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# **Short Form Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	or the		June 30	
	Check if ag	oplicable C Name of organization D I		ntification number
	Address c		38-217	
	Name cha	Ange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telephone nui	
	Initial retu	m 3350 Sasse Rd	989 29	95 4419
=		City or town, state or province, country, and ZIP or foreign postal code	Group Exem	nption
=	Amended Applicatio	Midland MT /86/0	Number ▶	
			eck ▶ ∏ıf	the organization is not
	Vebsite			ch Schedule B
				-EZ, or 990-PF).
		organization Corporation Trust Association Coher Public Ch		
1.0	Add line	s 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total ass		
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	_	60,931.05
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structions	for Part I)
	aiti	Check if the organization used Schedule O to respond to any question in this Part I.		
	1	Contributions, gifts, grants, and similar amounts received		3849.88
	2	Program service revenue including government fees and contracts		3049.00
	3	Membership dues and assessments	3	<del> </del>
$\Xi$	4	Investment income	4	112.91
5,				112.71
3	5a			
>	b			
-	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events	. 307	RECEIVE
) )	6	Gross income from gaming (attach Schedule G if greater than		RECEIVED
~ <u>_</u>	a	\$15,000)		
Revenue		Gross income from fundraising events (not including \$ of contributions		SEP 2 9 2015
Reven	"	from fundraising events reported on line 1) (attach Schedule G if the		
= 60			1	OGDEN, UT
ξ		- JJ 132 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-11, 01
À.	d			ĺ
	l "	line 6c)	6d	25,810.74
	7a	Gross sales of inventory, less returns and allowances	200	23,010.74
	, a	Less: cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
				3;435.75
	8 9	Other revenue (describe in Schedule O)		33,209.28
	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members	. 10	4,295.00
r.	12	Salaries, other compensation, and employee benefits	<del></del>	
Expenses	13	Professional fees and other payments to independent contractors	. 13	
ē	14	Occupancy, rent, utilities, and maintenance	<del></del>	
X	15	Printing, publications, postage, and shipping		1 217 01
العفيا	16	Other expenses (describe in Schedule O)		1,317.91 47,269.75
	17	·	<del>,                                    </del>	4/, <u>20</u> 7,/3
	18	Total expenses. Add lines 10 through 16		52,882.66 (19,673.38)
sts	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w		17,0/3.38)
SS		end-of-year figure reported on prior year's return)		2/, 1/,7 20
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	<del></del>	34,147.38
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<del></del>	14,474.00
Ec		work Reduction Act Notice, see the separate instructions.  Cat No 10642	7 21	Form <b>990-EZ</b> (2014)
, 0		man name and manager and adjust the adjusted manufactions. Cat NO 10042)		, J.,,,, <b>JJJ (</b> 2014)

