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# **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 1545-0047

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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ā	For t	he 201	4 calendar year, or tax year beginning 07/01, 2014,	, and er	nding		06/30,	<b>20</b> 15		
_			C Name of organization			D Employer ide	ntification nur	nber		
В	Check if	pplicable	GO-HAWK BOOSTER CLUB			45-419	9978			
Γ	Addi		Doing business as			1				
	7	e change	Number and street (or P.O box if mail is not delivered to street address)	Room/su	ıte	E Telephone number				
	Initia	l return	1405 4TH AVE SW			(319) 35	EXT 162			
Г		return/ inated	City or town, state or province, country, and ZIP or foreign postal code			[				
		nded	WAVERLY, IA 50677			G Gross receip	ts \$	199,946		
	_	ication	F Name and address of principal officer. DAVE LITTERER			H(a) is this a grou		Yes X No		
		•	1207 PARK AVE NW WAVERLY, IA 50677			H(b) Are all subord	J	Yes No		
ī	Tax-e:	cempt sta	atus: X 501(c)(3) 501(c)( ) ◀ (Insert no ) 4947(a)(1) c	or	527	If "No," attac	th a list (see insti	ructions)		
J	Webs	ite: 🕨				H(c) Group exemp	otion number	<b>•</b>		
ĸ	Form	of organ	ization X Corporation Trust Association Other	L Ye	ar of forma	tion: 2012 M	State of legal of	domicile IA		
	art I	Su	mmary							
	1	Briefly	describe the organization's mission or most significant activities. TO PRO	MOTE	AND SU	JPPORT THE	GROWTH	AND		
ø	1	DEV	ELOPMENT OF ATHLETICS AND STUDENT ATHLETES IN	THE	WAVER	LY-SHELL				
and	ŀ	ROCI	K COMMUNITY SCHOOL DISTRICT.							
Governance	2	Check	this box F if the organization discontinued its operations or disposed	d of more	than 25%	of its net assets	 3.			
Ó	3		er of voting members of the governing body (Part VI, line 1a)				3	33.		
	4		er of independent voting members of the governing body (Part VI, line 1b)				4	33.		
Activities &	5		number of individuals employed in calendar year 2014 (Part V, line 2a)				5	0		
₹	6		number of volunteers (estimate if necessary)				6	200.		
Ac	7a		unrelated business revenue from Part VIII, column (C), line 12				7a	0		
	1		nrelated business taxable income from Form 990-T, line 34				7b	0		
						Prior Year	Cu	rrent Year		
•	8	Contri	butions and grants (Part VIII, line 1h)			71,38	8.	72,154.		
ĕ	9		am service revenue (Part VIII, line 2g)				0	0		
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)				0	0		
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			33,54	0.	8,536.		
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			104,92	8.	80,690.		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			76,03	3.	90,970.		
	14		its paid to or for members (Part IX, column (A), line 4)			0	0			
s	4-		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0	0		
xpenses	16a		sional fundraising fees (Part IX, column (A), line 11e)				0			
e	b			<b>1</b>	' '					
<u>–</u> ш	17	Other	expenses (Part IX, column (D), line 25)  expenses (Part IX, column (A), lines 11a-11d, 11f-24e) RECEIVE  expenses. Add lines 13-17 (must equal Part IX, column A), line 25			41,44	5.	18,975.		
5,	18	Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line-25)	D'	7	117,47	8.	109,945.		
	40		ue less expenses Subtract line 18 from line 12		),	-12,55	0.	-29,255.		
Net Assets or Fund Balances			8 NOV 1 9 201	5 10	Begin	ning of Current Y	ear En	d of Year		
land	20	Total a	assets (Part X, line 16)			55,49	6.	26,241.		
A Ba	21		iabilities (Part X, line 26)	14			0	0		
캺	22	Net as	sets or fund balances Subtract line 21 from line 20.	T = -1		55,49	6.	26,241.		
Pa	rt II	Sig	nature Block							
Und	der pei	nalties of	f perjury. I declare that have examined this return, including accompanying schedule complete pecification of preparer (other than afficer) is based on all information of which	es and st	atements, a	and to the best of	my knowledge	e and belief, it is		
_		ect, and t	complete Declaration of preparer (other the painter) is based on all information of which	ii prepare	r nas any kr	lowledge				
رِ Şig	_	<b>\</b>	How Mills		·	101	1-13	15		
oig Sig	n		Signature of officer	_		Date				
He	е	<b>.</b>	Javid Littere ATHLETIC	Vi	CECTS	r				
			ype of print name and title							
Paid	- I		ype preparer's name Preparer's signature	Date	•	Check	If PTIN	- <del></del>		
	oarer	ROBE	RT H NEUHAUS ten menden	11/	8/15	self-employe	d P000	089678		
•	Only	Firm's					2-127781			
		Firm's	address ▶109 E BREMER AVE WAVERLY, IA 50677			Phone no. 3	19-352-4	217		
May	the li	RS disc	cuss this return with the preparer shown above? (see instructions)	<u></u> .		<u> </u>	Х ү	es No		
For	Paper	work F	Reduction Act Notice, see the separate instructions.				Foi	m <b>990</b> (2014)		

