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest r	olicy	, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person	е		

	_ · /									
Part VII	Compensation	of Officers	, Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontractors								

Check if Schedule O contains a response or note to any line in this Part VII......

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per	(do r	Position (do not check more than one box, unless person is both an officer and a director/trustee				ne an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)KELLY & STEVEN LANGAN	1.00				; ;					
DIRECTOR (2)LEANN & ERIN BIRD	1.00	Х	\vdash		_			0	0	0
DIRECTOR	I	X			L.	<u></u>		0	0	0
(3)TODD & NIKKI SHOVER . DIRECTOR	1.00	х						О	0	0
(4)DAVE LITTERER	1.00									
DIRECTOR		Х						0	0	0
(5)DAVE & CATHY WYLAM	1.00									
DIRECTOR		X			_	ļ		0	0	0
	1.00	x				_		o	О	0
	1.00	х				}		0	0	0
(8)KRISTI DEMUTH DIRECTOR	1.00	х	_					0	0	0
(9)KEITH & MARY ANNA DENTON DIRECTOR	1.00	х	-	!				0	0	
(10)JJ & HEATHER ROBSON DIRECTOR	1.00	х						0	0	0
(11)KURT BOLTE	1.00									
DIRECTOR (12)DIANE GRAY	1.00	Х						0	0	0
DIRECTOR	†	х						0	0	0
(13)BILL & BETH HAVLOVIC DIRECTOR	1.00	x						0	0	0
(14)JEFF & LEAH THIER DIRECTOR	1.00	х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe	rson lirect	e than c is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	on from	Est am c comp		of tion
,	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	m the relate nizatio	on ed
15) SCOTT & ANGIE DESTIVAL DIRECTOR	1.00	х						0		O			0
16) TINA GRAVEN	1.00												
DIRECTOR		Х		<u> </u>	<u> </u>			0		0			0
17) CHERYL CALEASE-FOX DIRECTOR	1.00	х						0		0			0
18) HEIDI & ERIC ROTTINK DIRECTOR	1.00	х						0		0			0
19) PAUL & NANCY WRIGHT PRESIDENT	1.00			x				o		0			0
20) SALLY KITTLESON SECRETARY	1.00			x		}		0		0			0
21) CHARLIE & KARMA POESCH TREASURER	1.00			х				0		0			0
22) RENEA & TRAVIS KRUEGER VICE PRESIDENT	1.00			x				o		0			
				-									
			-	_	-	-	_		 		<u> </u>		
]	ļ							
1b Sub-total	<u> </u>	L	L	<u> </u>			▶	C)	0			0
c Total from continuation sheets to Part VII, S	ection A .						>	C	<u> </u>	0			0
d Total (add lines 1b and 1c)	limited to t	hose					o re	L	L		L		
reportable compensation from the organizatio		<u> </u>										Yes	No
3 Did the organization list any former office													X
employee on line 1a? If "Yes," complete Sched											3		1
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	000?	? //	f "Yes	5, "	complete Schedu	le J for s	such	4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fror	n any	นก	related organizati	on or individ	dual	5		x
Section B. Independent Contractors	cs, compre	10 001	1000		, , , , ,	0000	po,			···		ł	
 Complete this table for your five highest com- compensation from the organization. Report of year. 	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax												
(A) (B) (C) Name and business address Description of services Compensation													
							1						
2 Total number of independent contractors (iii							se li	sted above) who	received				į

-	n 990 (Statement of Revenue					Page
		Check if Schedule O contains a response	or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns		71,388.	-		
une		Bu	siness Code	· ·			
Program Service Revenue	2a b c d e	All other program service revenue					
6	g	Total. Add lines 2a-2f	▶	0			
	3 4 5 6a	Investment income (including dividends, interest, a other similar amounts)	eds ►	0 0		-	
	b	Less rental expenses			٠ -		,
	d	Rental income or (loss)	▶	0			
	7a	Gross amount from sales of assets other than inventory Less cost or other basis	(II) Other		-	-	
		and sales expenses			'		-
	d	Net gain or (loss)	, . ▶	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18			-		
)the	b	Less direct expenses b Net income or (loss) from fundraising events					- n - n 1
0	l	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					\
	1	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	129,775.		i		
	b	Less cost of goods soldATCH . 1 . b Net income or (loss) from sales of inventory	96,235.	22 540			
	— —		siness Code	33,540.		 	33,540
							1

104,928.

d All other revenue . . Total. Add lines 11a-11d Total revenue. See instructions

Form 990 (2013) Part IX Statement of Functional Expenses

Statement of Functional Expenses	·			
Section 501(c)(3) and 501(c)(4) organizations mu	ust complete all colum	ns. All other organization	ons must complete colu	ımn (A)
Check if Schedule O contains a resp	onse or note to any lir	ne in this Part IX	·	
Do not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21 .	76,033.	76,033.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0		,	
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	0			
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 10	Other employee benefits	0			
11	Fees for services (non-employees):				
	Management	0			
С	Accounting	0			
	Professional fundraising services See Part IV, line 17.	0	<u> </u>	. *2	
	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	6,398.	6,398.		
12	Advertising and promotion	0			
14 15	Information technology	O O			
16	Occupancy	0			
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	<u>0</u>			
20	Interest	0			
21 22	Payments to affiliates	9			
23	Other expenses Itemize expenses not covered	0			
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	. ,			
а	SUPPLIES & MISCELLANEOUS	35,047.	35,047.		
b c					
d	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	117,478.	117,478.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	O	,		
isa.	following SOP 98-2 (ASC 958-720)	<u> ч</u>			5 000 (0040)