Lights F. Ball Sc. Board, Weight Room Equip, BB Tarps, Balls  (Grants \$ ) If this amount includes foreign grants, check here	Part II · Balance Sheets (see the instructions to	•	w awaatian in this [	Dowt II		<b>v</b> -1
22   Cash, savings, and investments	Check if the organization used Schedule	O to respond to ar	<del></del>			
23	22 Cash, savings, and investments					<del></del>
24   1	•		_			24,200.20
Total Habilities (describe in Schedule 0)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net assets or fund blances (ine 27 of column (B) must agree with line 21)  Net asset (in 27 of column (B) must agree with line 21)  Net asset (in 27 of column (B) must agree with line 21)  Net asset (in 27 of column (B) must agree with line 21)  Net asset (in 27 of column (B) must agree with line 21)  Net asset (in 27 of column (B) must agree were line in the suggest (Borotha II)  Net asset (in 27 of column (B) must agree were line in the suggest (Borotha II)  Net asset (Brantal Sanch (B) must agree were line in the suggest (Borotha II)  Net asset (Brantal Sanch (B) must agree were line in the suggest (Borotha II)  Net asset (Brantal Sanch (B) must agree were line in the suggest (Brantal Sanch (B) must agree were line	_				24	
Not assets or fund balances (line 27 of column (8) must agree with line 21)	•		- I	3,701.00	25	24,286.98
Statement of Program Service Accomplishments (see the instructions for Part III)   Check if the organization used Schedule O to respond to any question in this Part III   Expenses (Describe the organization's program service accomplishments for each of its three largest program services are measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program stile.  28Frojects - Football Signage, Electrical upgrades (Tennis & Soccer Fields), Volleyball equip., Record Boards, L.E.D. Lights F. Ball Sc. Board, Weight Room Equip, BB Tarps, Balls (Grants \$ )  If this amount includes foreign grants, check here   29   25,366.03    29Uniforms - Soccer, Football Helmets (5 Star Safety), Track, Baseball, M. School Baskethall & Volleyball, Wrestling warm ups, Football pads straps   21,723.72    (Grants \$ )  With a mount includes foreign grants, check here   29a   29a    30 College scholarships for senior graduates, sports pay to to participate fees for High School Athletes   29a   29a    31 Other program service (describe in Schedule O) (Grants \$ 4,295.00   Mithis amount includes foreign grants, check here   29a   31a   1,497.91    32 Total program service expenses (addines 28a through Stal)   1						
Check if the organization used Schedule O to respond to any question in this Part II   Maintain Part II					27	14,474.00
What is the organization's primary exempt purpose? Support all sports programs services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28Projects - Football Signage, Electrical upgrades (Tennis & Soccer Fields), Volleyball equip., Record Boards, L.E.D. Lights F. Ball Sc. Board, Weight Room Equip, BB Tarps, Balls (Grants \$ ) If this amount includes foreign grants, check here						Evnancas
Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28FT0jects- Football Signage, Electrical upgrades (Tennis & Soccer Fields), Volleyball equip., Record Boards, L.E.D. Lights F. Ball Sc. Board, Weight Room Equip, BB Tarps, Balls (Grants \$ ) If this amount includes foreign grants, check here					(Requ	•
as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28Projects - Football Signage, Electrical upgrades (Tennis & Soccer Fields), Volleyball equip, Record Boards, L.E.D. Lights F. Ball Sc. Board, Weight Room Equip, BB Tarps, Balls (Grants \$ ) If this amount includes foreign grants, check here				3		
Soccer Fields), Volleyball equip, Record Boards, L.E.D. Lights F. Ball Sc. Board, Weight Room Equip, BB Tarps, Balls (Grants \$ ) If this amount includes foreign grants, check here	as measured by expenses. In a clear and concise ma	anner, describe the	rits three largest presented services provided	ogram services, the number of	_	