Par	Checklist of Required Schedules			
	\$ 11		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	İ
_	complete Schedule A		<del>  ^</del>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b></b>	_^
3	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		}	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	+	
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-	ļ	
3	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			
Ū	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? If "Yes,"			
•	complete Schedule D, Part III	8		Х
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			٠.
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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	İ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	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		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	40-		х
	complete Schedule D, Parts XI and XII.	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	426	.	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		$\frac{x}{x}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
-	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			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	F ]		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
	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>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			•
	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		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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	l		
	domestic government on Part IX, column (A), line 19 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 or for domestic individuals on	ĺ	ĺĺ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_ X
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		_ X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?	}	1	
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		j	
	disqualified persons? If "Yes," 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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
b	Schedule L. Part IV	28b		х
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-00		
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? In res, complete scriedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30	İ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	= ;	31	1	Х
	Part I	31		
32		32		Х
00	complete Schedule N, Part II	32		<del></del> -
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<del></del>
34		ا م	-	Х
0 F -	or IV, and Part V, line 1	34 35a		$\frac{x}{x}$
35a		35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
0.0		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	- 1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		v
	Part VI	37	$-\!\!\!\!+$	_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	.	v	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	)		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	)		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	7 -	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a	 	X
	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del></del>
4a	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	40		X
1.	account)?	4a		<del></del>
D	If "Yes," enter the name of the foreign country:			ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	] ;		l
<b>.</b>	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	- **	- X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	' I	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	_	į _
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	] ]		ļ. — -
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders		- 1	
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	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.	1		
þ	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	ŀ		
	Enter the amount of reserves on hand	<del></del>	<b></b>	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		

Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

000	don A. Coverning Body and management				т			
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	33					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33					
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship wit	h					
	any other officer, director, trustee, or key employee?	<i></i> .	2	X	<b> </b>			
3	Did the organization delegate control over management duties customarily performed by or ur	der the direc	ot					
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3	<u> </u>	X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?	4	1	X			
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		X			
6	Did the organization have members or stockholders?			<u> </u>	X			
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?			<u> </u>	X			
b	Are any governance decisions of the organization reserved to (or subject to approval	oy) members	s,	1				
	stockholders, or persons other than the governing body?		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions under	rtaken durin	g					
	the year by the following:		l	1,,				
а	The governing body?				<u> </u>			
b	Each committee with authority to act on behalf of the governing body?			X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be reached a			x			
04	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	40 1				
Secu	ion B. Policies (This Section B requests information about policies not required by the Inte	inai Neven	de Co	Yes	No			
	man and the second seco		10a	+	X			
	Did the organization have local chapters, branches, or affiliates?			4				
b	If "Yes," did the organization have written policies and procedures governing the activities of s		i,   10k		ĺ			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	-	112		x			
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ing the form?.	1116	+				
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		128	x				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13							
D	rise to conflicts?	-	121	$\mathbf{x}$				
С	Did the organization regularly and consistently monitor and enforce compliance with the po							
·	describe in Schedule O how this was done		120	X				
13	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?		14	1	X			
15	Did the process for determining compensation of the following persons include a review and							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	• • •	' 1					
а	The organization's CEO, Executive Director, or top management official		15a					
b	Other officers or key employees of the organization		15b					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangemen	t l					
	with a taxable entity during the year?	-	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization t		3					
	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?	<u></u>	16b					
Sect	ion C. Disclosure			_				
17	List the states with which a copy of this Form 990 is required to be filed ▶							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	on 501	c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.	dula Ol						
	Own website Another's website X Upon request Other (explain in School	•						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	, conflict of I	nterest	policy	, and			
	financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's be DAVE LITTERER 1207 PARK AVE NW WAVERLY, IA 50677 319-41	ooks and reco 04-0863	rds:►					

01111 330 (201	<u> </u>								raye i
Part VII	Compensation of Officers	, Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors								
	Check if Schedule O contain	is a response	e or note to	any li	ne in this Part	VII			