Form 990 (2013)

Part X Balance Sheet

Pa	rt X		,				
		Check if Schedule O contains a response or	note	to any line in this Pa	art X	<u></u>	,
		· · · · · · · · · · · · · · · · · · ·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			54,296.		41,197.
	2	Savings and temporary cash investments			lq	2	0
	3	Pledges and grants receivable, net			<u> </u> q	3_	0
	4	Accounts receivable, net			q	4	0
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	mper	nsated employees.	, `		
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			<u> </u>	5_	0
	6				~ [
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu			3		
		organizations (see instructions) Complete Part II of Sche	dule L	employees beneficiary	, 4	6	0
Assets	7	Notes and loans receivable, net			<u> q</u>	_7	0
\ss	8	Inventories for sale or use			<u> </u>	8	0
•	9	Prepaid expenses and deferred charges) 9	9	0
	10 a	Land, buildings, and equipment: cost or					(4,5 2 4, 5 - 7 8)
		other basis. Complete Part VI of Schedule D	10a	23,099.		` <u>.</u>	
	b	Less: accumulated depreciation	10b	8,800.	13,750.	10c	14,299.
	11	Investments - publicly traded securities			d	11	0
	12	Investments - other securities. See Part IV, line 11				12	0
	13	Investments - program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11			1 9	15	Ō
	16	Total assets. Add lines 1 through 15 (must equal			68,046.		55,496.
	17	Accounts payable and accrued expenses				17	Ö
	18	Grants payable			الہ ا	18	0
	19	Deferred revenue				19	0
	20	Tax-exempt bond liabilities				20	0
S	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	J q	21	0
Liabilities	22	Loans and other payables to current and for	ormer	officers, directors,		<u>,</u>	· · · · · · · · · · · · · · · · · · ·
abi		trustees, key employees, highest compen	sated	employees, and		•	
	ł	disqualified persons. Complete Part II of Schedule	L		d	22	0
	23	Secured mortgages and notes payable to unrelate				23	0
	24	Unsecured notes and loans payable to unrelated	third p	arties	<u> </u> q	24	0
	25	Other liabilities (including federal income tax,					
	-	parties, and other liabilities not included on lines	17-2	4). Complete Part X	1		ĺ
	}	of Schedule D			l q	25	0
	26_	Total liabilities. Add lines 17 through 25			q	26	0
		Organizations that follow SFAS 117 (ASC 958),	chec	k here ▶ X and	-		
Ses	}	complete lines 27 through 29, and lines 33 and	34.			'_	1 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Fund Balances	27	Unrestricted net assets			68,046.	27	55,496.
Bal	28	Temporarily restricted net assets			<u> </u>	28	0
ā	29	Permanently restricted net assets		F	<u> </u>	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and			`-
ts	30	Capital stock or trust principal, or current funds .				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	ıpmer	nt fund		31	
Net Assets	32	Retained earnings, endowment, accumulated inc				32	
Net	33	Total net assets or fund balances			68,046.	33	55,496.
_	34	Total liabilities and net assets/fund balances	· · ·	<u> </u>	68,046.	34	55,496.
							Form 990 (2013)

Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	<u> </u>	928.
2	Total expenses (must equal Part IX, column (A), line 25)	2				478.
3	Revenue less expenses. Subtract line 2 from line 1	3				550.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			68,	046.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1	{			
	33, column (B))	10	L		55,4	<u> 196.</u>
art						
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	<u> </u>	• • • •		لللل
	4 5 000 ¥ 0 1				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				, .	ł
	If the organization changed its method of accounting from a prior year or checked "Other," e	xpiaii	ı in	: :	L.	
2.	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	- ~F	X
24	If "Yes," check a box below to indicate whether the financial statements for the year were con-	 nnilec	 1 or	24		
	reviewed on a separate basis, consolidated basis, or both:	iipiiec	1 01			
	Separate basis Consolidated basis Both consolidated and separate basis			- ,	1 ,	1
				2b		X *
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were aud				- 5	~
	separate basis, consolidated basis, or both:	ica c	ii a	80	رسه ت	, , , , , , , , , , , , , , , , , , ,
	Separate basis Consolidated basis Both consolidated and separate basis			, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	4
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	siaht		24		
·	of the audit, review, or compilation of its financial statements and selection of an independent account		?	2c	١ ,	ļ
	If the organization changed either its oversight process or selection process during the tax year,			75 12 ×	1 15	2
	Schedule O			S. S. S. S.	, , , , , , , , , , , , , , , , , , ,	2.34
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h ın			
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	dits		3b_		<u></u>

Form **990** (2013)