Baseball, M. School Basketball & Volleyball, Wrestling warm ups, Football pads, straps 30 College scholarships for senior graduates, sports pay to to participate fees for High School Athletes.  4,295.00  Gants \$ 4295.00  If this amount includes foreign grants, check here  1 30a  31 Other program services (describe in Schedule O)  Garnts \$ 4295.00  If this amount includes foreign grants, check here  1 30a  31 Other program service expenses (add lines 28a through 31a)  Total program service expenses (add lines 28a through 31a)  Check if the organization used Schedule O to respond to any question in this Part IV  Check if the organization used Schedule O to respond to any question in this Part IV  Check if the organization used Schedule O to respond to any question in this Part IV  Carmen Rowe, President  2395 S. Hemlock Rd. Hemlock  Joel Dezalah, V. President  379 Georgian Terrace, Saginaw  Heather Ypung-Nichols, Hemlock  Loss N. Hemlock, Hemlock, Hemlock  John Mulvaney, Treasurer  3350 Sasse Rd. Midland 48640  Stacy Reikowsky, Trustee  762 S. Thomas, Saginaw 48609  Jennifer Speckhard, Trustee  11495 Geddes Rd. Freeland  Michelle Wardlow, Trustee  11355 Swan Greek, Saginaw  48609	Soccer Fields), Volleyball eq Lights F. Ball Sc. Board, Wei	uip., Recor ght Room Ed	rd Boards, 1 quip, BB Tar	L.E.D. rps, Balls	28a	25,366.03
Clarmen Rowe, President 2395 S. Hemlock Rd. Hemlock 15 O 10e1 Dezalah, V. President 2395 S. Hemlock Rd. Hemlock 150 N. Hemlock, Hemlock 1056 N. Hemlock, Hemlock 1056 N. Hemlock, Hemlock, Hemlock 1056 N. Hemlock, Hemlock, Hemlock 1056 N. Hemlock 1056 N. Hemlock, Hemlock 1056 N. Hemlock 105	Baseball, M.School	Basketball	& Volleyba	l1,	29a	21,723.72
31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants \$ ) If this amount includes foreign grants, check here  (Grants * ) If this part IV  (Grants IV)  (Grants IV)	30 College scholarships for sen to participate fees for High	ior graduat School Ath	tes, sports iletes.	pay to	302	4,295.00
Carmen Rowe, President 2395 S. Hemlock Rd. Hemlock 15	<del></del>	<del></del>			Sua	<del> </del>
Total program service expenses (add lines 28a through 31a)	· • • • • • • • • • • • • • • • • • • •				31a	1,497.91
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)  Check if the organization used Schedule O to respond to any question in this Part IV  (a) Name and title  (b) Average hours per week devoted to position  (c) Reportable (c) Reportable (c) Reportable (c) Reportable (c) Reportable (c) Reportable (d) Health benefits, contributions to employee (le) Estimated amount of other compensation deferred compensat						
Check if the organization used Schedule O to respond to any question in this Part IV						
(a) Name and title house per week devoted to position (Forms W-2/1099-MISC) (Forms W-2/1						
2395 S. Hemlock Rd. Hemlock	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and	01	
379   Georgian Terrace, Saginaw   12	•	15	0	0		0
Heather Ypung-Nichols, Hemlock 1056 N. Hemlock, Hemlock(Sec.)  John Mulvaney, Treasurer 3350 Sasse Rd. Midland 48640  Stacy Reikowsky, Trustee 8 0 0 0  Stacy Reikowsky, Trustee 8 0 0 0  Jennifer Speckhard, Trustee 10 0 0 0  Michelle Wardlow, Trustee 10 0 0 0  Michelle Wardlow, Trustee 10 0 0 0 0  Michelle Wardlow, Trustee 10 0 0 0 0	Joel Dezalah, V. President 379 Georgian Terrace, Saginaw	12	0	0		0
3350 Sasse Rd. Midland 48640       15       0       0         Stacy Reikowsky, Trustee       8       0       0       0         762 S. Thomas, Saginaw 48609       8       0       0       0         Jennifer Speckhard, Trustee 11495 Geddes Rd. Freeland       10       0       0       0         Michelle Wardlow, Trustee 11355 Swan Creek, Saginaw 48609       10       0       0       0	Heather Ypung-Nichols, Hemloc 1056 N. Hemlock, Hemlock(Sec.	11_	0	0		0
Jennifer Speckhard, Trustee 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		15	0	0		0
Jennifer Speckhard, Trustee 10 0 0 0  Michelle Wardlow, Trustee 10 0 0 0 0^  Michelle Wardlow, Saginaw 48609	Stacy Reikowsky, Trustee	8	0	0		0
Michelle Wardlow, Trustee 10 0 0 0 0 11355 Swan Creek, Saginaw 48609			-			
11355 Swan Creek, Saginaw 48609	11495 Geddes Rd. Freeland	10	0	0	_	
48609	Michelle Wardlow, Trustee	10	0	0		0^
					1	
Hemlock Zip = 48626	Hemlock Zip = 48626				_	
					+	