ction 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 r	nor any related	orga	niza	tior	co	mpen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and Title	(B) Average hours per Week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	rson	than of the state	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
_(1)KELLY & STEVEN LANGAN	1.00									
DIRECTOR	1 00	X						0	0	0
(2)LEANN & ERIN BIRD	1.00	Х						o		0
DIRECTOR SHOWED	1.00	_ <u> </u>			<u> </u>		<del> </del>		0	0
(3)TODD & NIKKI SHOVER DIRECTOR		х						О	o	0
(4)DAVE LITTERER	1.00									
DIRECTOR		X						0	0	0
(5)DAVID & JANET MCCULLOUGH	1.00									
DIRECTOR		_X						0	0	0
(6)BILL & AMY WILSON DIRECTOR	1.00	х						0	0	0
(7)JAMIE STENSLAND	1.00							-		<del></del>
DIRECTOR		Х						0	0	0
(8)RANDY & LANI HEIDEMANN	1.00									
DIRECTOR		_x						0	0	0
(9)TRENT & JENNIFER HOINS DIRECTOR	1.00	x						0	0	0
(10)STACI SCHNEIDER DIRECTOR	1.00	Х				-	'	0	0	0
(11)ROXANNE MILLS DIRECTOR	1.00	x						0	0	0
(12)BILL & BETH HAVLOVIC	1.00		$\dashv$		_					
DIRECTOR		x						0	o	0
(13)JEFF & LEAH THIER	1.00		$\neg$	$\Box$						
DIRECTOR		х	1	- 1	l	1	1	o	o	0
(14)SCOTT & ANGIE DESTIVAL DIRECTOR	1.00	Х						0	0	0
<del></del>					/				1	

Part VII Section A. Officers, Directors, Tr		y En	ipic			anu	nig		T	7	OHUHUE		
Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	Report compensate relate organiza	table tion from ed	an	(F) stimated nount of other ipensation	
	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		fr org an	om the anization d related anization	1
15) TINA GRAVEN	1.00	1	-	_	_								
DIRECTOR	1.00	X	}					0		0			
16) CHERYL CALEASE-FOX DIRECTOR	1	x			ļ			0		o			
17) RACHELLE WEIDLER	1.00	<del> </del>	-	-	-		<del> </del>						
DIRECTOR		х	1				1	0		o			
18) HEIDI & ERIC ROTTINK VICE PRESIDENT	1.00			х				0		0			
19) SALLY KITTLESON	1.00												
SECRETARY				X	L.,		_	0		0			
20) CHARLIE & KARMA POESCH TREASURER	1.00			х				0		0			
21) RENEA KRUEGER PRESIDENT	1.00	ł	1	x									
													_
	ļ_ <b></b>		· ·						}	1			
Ab Cub Askal	L	L	l	L			_	0		0			
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A					· · ·	<b>*</b>	0		0			
Total number of individuals (including but not reportable compensation from the organization)	limited to the		iste			e) who	re	ceived more than	\$100,000	of			
									,			Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		$\vec{\mathbf{x}}$
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	lf	"Yes	," c	complete Schedul	sation from le <i>J for</i>	the such	4		x
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," complet	e Sch	edu	le J	for	such ,	pers	son	· · · · · · ·		5		X
Complete this table for your five highest compensation from the organization Report cyear.													
(A) Name and business add	ress							(B) Description of se	rvices	Co	(C) ompens	ation	
<del> </del>							_						
							-						
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited		thos	e lis	sted above) who	received				

Par 		Check if Schedule O contains a response or note to ar	y line in this Part \ (A) Total revenue	/III (B) Related or	(C) Unrelated	(D) Revenue
			Total Tevendo	exempt function revenue	business revenue	excluded from tax under sections 512-514
Grants	1a b	Federated campaigns 1a  Membership dues 1b 50,279 .  Fundraising events 1c				
s, Gifts milar A	d	Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e				
Contributions, Gifts, Grants and Other Similar Amounts	e f	All other contributions, gifts, grants, and similar amounts not included above . 1f 21,875.				
,	g h	Noncash contributions included in lines 1a-1f. \$  Total. Add lines 1a-1f	72,154.			
Program Service Revenue	2a	Business Code	. wi	Com		
vice Re	b					
m Ser	d					
rogra	f g	All other program service revenue	0			
<u>"</u>	3	Investment income (including dividends, interest,	0			
	4 5	and other similar amounts)	0			
	6a	(i) Real (ii) Personal  Gross rents				
	b c	Rental income or (loss)	0	/ . *	k _ 1 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2	
	d 7a	Net rental income or (loss)	-			
	b	Less: cost or other basis and sales expenses				
	c d	Gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)	-			
ther	b c	See Part IV, line 18	0			
O		Gross income from gaming activities. See Part IV, line 19				
	b c	Less direct expenses			1 15 1 5	
	10a	Gross sales of inventory, less returns and allowances a 127,792.				
	b c	Less: cost of goods soldATCH . 1 . b 119,256.  Net income or (loss) from sales of inventory	8,536.			8,536
		Miscellaneous Revenue Business Code	- · · · · · · · · · · · · · · · · · · ·			
	11a					<del></del>
	b					
	d	All other revenue				
	e	Total. Add lines 11a-11d	0			
I	12	Total revenue. See instructions	80,690.			8,536

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other organizations must complete column (A).
--	---