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

2013

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

GO-HA	WK BOOSTER CLU	B							45	-4199978	
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	rt.) Se	e instri	uctions		
The org	anization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)	_		
1	A church, conventi	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)			
2	A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	еE)							
3	A hospital or a coo	perative hospital s	ervice organization descri	ibed in	sectio	n 170(b)(1)(A)	(iii).			
4	A medical researc	ch organization op-	erated in conjunction wi	th a h	ospita	l descri	bed in	sectio	n 170(t)(1)(A)(iii). Ente	r the
	hospital's name, cit	ty, and state	-								
5	An organization of	perated for the bei	nefit of a college or univ	ersity	owned	or ope	rated t	by a go	vernme	ntal unit describ	ed in
	section 170(b)(1)(A)(iv). (Complete F	Part II.)								
6	A federal, state, or	local government	or governmental unit des	cribed	ın sect	ion 170	(b)(1)(A)(v).			
7	4	-	es a substantial part of it						ut or fro	om the general p	ublic
<u> </u>	described in section	•				Ť					
8	1		on 170(b)(1)(A)(vi). (Com	plete F	Part II)						
.9 X			es. (1) more than 331/3 %				contrib	utions,	memb	ership fees, and o	aross
L	, -	•	exempt functions - subj								-
	•		ome and unrelated busi								
			ne 30, 1975 See section							,	
10	,	•	ted exclusively to test for	-		•		-).		
11		-	rated exclusively for the							or to carry ou	t the
		•	ipported organizations de			-				•	
			es the type of supporting								
	a Type I		c Type III-Function							inctionally integra	ited
e	,		e organization is not con	-	-						
	,	•	other'than one or more				-	-			
	or section 509(a)(2	-		,	,FF		J				-/(· /
f			n determination from th	e IRS	that it	ıs a Tv	/pe I. T	vpe II.	or Tvp	e III supportina	
-	organization, check							7 F		- ···	
g			nization accepted any gift	or co	ntributi	on from	anv of	the			
3	following persons?		, , , , , , , , , , , , , , , , , , ,								
	- ·		tly controls, either alone	or tog	ether v	vith per	sons d	escribe	d in (ii)	and Yes	No
	• • •	•	the supported organization								
			scribed in (i) above?						• • • •	11g(iı)	
			on described in (i) or (ii) a						• • • •	11g(iii)	
h	* -		ut the supported organiza							• • • • • • • • • • • • • • • • • • • •	J
	Name of supported	(ii) EIN	(iii) Type of organization	$\overline{}$	Is the	(v) Did y	ou notify	(vi) I	s the	(vii) Amount of mor	etary
٠,	organization	}	(described on lines 1-9		zation in Iisted in	the orga	nization	organiz	zation in	support	•
		,	above or IRC section (see instructions))	your go	overning ment?	in col (i)	of your		rganized US?		
			(Yes	No	Yes	No	Yes	No		
								<u> </u>			
(A)		ĺ			1	1		['			
(B)		}			1	}		} ,	1		
(C)					ļ))		,			
·											
(D)											
·											
(E)											
				}							
Total		1		1	!	1					

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(ь) 2010	(c) 2011	(d) 2012	(e) 2013	(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				\$ 700 m		
•	shown on line 11, column (f) Public support. Subtract line 5 from line 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1,		-6 1	
Sec	tion B. Total Support	. 1 str 4: 2 =	<u> 38</u>	·	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	(0, 2000	(5) 25.5	(5) 2511	(3) = 3 1 2	(0,20.0	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				`		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	1 2 3 4 4 7			5, 5	×	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge		·	···	
14	Public support percentage for 2013 (li	ne 6, column (f)) divided by line	11, column (f))		14	%
15	Public support percentage from 2012	· · · · · · · · · · · · · · · · · · ·	•			15	%
16a	331/3 % support test - 2013. If the o	-					
	this box and stop here. The organization						
þ	331/3% support test - 2012. If the c	_					
	check this box and stop here. The orga	•					
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part IV how the organization meets t			-	•	•	pported
	organization						▶ 🗀
Þ	10%-facts-and-circumstances test - 2	-				•	
	15 is 10% or more, and if the organization is 10% by the assessment						-
	Explain in Part IV how the organization				-	•	
18	supported organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	<u></u>
	instructions	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·		▶ 🔲