Part	<ul> <li>Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this</li> </ul>			
	instructions for Part V) Check if the organization used Schedule C to respond to any question in this	lait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<del></del>	х
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		х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		X X
b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	7-11	X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	87.43		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed >	201	: 1.1	/. 1 O
42a	The organization's books are in care of ► John Mulvaney  Located at ► 3350 Sasse Rd., Midland, MI. 48640  Telephone no. ►989	293		
ъ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	42b	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	X
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	22.	X
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		X

Page	4
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	to candidates for public office? If "Yes," of				46		X
Part \			,		1 70		<u> </u>
	All section 501(c)(3) organization		stions 47–49h and	52, and complete th	ne tables fo	or lin	es
	50 and 51.	anono quo	23 100 and	,			_
	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI			. 🗀
	Check if the organization used oc			· · · · · · · · · · · · · · · · · · ·		Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during the	tax		x
	year? If "Yes," complete Schedule C, Par				i i		^
48	Is the organization a school as described i		i)? If "Yes." complete :	Schedule E	. 48		x
	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	zation?			x
	If "Yes," was the related organization a se				. 49b		
50	Complete this table for the organization's	s five highest comper	sated employees (oth	er than officers, direc	ctors, truste	es an	id key
	employees) who each received more than	n \$100,000 of compe	nsation from the orga	nization. If there is noi	ne, enter "N	lone.'	,
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation			
None	e, All Volunteer						
					<del> </del>		
	Total number of other employees paid ov	ver \$100.000	•				
	Complete this table for the organization			contractors who ear	th received	more	e than
51	\$100,000 of compensation from the organization	anization. If there is n	one, enter "None."	COMMUNICION WIND CAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,	
					(a) Campanast		
	(a) Name and business address of each indepen	dent contractor	(b) Type of sen	/ice	(c) Compensati		
					<del> </del>		
None	, All Volunteer	<u>.</u> .					
	, , , , , , , , , , , , , , , , , , ,	<del></del>	4.00				
	Total number of other independent contr	-		P			
52	Did the organization complete Sched	ule A? <b>Note</b> . All s			. —	_ []	NI-
	completed Schedule A	<u> </u>	· · · · · · · ·		.►★ Yes		No
Under pe	enalties of perjuly, I declare that have examined this rect, and complete Declaration of preparer (other the	return, including accompa- arr officer) is based on all inf	nying schedules and statem ormation of which preparer	ents, and to the best of my has any knowledge	knowledge and	d belief	f, it is
		If elege	el	9/17	115		
Sign	Signature			Paté /	, ,		
Here	John P. Mulvaney		• · · · · · · · · · · · · · · · · · · ·	Sept. 12	2015		
	Type or print name and title		· · · · · · · · · · · · · · · · · · ·		<del></del>		
Paid	Print/Type preparer's name	Preparer's signature	D	ate Check [	☐ if PTIN		
Prepa	arer			self-emp	loyed		
Use (			· · · · · · · · · · · · · · · · · · ·	Firm's EIN ▶			
	Firm's address ▶	· · · · · · · · · · · · · · · · · · ·		Phone no			
May th	e IRS discuss this return with the prepare	er shown above? See	instructions		► 🗌 Ye:	s 📋	No

### SCHEDÙLE 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.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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

38-2174318 Hemlock Booster Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ☐ Type i. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (i) Name of supported organization (ii) EIN (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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		7	877.742 BACTASTA	North and a Villian Co.		
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.			A.F. Der			
	on B. Total Support			1	T	T	ı <del></del>
	idar year (or fiscal year beginning in) Amounts from line 4	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4						
0	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 VI.)	}					
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	c. (see instructi	ons)			12	
13	First five years. If the Form 990 is for t						
Secti	organization, check this box and stop he on C. Computation of Public Suppo			<del></del>	<del></del>		
14	Public support percentage for 2014 (line			11. column (f))		14	%
15	Public support percentage from 2013 Sc	hedule A, Part	II, line 14 .			15	%
16a							
_	box and stop here. The organization qua			-			
b	331/3% support test—2013. If the organicheck this box and stop here. The organic					e 15 is 33 <sup>1</sup> /3%	or more, ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts-	-and-circumsta	ances" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets the meets the "fact	e "facts-and-c s-and-circums	rcumstances' stances" test.	' test, check t	his box and st	top here.
18	Private foundation. If the organization of				a, or 17h, cher	ck this hovend	· · · L
.5	instructions						▶ ┌

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 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.)

Secti	on A. Public Support	•					
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3739	14233	1912	4367.59	3849.88	28,101.47
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	62758	82358	94458	66,006.5	2 6,968.26	62,548.78
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	66,497	96591	96370	70374.11	60818.14	390,650.2
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				<u> </u>		
с 8	Add lines 7a and 7b	The same of the					390,650.2
1	line 6.)			142 S. S.	****		
	on B. Total Support	(=) 0010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
aien 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	96591	96370			390,650.
9 10a	Gross income from interest, dividends,	66,497	90391	90370	103/4.11	00010.14	1270,020.4
IUa	payments received on securities loans, rents, royalties and income from similar sources.	300	232	100	67.81^	112.91	812.7
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1		1	70,441.9	60.931.0	391,462.9 5
14	First five years. If the Form 990 is for to organization, check this box and stop he	_			th, or fifth tax y		·
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2014 (line						99.8 %
16	Public support percentage from 2013 Sc				<del></del>	.   16	99.8 %
	on D. Computation of Investment Ir			<del> </del>	(5)	1 .= 1	0.07
17	Investment income percentage for 2014						.2%
18	Investment income percentage from 201 331/3% support tests—2014. If the organ						.3 %
19a	17 is not more than 331/3%, check this box	and stop here	. The organizat	tion qualifies a	s a publicly supp	oorted organiza	tion . ▶ <sub>X</sub> □
ь	331/3% support tests—2013. If the organization is 18 is not more than 331/3%, check this	box and stop	<b>here.</b> The organ	nızatıon qualıfı	es as a publicly	supported orga	nization 🕨 🗌