Check if Schedule O contains a response or note to any line in this Part IX									
	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 domestic organizations								
	and domestic governments. See Part IV, line 21	90,970.	90,970.						
2	Grants and other assistance to domestic individuals See Part IV, line 22	0							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
	Compensation of current officers, directors,								
_	trustees, and key employees	o							
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	0							
	Pension plan accruals and contributions (include								
-	section 401(k) and 403(b) employer contributions)	0							
9	Other employee benefits	Q			 				
	Payroll taxes	0							
	Fees for services (non-employees):								
a	Management	0							
t	Legal ,	0		1 500					
C	: Accounting	1,500.		1,500.					
C	I Lobbying	0			<del></del>				
	Professional fundraising services, See Part IV, line 17.	<u> </u>							
1	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25, column	d							
	(A) amount, list line 11g expenses on Schedule O)	<del>-</del>	<del></del> -						
	Advertising and promotion	0							
	Office expenses		<del></del>		<del></del>				
14	5.	0			<del></del>				
	Royalties	0			<del></del>				
	Occupancy	0			<del></del>				
	Payments of travel or entertainment expenses								
10	for any federal, state, or local public officials	o							
10	Conferences, conventions, and meetings	0		<del></del>					
	Interest	0							
21		0							
22	· · · · · · · · · · · · · · · · · · ·	0							
23	Insurance	0							
24	Other expenses Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e If	i							
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O)	10.45			<del></del>				
а	SUPPLIES & MISCELLANEOUS	17,475.	17,475.						
b									
С				——————————————————————————————————————					
d	All II as a second								
	All other expenses	109,945.	108,445.	1,500.	<del> </del>				
_	Joint costs. Complete this line only if the	100,040.	100,113.	1,300.	<del></del>				
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation Check here if		}	}					
	following SOP 98-2 (ASC 958-720)								