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees				ļ		
	received (Do not include any "unusual grants ")	0	0	75,856.	65,980.	71,388.	213,224.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			,	1		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an			1			
	unrelated trade or business under section 513			141,231.	124,899.	129,775.	395,905.
4	Tax revenues levied for the				ĺ		
	organization's benefit and either paid				. [
	to or expended on its behalf						0
5	The value of services or facilities			,		}	
	furnished by a governmental unit to the		•	ı		1	
	organization without charge						0
6	Total. Add lines 1 through 5			217,087.	190,879.	201,163.	609,129.
7 a	Amounts included on lines 1, 2, and 3				ł	1	
	received from disqualified persons						0
þ	Amounts included on lines 2 and 3						
	received from other than disqualified				İ		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			3	1 12 mg/s		
	line 6)			1 mm m			609,129.
Sec	tion B. Total Support		·				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			217,087.	190,879.	201,163.	609,129.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar			1			
	sources		Ĺ	280.	160.		440.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses]]			
	acquired after June 30, 1975		 				
С	Add lines 10a and 10b			280.	160.		440.
11	Net income from unrelated business				•		
	activities not included in line 10b,		{			}	
	whether or not the business is regularly carried on		L				0
12	Other income Do not include gain or						_
-	loss from the sale of capital assets		Í	1		Í	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			217,367.	191,039.	201,163.	609,569.
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year as	s a section 501(c	:)(3)
	organization, check this box and stop here	<u></u> .	<u></u>	<u> </u>	<u> </u>	<u> </u>	▶ X
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2013 (line 8	, column (f) divide	ed by line 13, colui	mn (f))		15	%
16	Public support percentage from 2012 Sche	edule A, Part III, Iir	ne 15		<u> </u>	16	%
Sec	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2013 (li	ne 10c, column (f) divided by line 1	13, column (f))		17	%_
18	Investment income percentage from 2012					18	%_
19 a	331/3% support tests - 2013. If the or	ganization did ne	ot check the box	c on line 14, and	l line 15 is more	e than 331/3%, a	nd line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2012. If the orga	anization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifie	es as a publicly	supported organiz	ation 🕨 🔛
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b.			
JSA 3E122	1 1 000				s	chedule A (Form 99	0 or 990-EZ) 2013

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
GO-	HAWK BOOSTER CLUB	_	45-4199978
Pai	Organizations Maintaining Donor Advis Complete if the organization answered "	ed Funds or Other Similar Funds or Yes" to Form 990, Part IV, line 6.	Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held i	n donor advised
3	funds are the organization's property, subject to the		1 1 1
	Did the organization inform all grantees, donors, a		
6	only for charitable purposes and not for the benef		
	• • •		
	t II Conservation Easements. Complete if t	he organization answered "Voc" to Ec	
1	Purpose(s) of conservation easements held by the		min 990, Fartiv, line 1.
•			of an historically important land area
	Preservation of land for public use (e.g., recr	· F	of a certified historic structure
	Protection of natural habitat	Freservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified		· 2c
d	Number of conservation easements included in (c		
	historic structure listed in the National Register		
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or termi	inated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy regard		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, I	nspecting, and enforcing conservation ea	asements during the year
	>		
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easem	ents during the year
	> \$		
8	Does each conservation easement reported on lin		
	(i) and section 170(h)(4)(B)(II)?		Yes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		icial statements that describes the
	organization's accounting for conservation easeme		an Oliveitan Anna An
Pa —	Organizations Maintaining Collections Complete if the organization answered	I "Yes" to Form 990, Part IV, line 8.	er Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil	ar assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under works of art, historical treasures, or other simil public service, provide the following amounts relat	ar assets held for public exhibition, ed	revenue statement and balance sheel lucation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		

•

Sched	till Organizations Maintainii	ng Collecti	ons of	Art, Hist	orical T	reasures	, or Otl	her Simil	ar Asse	ts (contin	Page 2
	Using the organization's acquisition		n, and o	other recor	ds, checl	k any of t	he follow	ving that a	ire a sigi	nificant use	of its
	collection items (check all that app	ıy):		r—	٦.						
а	Public exhibition			d _		or exchan					
b	Scholarly research			e	Other						
С	Preservation for future gene										
4	Provide a description of the organ XIII.	nization's co	llections	and expla	ain how t	they furth	er the or	ganization'	s exemp	t purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rath	er than to b	e mainta	ained as pa	rt of the	organizatio	on's colle	ction?	<u> [</u>	Yes	No
Par	t IV Escrow and Custodial Ar or reported an amount or				ne organ	ization ar	nswered	"Yes" to I	-orm 99 	0, Part IV,	line 9,
1a	Is the organization an agent, truste										 1
	included on Form 990, Part X?		• • • • •		• • • • •				L	Yes	No
b	If "Yes," explain the arrangement in	Part XIII an	d comple	ete the foll	owing tab	ole:					
						\vdash		A	mount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										 -
2a	Did the organization include an am									Yes	No
	If "Yes," explain the arrangement in									لمصنت	
Par	t V Endowment Funds. Com									(-) =	
4.	Designation of user helence	(a) Curren	t year	(b) Prio	r year	(c) Two y	ears back	(d) Three y	ears back	(e) Four yea	ars Dack
1a	Beginning of year balance			 		 		 	-		
ם	Contributions							 			
С	Net investment earnings, gains,		-			1		1			
al.	and losses					 	 	 			
a	Grants or scholarships					<u> </u>		 			
е	Other expenditures for facilities					}				:	
	and programs					ļ		 			
I	Administrative expenses							 -			
g	End of year balance	- f 4h			/line 1m	ookuman (a	W hold on	<u> </u>			
2	Provide the estimated percentage Board designated or quasi-endown				time ig,	column (a	i)) neid as),			
a	Permanent endowment	~		- '0							
b	Temporarily restricted endowment		%								
С	The percentages in lines 2a, 2b, ar			00%				•			
20	Are there endowment funds not in				tion that	are held :	and admi	nistered for	the		
Ja	organization by:	ine posses.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no organiza		0.0	271G GG1111	111010100100		Ye	s No
	(i) unrelated organizations									3a(i)	3 110
	(ii) related organizations									3a(ii)	
h	If "Yes" to 3a(II), are the related org									3b	
A	Describe in Part XIII the intended u									L	
Par	t VI Land, Buildings, and Equ		3								
ı aı	Complete if the organiza	tion answe	red "Ye	s" to Forn				ee Form 9	990, Par	X, line 10)
	Description of property] (a) Cost or Invest)	other basis		or other basis ther)		cumulated reciation	(0	i) Book value	
1a	Land		(411631				1 - 400			 -	
b	Buildings						†				
c	Leasehold improvements						 				
d	Equipment					23,099	,	8,800		14	,299.
e	Other						 			<u> </u>	
Tota	I. Add lines 1a through 1e (Column		ual Forn	n 990, Part	X, columi	n (B), line	10(c).).			14	,299.
									Sched	ule D (Form 9	