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D	О
Page	

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

OMB No. 1545-0047

2014

Open to Public

Name of the organization

Part I

Hemlock Boosters

Employer identification number 38-2174318

	Form 990-EZ filers are n						
1	Indicate whether the organizatio	n raised funds t	hrough any				
а	☐ Mail solicitations		е 🗆		on of non-goverr	_	
b	Internet and email solicitation	าร	f [	] Solicitati	on of governmen	t grants	
C	☐ Phone solicitations		g [	] Special f	fundraising event	S	
d	In-person solicitations						
2a	Did the organization have a writ						
	or key employees listed in Form	990, Part VII) or	entity in co	onnection v	with professional	fundraising services?	Yes 🗌 No
b				draisers) pi	ursuant to agreer	nents under which th	e fundraiser is to be
	compensated at least \$5,000 by	the organizatio	n.				
		· · · · · · · · · · · · · · · · · · ·					<del>, _</del> -
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vī) Amount paid to (or retained by) organization
			Yes	No			
1					1		
2							
3							
4							
			ļ				
5							
6							
			ļ				
7							
			<u> </u>			· ·	ļ
8							
			<u> </u>		<del> </del>		<del> </del>
9							
10						<del>.</del>	
10							
				1			
Total							
3	List all states in which the organ	nization is regis	tered or lic	ensed to s	olicit contribution	s or has been notifie	d it is evennt from

registration or licensing.

Part II

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
			(a) Event #1 Concessions (event type)	(b) Event #2 Rec. Soccer (event type)	(c) Other events Rec. Basketba + 2 (total number)	(d) Total events 1 1 1(add col (a) through col. (c))
Revenue	1	Gross receipts	32,053.34	9758.17	11,721.00	53,532.51
Re	2	Less: Contributions	(0)	(0)	(0)	(0)
	3	Gross income (line 1 minus line 2)	32,053.34	9758.17	11,721.00	53,532.51
	4	Cash prizes				
	5	Noncash prizes		123.34 Award 2000.25 Shirt	s 419 Awards s1310 Shirts	3,852.59
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	16,330.45		345.95	16,676.40
Orrect	8	Entertainment				
_	9	Other direct expenses .	1,484.38	2426.99 Balls, Nets	960 Official	s 7,192.78
	10	Direct expense summary. Ac			1777:00 Jerse	ys 27,721.77
Pa	11 rt III	Net income summary. Subtra Gaming. Complete if the				<b>~</b> J•O±O•/ <del>T</del>
		than \$15,000 on Form 9	90-EZ, line 6a.		T	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)		
	a Is	iter the state(s) in which the or the organization licensed to co 'No," explain:	-		s?	🗌 Yes 🗎 No
10		ere any of the organization's g 'Yes," explain:	jaming licenses revoked	d, suspended or termina	ated during the tax year'	? . 🗌 Yes 🗌 No

Schedu	ule G (Form 990 or 990-EZ) 2014 Page \$
†1 12	Does the organization conduct gaming activities with nonmembers?
13 a	Indicate the percentage of gaming activity conducted in:  The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15a	revenue?
b c	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ 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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. 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 provide any additional information (see instructions).
	Instructions).

### **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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Hemlock Boosters

Employer identification number

38-2174318

Part One:
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- Grant from Kellogg Foundation 1763.00 Larry Graf, School Farm 1500.00 Line 1

Balance of donations did not exceed 2% rule

Line 8-Revenue from associated athletic event activities, 50/50, ½ time shoot out, brick walk-way

Line 10-College Scholarships for High School Seniors, and pay to participate fees for Hemlock H.S. athletes.

Line 16 - The detail on lines 28, 29, 30, and 31 show where our our money expenditures were allocated.

#### Part Two:

Line 26 -	Current Liabilities are:	Educational Scholarship Weight Bench Football Equipment Brick W-Way Payment Baseballequipment Volleyball Uniforms	1500.00 450.00 5505.06 1173.00 334.92 850.00
		Total	9812.98

#### Part Three:

Line 31-Advertising in School year book Advertising in Saginaw County Sports Hall of Fame Postage Event flyers and programs