Part X Balance Sheet

1 Cash - non-interest-bearing	L	IT X	Check if Schedule O contains a response or note to any line in thi	s Part X		<del></del>
1 Cash - non-interest-bearing   11,197   1   15,242		•	Officer if Octreditie O contains a response of flote to any line in the	(A)		(B)
2 Savings and temporary cash investments		1	Cash - non-interest-hearing	41 107	1	
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under seetion 4958(f)(1)), persons described in section 4958(f)(1), persons described in section 4958(f)(1)), persons described in section 4958(f)(1), persons described in section 495		l		• •		
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(R)(I)), persons described in section 4958(R)(3), and contributing employees and sponsoring organizations of section 501(K2)) voluntary employees beneficary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventores for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 12,100. 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related, See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tex-exempt bond liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disquillied persons. Complete Part II of Schedule D 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties. 24 Unrestricted net assets 25 Other liabilities. Add lines 17 through 25. 26 Total liabilities. Add lines 17 through 25. 27 Complete Part X of Schedule D 28 Organizations that do not follow SFAS 117 (ASC 958), check here   29 Partial individual scount follows SFAS 117 (ASC 958), check here   20 Organizations that do not follow SFAS 117 (ASC 958), check here   21 Unrestricted net assets 22 Unrestri		ł	Pledges and grants receivable net	• • • • • • • • • • • • • • • • • • • •		
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiores for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 1 Less: accumulated depreciation 1 Investments - publicy traded securities 12 Investments - other securities See Part IV, line 11 1 Investments - other securities See Part IV, line 11 1 Investments - other securities See Part IV, line 11 1 Intangible assets 1 C 14 1 Intangible assets 1 C 14 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 Deferred revenue 20 Tax-exempt bond liabilities 1 Earne or or custodial account liability. Complete Part IV of Schedule D 2 Tax-exempt bond liabilities 2 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 2 Secured mortgages and notes payable to unrelated third parties 2 Secured mortgages and notes payable to unrelated third parties 3 Secured mortgages and notes payable to unrelated third parties 4 Unsecured notes and loans payable to unrelated third parties 5 Other liabilities. Add lines 17 through 25.  2 Total liabilities, Add lines 17 through 25.  2 Total liabilities. Add lines 17 through 29.  2 Permanently restricted net assets 5 C 24  2 Permanently restricted net assets 5 C 25  2 Permanently restricted net assets 5 C 26  2 Permanently restricted net assets 5 C 26  3 Total liabilities, Add lines of through 34		_	Accounts receivable net	• •	<del></del>	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule School 4958(O(3)(8), and contributing employers and spansating organizations of section of 01(c)(9) voluntary employees beneficiary organizations (see instructions), Complete Part I of Schedule L Note that I of Schedule L Note The Schedule School		1	Loans and other receivables from current and former officers director	rs	1	
Complete Part II of Schedule I 6 Leans and other researchales from other disqualified persons (as defined under section 4958(f(f(1)), persons described in section 4958(f(3)(8), and contributing employers and sponsoring organizations of section 501(c(3)9 voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule I. 7 Notes and loans receivable, net 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 12, 1000 11 Investments - publicly traded securities 12 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - other securities See Part IV, line 11 14 Intarigble assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 10 Tax-exempt bond liabilities 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees. key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25. 26 Other liabilities. Add lines 17 through 25. 27 Tortal liabilities. Add lines 31 through 25. 28 Organizations that do not follow SFAS 117 (ASC 958), check here and complete Part II of Schedule D 30 Organizations that do not follow SFAS 117 (ASC 958), check here and complete Part II of Schedule D 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Occupital asched to trust principal, or current funds 33 Total net assets 5. 34 Occupital asched to trust principal, or current funds 35 Total net assets 5. 35 (496. 37 26, 241.		"				
7 Notes and loans receivable, net   C 7		6	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employe and sponsoring organizations of section 501(c)(9) voluntary employees' beneficial.	on ers	6	<u>c</u>
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V1 of Schedule D 11 Investments - publicly traded securdies 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117 (ASC 958), check here    27 Organizations that follow SFAS 117 (ASC 958), check here    28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here    30 Organizations that 3 through 34. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 55,496 33 26,241.	ets	7			7	0
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V1 of Schedule D 10b 12,100. 14,299.10c 10,999 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11	155	8			8	0
10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  b Less: accumulated depreciation. 10 b 12,100. 14,299.10c 10,999  11 Investments - publicly traded securities	٩			• •		0
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation.  11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 55,496, 33 26,241.		10 a	· · · ·			
b Less: accumulated depreciation			other basis Complete Part VI of Schedule D 10a 23, 09			
11   Investments - publicly traded securities   11   Investments - other securities See Part IV, line 11   C   13   Investments - program-related. See Part IV, line 11   C   13   C   14   Intangible assets   C   14   C   15   C   15   C   15   C   16   C   16   C   16   C   16   C   16   C   16   C   17   C   17   C   18		b	Less: accumulated depreciation 10b 12,10	14,299.	10c	10,999.
12   Investments - other securities See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   14   Intangible assets   14   Intangible assets   15   15   16   16   16   16   16   16		11	Investments - publicly traded securities	C	11	0
13   Investments - program-related. See Part IV, line 11					12	0
14		13		_	13	0
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 55, 496, 33 26, 241.		14	and the second s		14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)		15			15	0
17		16			16	26,241.
18   Grants payable	_	17			17	0
Deferred revenue  Tax-exempt bond liabilities  Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D  Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here Dand complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  55, 496- 33  26, 241.		18		1 -	18	0
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Organizations that follow SFAS 117 (ASC 958), check here Accomplete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Capital stock or trust principal, or current funds 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total net assets or fund balances 55, 496 33 26, 241		19			19	0
Escrow or custodial account liability. Complete Part IV of Schedule D		20			20	0
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here of Spanizations that follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check her	S	21			21	0
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here of Spanizations that follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check her	litie	22	Loans and other payables to current and former officers, director	s,		
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here of Spanizations that follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check here of Spanizations that do not follow SFAS 117 (ASC 958), check her	abi		trustees, key employees, highest compensated employees, ar	nd .		
23 Secured mortgages and notes payable to unrelated third parties	Ξ		disqualified persons. Complete Part II of Schedule L	0	22	0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 95		23	Secured mortgages and notes payable to unrelated third parties		23	0
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties		24	0
of Schedule D  26 Total liabilities. Add lines 17 through 25		25	Other liabilities (including federal income tax, payables to related thin	rd		
Total liabilities. Add lines 17 through 25			parties, and other liabilities not included on lines 17-24). Complete Part	X		
Total liabilities. Add lines 17 through 25			of Schedule D	o	25	0
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  55, 496. 27  26, 241.  55, 496. 27  26, 241.  30  30  31  32  33  34  35  36  37  38  39  30  30  31  31  32  33  34  35  36  37  38  38  39  30  30  30  30  30  31  31  32  33  34  35  36  37  38  38  39  30  30  30  30  30  30  30  30  30		26_			26	0
	ses		Organizations that follow SFAS 117 (ASC 958), check here ► X are complete lines 27 through 29, and lines 33 and 34.	nd		
	anc	27	Unrestricted net assets		27	26,241.
	Bal	28	Temporarily restricted net assets	o	28	0
	9	29	Permanently restricted net assets	0	29	0
	or Fu			nd		
	ş	30	Capital stock or trust principal, or current funds		30	
	SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	[	31	
	ţ,	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances	ž	33	Total net assets or fund balances	55,496.		26,241.
		34	Total liabilities and net assets/fund balances	55,496.	34	26,241.

						.gc
Par	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_			80,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	09,	945.
3	Revenue less expenses. Subtract line 2 from line 1	3			29,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			55,	496.
5	Net unrealized gains (losses) on investments	5				C
6	Donated services and use of facilities	6				0
7	Investment expenses	7				C
8	Prior period adjustments	8				<u>C</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9				C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			26,2	241.
Part						_
	Check if Schedule O contains a response or note to any line in this Part XII					
	r		_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			l		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	Schedule O.		1	ļ	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		• •  -	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or	]		
	reviewed on a separate basis, consolidated basis, or both:		1			
	Separate basis Consolidated basis Both consolidated and separate basis				ļ	.,
b	Were the organization's financial statements audited by an independent accountant?			2b		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	па			
	separate basis, consolidated basis, or both:		-	ł	Ì	
	Separate basis Consolidated basis Both consolidated and separate basis		}			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			.	- 1	
	of the audit, review, or compilation of its financial statements and selection of an independent acc		'''' F	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	φlaın	ı ın	}		
	Schedule O.			ł	1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set			,		
_	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 undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ergo i	tne	зь		
	required addit of addits, explain why in Schedule O and describe any steps taken to didding such add	1115.			990 (	(004.4)
				comi :		ZIII 41

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

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

GO-HAWK BOOSTER CLUB 45-4199978 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 X An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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. Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (i) Name of supported organization (IV) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 isted in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

Part II 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.)