Schedule D (Form 990) 2013

JSA 3E1270 1 000

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part IV, line 11b. See Form 990, Part IV, line 11b. See Form 990, Part IV, line 11b. See Form 990, Part IV, line 11b. See Form 990, Part IV, line 11b. See Form 990, Part IV, line 11b. See Form 990, Part IV, line 11c. See Form 990, Part IV,	Part X line 12
(Including name of security) (2) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12) (A) (B) (B) (C) (C) (D) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12) (E) (B) (B) (B) (B) (C) (C) (D) (D) (D) (E) (D) (E) (E) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	on·
(2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X col (B) line 12) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, P (a) Description of investment (b) Book value (c) Method of valuabl	t value
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X. col (8) line 12) ▶ Part VIII (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market (1) (2) (3) (4) (5) (6) (7) (8) (9) Part XI Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part IX. Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part IX. Other Assets. (a) Description (a) Description (b) must equal Form 990, Part X. col (B) line 13) ▶ Part XI Other Assets. (a) Description (b) must equal Form 990, Part X, col (B) line 13) ▶ Total. (Column (b) must equal Form 990, Part X, col (B) line 15). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form Total. (Column (b) must equal Form 990, Part X, col (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form	
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(B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990. Part X. col (B) line 12) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Pa	
(C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (β) line 12) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part I	
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(E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 991, Part IV, line 11c. See Form 991, Part IV, line	
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Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, F (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, F (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	Part X. line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	(0) 2001120
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
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(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form	
	990, Part X,
line 25.	
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that repo	orts the

Page	4

		/ lina 12a		
	e if the organization answered "Yes" to Form 990, Part IV	7, III 6 12a.	T. T.	
	gains, and other support per audited financial statements	• • • • • • • • • • • • • • • • • • • •	. 1	
	ed on line 1 but not on Form 990, Part VIII, line 12.	اما	.	
	gains on investments	2a	-	
	es and use of facilities		- ·	
	rior year grants		-	
	in Part XIII.)		-	
	ough 2d			
	from line 1		. 3	
	ed on Form 990, Part VIII, line 12, but not on line 1:	_	} }	
	enses not included on Form 990, Part VIII, line 7b			
	em Part XIII)		- _	
c Add lines 4a an	d 4b		. 4c	
	iation of Expenses per Audited Financial Statements V			
Part XII Reconcil Complete	e if the organization answered "Yes" to Form 990, Part IV	/. line 12a.	turn.	
	and large and add formula statements		1	
•	ed on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • •	·	
		2a		
b Prior year adjus		1	- ,	
*.			-	
d Other (Describe	in Part XIII.)	2d	- .:	
e Add lines 2a thi	rough 2d	444	2e	
3 Subtract line 2e	ough 2d from line 1	• • • • • • • • • • • • • • • • • • • •	: 3	
	ed on Form 990, Part IX, line 25, but not on line 1:	1 1	•	—
	enses not included on Form 990, Part VIII, line 7b	4a	1 2	
	stiges for included out to the boot that the sile to		-1 5 1	
	n Part XIII \	1 4 h 1	4s . I	
b Other (Describe		4b		
b Other (Describec Add lines 4a an	d 4b		4c	
b Other (Describec Add lines 4a an5 Total expenses	d 4b Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)		4c	<u> </u>
b Other (Describe c Add lines 4a an 5 Total expenses Part XIII Supplem Provide the descriptor	d 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ental Information. Is required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line	<u> </u>
b Other (Describe c Add lines 4a an 5 Total expenses Part XIII Supplem Provide the descriptor	d 4b Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line	
b Other (Describe c Add lines 4a an 5 Total expenses Part XIII Supplem Provide the descriptor	d 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ental Information. Is required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line	
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b Other (Describe c Add lines 4a an 5 Total expenses Part XIII Supplem Provide the descriptor	d 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ental Information. Is required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line	
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b Other (Describe c Add lines 4a an 5 Total expenses Part XIII Supplem Provide the descriptor	d 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ental Information. Is required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line	
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b Other (Describe c Add lines 4a an 5 Total expenses Part XIII Supplem Provide the descriptor	d 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ental Information. Is required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line	
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b Other (Describe c Add lines 4a an 5 Total expenses Part XIII Supplem Provide the descriptor	d 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ental Information. Is required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line	
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b Other (Describe c Add lines 4a an 5 Total expenses Part XIII Supplem Provide the descriptor	d 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ental Information. Is required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line	
b Other (Describe c Add lines 4a an 5 Total expenses Part XIII Supplem Provide the descriptor	d 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ental Information. Is required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line	
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SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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Open to Public Inspection S

Code	Department of the Tenantial	711201101011010110101	
Inter	Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	luspec
Nam	Name of the organization	Em	Employer identification number
Ġ	GO-HAWK BOOSTER CLUB		45-4199978
Ра	Tel General In	Part General Information on Grants and Assistance	
—	Does the organize	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	_
	the selection crite	the selection criteria used to award the grants or assistance?	X Yes
7	Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WAVERLY-SHELL ROCK COMMUNITY SCHOOL DISTRIC	42-6039259	PUBLIC SCHOOL	76,033.				ATHLETICS
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)			-				,
2 Enter total number of section 501(c)(3) and government or	overnment o	rganizations liste	rganizations listed in the line 1 table				7
3 Enter total number of other organizations listed in the line 1 table	d in the line	1 table				•	
For Paperwork Reduction Act Notice, see the Ins	structions fo	r Form 990.				Sched	Schedule I (Form 990) (2013)

3E1288 1 000 JSA

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013)

Part III Grants and

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
7			,			
7						
၉						
4						
ro.						
9						
7	- 1	!				
Part IV	Part IV Supplemental Information. Complete this part information	is part to pro	vide the informat	ion required in	Part I, line 2, Part III,	to provide the information required in Part I, line 2, Part III, column (b), and any other additional

THE ORGANIZATION PERIODICALLY REVIEWS PURCHASES BY DONEE ORGANIZATION TO

DETERMINE IF FUNDS WERE EXPENDED AS INTENDED.

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.

2013 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

GO-HAWK BOOSTER CLUB

Open to Publ Inspection Employer identification number

45-4199978

PART VI, #11B

THE ORGANIZATION DISTRIBUTES A PRELIMINARY COPY OF THE FORM 990 TO THE ON-SITE DIRECTOR TO REVIEW. THE DIRECTOR THEN SIGNS THE 990. THE REMAINING MEMBERS OF THE BOARD GET A COPY AFTER THE 990 HAS BEEN SIGNED.

PART VI, #12C

PERIODIC REVIEWS WILL BE MADE AND AT A MINIMUM WILL INCLUDE

DETERMINATIONS WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS

WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN

POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR

PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT

RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS

BENEFIT TRANSACTION.

PART VI, #19

THE ORGANIZATION MAKES AVAILABLE FORMS 990 AND 1023 AS WELL AS THEIR CONFLICT OF INTEREST POLICY TO THE PUBLIC UPON REQUESTS IN PERSON OR IN WRITING.

PART VI #2

THE BOARD HAS SEVERAL DIRECTORS WHO HAVE A HUSBAND & WIFE RELATIONSHIP.

Name of the organization GO-HAWK BOOSTER CLUB	Employer identification number 45-4199978
	TACHMENT 1
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	,
GROSS SALES LESS RETURNS AND ALLOWANCES	129,775.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	92,935.
SALARIES AND WAGES	
OTHER COSTS	3,300.
SUBTOTAL	96,235.
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	96,235.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

OMB No 1545-0172

Attachment Sequence No

Department of the Treasury Internal Revenue Service

Business or activity to which this form relates

Name(s) shown on return GO-HAWK BOOSTER CLUB Attach to your tax return.