_		<del></del>				<del></del>	
	tion A. Public Support		<del>,</del>		<del>,</del>		<del> </del>
Cale	endar year (or fiscal year beginning in)	(a) 2010	(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	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
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						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
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 VI.)						
11	Total support. Add lines 7 through 10				<u> </u>		<u> </u>
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u></u>	<u></u>				
	tion C. Computation of Public Sup				<del> </del>		<del></del>
14	Public support percentage for 2014 (III					14	%_
15	Public support percentage from 2013	Schedule A, Pa	irt II, line 14			15	%
16a	331/3% support test - 2014. If the o	•					· —
	this box and stop here. The organization						
D	331/3% support test - 2013. If the ocheck this box and stop here. The organization	-					
172	10%-facts-and-circumstances test - 2						
114	10% or more, and if the organization	-					
	Part VI how the organization meets the					•	•
	organization			=			• •
ь	10%-facts-and-circumstances test - 2						
_	15 is 10% or more, and if the orga	-					
	Explain in Part VI how the organization						•
	supported organization				•	•	
18	Private foundation. If the organization						
	instructions				•		
				<del></del>			

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	,	<del></del>	<del></del>	- <del></del>	<del></del>	<del></del>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees		1			1	
	received. (Do not include any "unusual grants ")		75,856.	65,980.	71,388.	72,154.	285,378.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	1	1 (	1		i	
	furnished in any activity that is related to the	1	<u> </u>				
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	-	141,231.	124,899.	129,775.	127,792.	523,697.
4	Tax revenues levied for the						
	organization's benefit and either paid					1	
	to or expended on its behalf		1				0
5	The value of services or facilities						
•	furnished by a governmental unit to the		ĺ				
	organization without charge						0
6	Total. Add lines 1 through 5		217,087.	190,879.	201,163.	199,946.	809,075.
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			İ			0
b	Amounts included on lines 2 and 3						
	received from other than disqualified	}		ľ			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	]	]	ļ	,	,	0
_	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						
_	line 6)		}		Į.	]	809,075.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6,		217,087.	190,879.	201,163.	199,946.	809,075.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		280.	160.			440.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			ł	1		
	acquired after June 30, 1975		Ll				0
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				1	F	
	carried on	ļ					0
12	Other income Do not include gain or		,		ļ		
	loss from the sale of capital assets						
	(Explain in Part VI)		<del></del>				<del></del>
13	Total support. (Add lines 9, 10c, 11,				ļ		
	and 12.)		217,367.	191,039.	201,163.	199,946.	809,515.
14	First five years. If the Form 990 is for	•	·		•	• '	
<u></u>	organization, check this box and stop here			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		▶ X
	tion C. Computation of Public Sup			o (f))		45	
15	Public support percentage for 2014 (line 8					15	<u>%</u>
16	Public support percentage from 2013 Sche				• • • • • • • •	16	<u> %</u>
	tion D. Computation of Investmen			solume (f))		17	0/
17	Investment income percentage for 2014 (In					<del></del>	%
18	Investment income percentage from 2013					18	<u>%</u>
19 a	33 1/3 % support tests - 2014. If the org						. —
L	17 is not more than 331/3 %, check th						
D	331/3% support tests - 2013. If the orga						
22	line 18 is not more than 331/3 %, check		•	-		•	F-1
20	Private foundation. If the organization	and hot cueck a	DUX ON TIME 12	, 13d, UI 19D,		and see instruc	

## Part IV

**Supporting Organizations** 

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Par	<u>t V.)</u>		
Sect	tion A. All Supporting Organizations		\\\-	Γ
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7_		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	. }	J	

determine whether the organization had excess business holdings )

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	11c		
Secti	on B. Type I Supporting Organizations		Yes	No
		Γ	103	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Yes	No
		,—— <u> </u>	165	INO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		. 1	
	or management of the supporting organization was vested in the same persons that controlled or managed	į (	[	
	the supported organization(s).	. 1	ĺ	
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously	.	ı	
	provided?	1_	\	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	,		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		ł	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	- 1	
	supported organizations played in this regard.	2	j	
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructic	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruct			
2	Activities Test. Answer (a) and (b) below.		Yes	<u>No_</u>
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		- (	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	20		
	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		]	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these		- 1	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		_	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must com			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		T
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	11		
maintenance of property held for production of income (see instructions)	6		<u> </u>
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			<u> </u>
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<del> </del>	<u> </u>
7 Check here if the current year is the organization's first as a non-functionally	-ıntegr	ated Type III supporting	organization (see
instructions).			•