Identifying number 45-4199978

	ENERAL DEPRECIATION		450					
Pa	rt I Election To Expense C Note: If you have any li	Certain Property U Isted property, com	Inder Section 179 uplete Part V before	you comple	ete Part I.			
1	Maximum amount (see instructions)				1		
2	Total cost of section 179 property							
3	Threshold cost of section 179 prop							
4 5	Reduction in limitation Subtract lim Dollar limitation for tax year Subtract line 4 fr separately, see instructions	rom line 1. If yorn or lock anter.	∴ If married films			f =		
6		on of property		isiness use only				
				······································	 		-	
7	Listed property Enter the amount f						-	
8	Total elected cost of section 179 p						 	
9	Tentative deduction Enter the small						 	
0	Carryover of disallowed deduction						}	
11	Business income limitation Enter					,	 	
12	Section 179 expense deduction Ad					12	ļ	
3	Carryover of disallowed deduction			13	J] :	
-	e: Do not use Part II or Part III below			4 ! 1	- 1-4- d	-E-X (C		
Pā	rt II Special Depreciation						instructions)	
4	Special depreciation allowance							
	during the tax year (see instructions						 	·—
5	Property subject to section 168(f)(1							2 75
6	Other depreciation (including ACRS				• • • • • • • •	16	L	2,75
Ρa	rt III MACRS Depreciation	(Do not include liste		ructions)				
			Section A					
17	MACRS deductions for assets place		ars beginning before 2013					
	If you are electing to group any	assets placed in ser	ars beginning before 2013 rvice during the tax yes	ar into one	or more gener	· · ·	;	
	If you are electing to group any asset accounts, check here	assets placed in ser	ars beginning before 2013 rvice during the tax yes	ar into one	or more gener	al	ystem	
	If you are electing to group any asset accounts, check here	assets placed in ser	ars beginning before 2013 rvice during the tax ye	ar into one	or more gener	al	ystem (g) Depreciation	deduction
8	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property	ts Placed in Service (b) Month and year	ers beginning before 2013 rvice during the tax yes During 2013 Tax Yes (c) Basis for depreciation (business/investment use	ar into one or using the	or more gener	reciation S		deduction
18 19a	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property	ts Placed in Service (b) Month and year	ers beginning before 2013 rvice during the tax yes During 2013 Tax Yes (c) Basis for depreciation (business/investment use	ar into one or using the	or more gener	reciation S		deduction
19a	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3-year property	ts Placed in Service (b) Month and year	ers beginning before 2013 rvice during the tax yes During 2013 Tax Yes (c) Basis for depreciation (business/investment use	ar into one or using the	or more gener	reciation S	(g) Depreciation	deduction
192	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property	ts Placed in Service (b) Month and year	ers beginning before 2013 rvice during the tax yes During 2013 Tax Yes (c) Basis for depreciation (business/investment use	ar into one or using the	or more gener	reciation S	(g) Depreciation	
19a	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3-year property 5-year property	ts Placed in Service (b) Month and year	ers beginning before 2013 rvice during the tax yes During 2013 Tax Yes (c) Basis for depreciation (business/investment use	ar into one or using the	or more gener	reciation S	(g) Depreciation	
19a	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	ts Placed in Service (b) Month and year	ers beginning before 2013 rvice during the tax yes During 2013 Tax Yes (c) Basis for depreciation (business/investment use	ar into one or using the	or more gener	reciation S	(g) Depreciation	
19a	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 110-year property 215-year property	ts Placed in Service (b) Month and year	ers beginning before 2013 rvice during the tax yes During 2013 Tax Yes (c) Basis for depreciation (business/investment use	ar into one or using the	or more gener	reciation S	(g) Depreciation	
19a	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 110-year property 15-year property 20-year property 225-year property	ts Placed in Service (b) Month and year	ers beginning before 2013 rvice during the tax yes During 2013 Tax Yes (c) Basis for depreciation (business/investment use	ar Into one of the or Using the Original Using the O	or more gener	reciation S	(g) Depreciation	
19a	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 110-year property 120-year property 225-year property Residential rental	ts Placed in Service (b) Month and year	ers beginning before 2013 rvice during the tax yes During 2013 Tax Yes (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery period	General Dep	reciation S	(g) Depreciation	
19a	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3 -year property 7 -year property 10-year property 15-year property 20-year property 22-year property Residential rental property	ts Placed in Service (b) Month and year	ers beginning before 2013 rvice during the tax yes During 2013 Tax Yes (c) Basis for depreciation (business/investment use	ar into one of the distribution of the dindividual of the distribution of the distribution of the distribu	General Dep (e) Convention	reciation S (f) Method S/L S/L	(g) Depreciation	
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19a	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3-year property 7-year property 10-year property 215-year property 225-year property Residential rental property Nonresidential real property Section C - Assets	ts Placed in Service (b) Month and year placed in service	experience during the tax year during 2013 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	ar into one ar Using the (d) Recovery period 25 yrs 27 5 yrs 27 5 yrs 39 yrs	MM MM MM MM MM MIternative De	S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation	
19a	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3-year property 7-year property 10-year property 215-year property 225-year property Residential rental property Nonresidential real property Section C - Assets Class life	ts Placed in Service (b) Month and year placed in service	expression of the control of the con	25 yrs 27 5 yrs 39 yrs Using the	or more gener General Dep (e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation	
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19 a l l c c c c c c c c c c c c c c c c c	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year Total. Add amounts from line 12,	ts Placed in Service (b) Month and year placed in service Placed in Service Ctions.) Iline 28 Innes 14 through 17,	continued to the second of the	25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the A 7 12 yrs 40 yrs	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation	550
19 a l l l l l l l l l l l l l l l l l l	If you are electing to group any asset accounts, check here Section B - Asset (a) Classification of property 3-year property 7-year property 10-year property 215-year property 225-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year Listed property Enter amount from Total. Add amounts from line 12, and on the appropriate lines of your	ts Placed in Service (b) Month and year placed in service Placed in Service Placed in Service Description of the placed in service Description of the placed in service Description of the placed in Service Description of the placed	During 2013 Tax Year Ouring 2013 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) Ouring 2013 Tax Year 3,849.	25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the A 7 12 yrs 40 yrs	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation	550
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	n 4562 (Page 2
Pa	ert V		operty (Include ent, recreation, o			certain	otne	r veni	cies,	certain	com	outers,	and	prope	πy us	ea tor
			ny vehicle for wh			the st	andaro	d milead	ge rat	e or ded	ductina	lease	expense	e. com	lete o r	ı lv 24a.
		24b, column	s (a) through (c) of	Section A, a	all of S	ection B	, and S	ection (C if app	olicable.						
			Depreciation and							tions for i	<u>limits fo</u>	r passe	nger au	tomobile	es)	
<u>24a</u>	a Do yo	u have evidenc	e to support the bus		ent use	claimed?	<u> </u>		No	24b If "\	es," is t	he evide	nce writt	en?	Yes	X No
		(a)	(b)	(c)		(d)		(e) sıs for depr		(f)	0	g)		h)		i)
		property (list	Date placed in service	Business/ investment us	e Cost	or other ba		ısıness/inve	estment	Recovery period		hod/ ention		eciation uction		section cost
	veni	cles first)	iii service	percentage	<u> </u>			use only		period	Conv	- T	ueu.			
25			on allowance for							uring]		<u> </u>	-
			ed more than 50%				e (see	instruct	ions)	<u></u>		. 25	<u> </u>		<u> </u>	
26	Prope	erty used mor	e than 50% in a qu	ualified busin	iess us	e:								`	·	
		·			%						<u> </u>		1		<u> </u>	
				L	%						<u> </u>		 			
			<u> </u>	L	%		l_				<u> </u>		<u> </u>			
27	Prope	erty used 50%	or less in a qualifi	ed business	use:										,	
				 	%						S/L -		<u> </u>		Į	, 5
				<u> </u>	%						S/L -				ļ	;
			<u> </u>	<u></u>	%] S/L -		<u> </u>]	,,*
			lumn (h), lines 25													١,
29	Add a	amounts in co	lumn (i), line 26. E	nter here a	nd on I	line 7, pa	age 1 .	· · · · ·	<u> </u>	<u></u>	<u> </u>	<u></u>	<u></u>	. 29	<u> </u>	
				Sectio	nB-	Informa	ation o	on Use	of Ve	hicles						
			r vehicles used by												rovided	vehicles
to y	our emp	ployees, first an	swer the questions in	Section C to	see if y	ou meet	an exce	eption to	compl	eting this	section i	for those	e vehicle	s		
						a)		(b)	Ì.,,	(c)		d)		e) _		f)
30	Total	business/inve	estment miles drive	en durina	Veh	icle 1	Veh	ncle 2	Ve	hicle 3	Vehicle 4		Vehicle 5		Vehicle 6	
-	the ye	ear (do not ind	clude commuting r	niles)					<u> </u>				<u> </u>			
31	Total	commuting m	iles driven during	the year					<u> </u>		1		<u> </u>			
32	Total	other p	ersonal (nonco	mmuting)					1				1		Į	
	miles	driven							<u></u>				<u></u>			
33			n during the ye													
	lines	30 through 3	2]									<u> </u>			_
34			available for		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use d	uring off-duty	hours?					<u> </u>				<u> </u>	1			<u></u>
35	Was	the vehicle	used primarily by	a more											[[
	than !	5% owner or r	elated person?	. <i>.</i>		<u> </u>		<u> </u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>	
36	ls ai	nother vehic	le available for	personal					1 .	Ì	1	1		ĺ	i	1
	use?.	<u></u>	<u> </u>	<u></u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
		Se	ction C - Questic	ons for Em	ploye	rs Who	Prov	ide Vel	hicles	for Use	by Th	eir En	nploye	es		
Ans	swer th	nese question	s to determine if	you meet a	n exce	eption to	comp	oleting S	Section	n B for v	ehicles	used l	y emp	loyees v	vho are	e not
mo	re thar	5% owners o	r related persons	(see instruct	tions)											
37	Do v	ou maintain	a written policy s	statement t	hat pr	ohibits	all per	sonal u	se of	vehicles	, includ	ding co	mmutir	ng, by	Yes	No
	your	employees?														
38	Do y	ou maintain	a written policy s	statement t	hat pr	ohibits	persor	nal use	of ve	hicles, e					[}
	•	•	e instructions for		-	-		rs, direc	ctors, c	or 1% or	more o	wners			ļ <u>.</u>	ļ
			e of vehicles by em													
40	Do y	ou provide m	nore than five ve	hicles to ye	our en	nployees	s, obta	ain info	rmatio	n from	your er	nploye	es abo	ut the		}
	use o	f the vehicles,	, and retain the info	ormation re	ceived?	?									<u> </u>	<u></u>
41			equirements conce												ļ <u>.</u>	L
		. — . — . — . — . — . — . — . — . — . —	er to 37, 38, 39, 4	0, or 41 is "	Yes," a	lo not co	mplete	Section	n B for	the cove	ered vel	icles.			<u> </u>	
Pa	art VI	<u>Amortizat</u>	ion									,				
		(-)		(b)]	(0)			(4)		(6			(f)	
		(a) Description of	f costs	Date amort		Am	(c) ortizable	e amount		(d) Code se		Amort		Amortiza	tion for th	ns vear
	. -			begins		<u> </u>						perce				
42	Amor	tization of cos	sts that begins dur	ng your 20	13 tax	year (se	e instr	uctions)): 	 -						
						<u> </u>										
				<u></u>		L						l				
			sts that began befo										43			
44	Total.	. Add amounts	s in column (f). Se	e the instru	ctions	for whei	re to re	port					44			