Part		Supporting Organiza	tions (continuea)	<del>,</del>
Sect	ion D - Distributions			Current Year
_ 1	Amounts paid to supported organizations to accomplish e	xempt purposes		<u> </u>
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted	Ţ
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	zations	<u></u>
4	Amounts paid to acquire exempt-use assets			<u> </u>
5_	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6	Other distributions (describe in Part VI). See instructions.			<u> </u>
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
	(provide details in Part VI). See instructions.	<u></u>		
9	Distributable amount for 2014 from Section C, line 6			ļ
10	Line 8 amount divided by Line 9 amount		<del>,</del>	<u> </u>
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			<u> </u>
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b		<u> </u>		
С				
d				
е	From 2013		<u> </u>	<u> </u>
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)	<u></u>		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$		·	
а	Applied to underdistributions of prior years		·	
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.		<del></del>	
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	· · · · · · · · · · · · · · · · · · ·		
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.		<del></del>	
8	Breakdown of line 7:			i
a				
b	<u> </u>			
СС				
d	Excess from 2013			
e	Excess from 2014			

## . SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GO-	-HAWK BOOSTER CLUB		45-4199978
P:	organizations Maintaining Donor Ad	vised Funds or Other Similar Funds or	
	Complete if the organization answere		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	or advisors in writing that the assets held i	in donor advised
•	funds are the organization's property, subject to the		1 1 1
6	Did the organization inform all grantees, donors,		
•	only for charitable purposes and not for the ben-		
	conferring impermissible private benefit?		1 1 1
D.	rt II Conservation Easements.		
	Complete if the organization answered	d "Yes" to Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., re	·	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld 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	·	2a
b	Total acreage restricted by conservation easemen		2b
c	Number of conservation easements on a certified		2c
d	Number of conservation easements included in		
_	historic structure listed in the National Register.		2d
3	Number of conservation easements modified, tra		
	tax year ▶	,g	
4	Number of states where property subject to cons	ervation easement is located	
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, i		
	<b>&gt;</b>		• •
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easemen	ts during the year
	<b>▶</b> \$	-	
8	Does each conservation easement reported on lir	ne 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text		al statements that describes the
	organization's accounting for conservation easeme		<del></del>
Pa	organizations Maintaining Collection		Similar Assets.
	Complete if the organization answered	<del></del>	
1 a	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	FAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
	public service, provide, in Part XIII, the text of the f	controle to its financial statements that desc	ation, or research in furtherance of inbesthese items.
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	ar assets held for public exhibition, educ-	
	public service, provide the following amounts relat		
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a	irt, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under S		
a	Revenue included in Form 990, Part VIII, line 1		

Pa	rt III Organizations Maintaini	ng Collections o	f Art, Histo	rical Treasur	es, or O	ther Similar Ass	ets (contir	nued)
3	Using the organization's acquisition	on accession and	other record	e check any o	of the follo	wing that are a su	anifoont us	o of ito
3	collection items (check all that app		other record	s, check any o	i ille lollo	wing that are a sig	Jillicani use	e or its
а		/\frac{1}{3}	d 🗔	Loan or excha	ange progra	ams		
b	├ <del> </del>		e —					
C		erations						
4	Provide a description of the orga		s and explai	n how thev fur	ther the o	rganization's exemi	ot purpose	in Part
-	XIII.			, ,		. <b> </b>		
5	During the year, did the organization	on solicit or receive	donations of	art, historical tr	easures, or	other similar		
	assets to be sold to raise funds rat						Yes	No
Pai	rt IV Escrow and Custodial A	rrangements. Cor	nplete if the	organization	answered	"Yes" to Form 99	0, Part IV,	line 9,
	or reported an amount o	n Form 990, Part	X, line 21.		<del></del>			
1 a	Is the organization an agent, truste							
	included on Form 990, Part X?						Yes [	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the folio	wing table:	<del></del>			
				ĺ		Amount		
С	Beginning balance							
ď				i i				
e	Distributions during the year				1e			
f	Ending balance	oust on Form 000	Bort V line 3	(	1f	account liability?	Yes	No
2a	If "Yes," explain the arrangement i							
	rt V Endowment Funds. Com						<del></del>	
( C )	Endowment I dieds. Com	(a) Current year	(b) Prior		years back		(e) Four yea	ars back
1a	Beginning of year balance	<u> </u>	<del></del>		<u> </u>	<del>  `                                   </del>	1	
b			<del> </del>					
С	Net investment earnings, gains,							
	and losses			-				
d	Grants or scholarships							
е								
	and programs						<u> </u>	
f	Administrative expenses							
g	End of year balance		<u> </u>		<del></del>	<u> </u>	<u> </u>	
2	Provide the estimated percentage			line 1g, column	(a)) held as	s:		
	Board designated or quasi-endown	nent •	_%					
		%						
С	Temporarily restricted endowment	·	000/					
0 -	The percentages in lines 2a, 2b, a			an that are hal-				
3a	Are there endowment funds not in organization by:	the possession of the	ne organizati	on that are neit	i and admi	nistered for the	Ye	s No
	(i) unrelated organizations						3a(i)	3 140
	(ii) related organizations						3a(ii)	+
ь	If "Yes" to 3a(ii), are the related or	canizations listed as	required on S	Schedule R?			3b	+
4	Describe in Part XIII the intended u			-				
Par	t VI Land, Buildings, and Equi Complete if the organiza							
	Complete if the organiza							<u>).                                    </u>
	Description of property		other basis ( itment)	(b) Cost or other bas (other)		cumulated ( reciation	d) Book value	
	Land							
b	Buildings							
	Leasehold improvements							
				23,09	9.	12,100.	10	,999.
	Other	<del></del>		<del></del>				
ota	I. Add lines 1a through 1e. (Column	(a) must equal Forn	n 990, Part X,	column (B), line	10(c))	▶	10,	,999.

Schedule D (Form 990) 2014

JSA 4E1270 1 000

Part VII	Investments - Other Securities.  Complete if the organization answer	red "Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation.  Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other			<u> </u>
<u>(A)</u>			
<u>(B)</u>			
(C)			
<u>(D)</u>			
<u>(E)</u>			
<u>(F)</u>		-	
<u>(G)</u> 			
	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII			
I all VIII	Complete if the organization answer	red "Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		<del></del>	
(7)		<del></del>	
(8)			
	(b) must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets.		<del></del>
, art ix		ed "Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
	<del></del>	Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	ump (b) must equal Form 000. Deat V cal. (5	2) lino 15 )	
Part X	mn (b) must equal Form 990, Part X, col. (E Other Liabilities.	y mne 10)	
Part A		ed "Yes" to Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Federa	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			[
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col (B) line 25		
Liability fol	i unicertain tax positions in Part XIII, provide th	ie lext of the foothole to th	ne organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	VI Decemble tion of December and Audited Financial Statements With December and Determined		
Part .	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
		T	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	<u> </u>	
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c	4 1	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
_	Investment expenses not included on Form 990, Part VIII, line 7b	}	
b	Other (Describe in Part XIII.)		
С 5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	
Part	<u>.                                    </u>		
rait.	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	11 8 7.	
1	10.15	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	1 1		
_	Discourse adjustments		
b c	Otherslands	1	
d	Other losses Other (Describe in Part XIII.) 2d		
e	Add lines 2m through 2d	2e	
	Subtract line 2e from line 1	3	
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	1	
	Other (Describe in Part XIII.)		
		1 1	
	Add lines 4a and 4b	4c	
		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part IIII, lines 1b and 2b, Part III, lines 1b and 2b, Part III, lines 1b	5 art V, line	e 4; Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 art V, line	e 4; Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part IIII, lines 1b and 2b, Part III, lines 1b and 2b, Part III, lines 1b	5 art V, line	e 4; Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part IIII, lines 1b and 2b, Part III, lines 1b and 2b, Part III, lines 1b	5 art V, line	e 4; Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part IIII, lines 1b and 2b, Part III, lines 1b and 2b, Part III, lines 1b	5 art V, line	e 4; Part X, line
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection Employer identification number

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

6	GO-HAWK BOOSTER CLUB	45-4199978	
Pai	Part I General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	
	the selection criteria used to award the grants or assistance?	X Yes	2
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		]

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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.

Part II

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							
1415 4TH AVE SW WAVERLY, IA 50677	42-6039259	42-6039259 PUBLIC SCHOOL	90,970.				ATHLETICS
(2)							
	<del>,</del>						
(3)							
	<del>,</del>						
(4)							
	1						
(5)							
	,						
(9)	) )						

01(c)(3) and assument arranizations listed in the line 4 table		of other organizations listed in the line 1 table.
f section 501(c)(3) and dovernment organizations listed in the line	מוווויסוור סואשווידשיוסווא וואיפת וווי	in the line 1 table.
imber of section 501(c)(3) and dow	אהם אום (ה)לה) והואסה וה והבווים	umber of other organizations listed in the line 1 table
2 Enter total n		3 Enter total no

Schedule I (Form 990) (2014)

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

8

(6)

(10)

(12)

4E1288 1 000

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. Part III

!						
	(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
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P						
7 Part IV	Part IV Supplemental Information. Complete this part to information.	is part to prov	vide the informat	tion required in	Part I, line 2, Part III,	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

DETERMYNE 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.

2014 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

GO-HAWK BOOSTER CLUB

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
, AT	TACHMENT 1
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	127,792.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	115,956.
SALARIES AND WAGES	
OTHER COSTS	3,300.
SUBTOTAL	119,256.
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	119,256.