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# Form **990-E**Z

### **Short Form Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No 1545-1150

Open to Public Inspection

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June 30

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

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

2015, and ending

D Employer identification number C Name of organization B Check if applicable Address change 39-1571418 Spartan Athletic Booster Club Inc Room/suite Number and street (or P O box, if mail is not delivered to street address) E Telephone number Name change Initial return 262-781-3500 3305 Lilly Road Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Brookfield, Wisconsin 53005 Application pending H Check ► I if the organization is not Accrual Other (specify) Cash G Accounting Method required to attach Schedule B I Website: ▶ (Form 990, 990-EZ, or 990-PF) 501(c) ( □527 J Tax-exempt status (check only one) - ✓ 501(c)(3) ) ◀ (insert no ) ☐ 4947(a)(1) or Trust ✓ Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . . . . 1 2 2 Program service revenue including government fees and contracts 00 3 3 Membership dues and assessments . . . 17,101 4 4 Investment income . . . . . . 00 Gross amount from sale of assets other than inventory 5a 5a 00 5b Less: cost or other basis and sales expenses 00 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 00 Gaming and fundraising events SCANNED OCT 1 9 2016 Revenue Gross income from gaming (attach Schedule G if greater than \$15.000) . . . . 6a 00

Gross income from fundraising events (not including \$ 00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 18,599 6с Less, direct expenses from gaming and fundraising events . 13,155 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . 6d 7a 7a Gross sales of inventory, less returns and allowances 76,954 7b Less: cost of goods sold . . . . . .

40,756 С Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 Other revenue (describe in Schedule O). 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 63,301 10 10 Grants and similar amounts paid (list in Schedule CA 78,127 11 11 Benefits paid to or for members . . 0

12 12 Salaries, other compensation, and employed benefits Professional fees and other payments to independent fontractors 13 13 1,265 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 2,601 Other expenses (describe in Schedule O) . 16 16 17 Total expenses. Add lines 10 through 16 17 81,993

18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) (18,692)Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) . . . . . . . . 19 25,600 20 20 Other changes in net assets or fund balances (explain in Schedule O) . Net assets or fund balances at end of year Combine lines 18 through 20 21 6,908

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2015)

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Form 99	0-EZ (2015)		F	Page 3
Part-	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		<u>v</u>	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>√</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<b>√</b>
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b> </b> ✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		,	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed ▶ Wisconsin			
42a	The organization's books are in care of ► Treasurer  Located at ► 3305 Lilly Road  ZIP + 4 ►	262-78 530	1-350 005	0
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country.	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	<b>▶</b> □
<b>44</b> a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	,	<b>V</b>
•	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>✓</b>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	,	- 1,	
	Form 990-EZ (see instructions)	45b	L	<b>.</b> ✓

							. —	10	2 140
46	Did th	ne organization engage, directly or in	idirectly, in political c	ampaign activities on	behalf of or	in opposi	tion	_	
		ndidates for public office? If "Yes," o		, Part I	<u> </u>	• •	· 46	<u> </u>	$\bot \checkmark$
Part V		Section 501(c)(3) organizations						_	
		All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and cor	nplete th	e tables	tor li	nes
		50 and 51.							
		Check if the organization used Sch	nedule O to respond	I to any question in t	his Part VI		<u> </u>		🗀
								Ye	s No
		he organization engage in lobbying		section 501(h) electio	n in effect d	uring the	tax		
	year?	If "Yes," complete Schedule C, Part	H				. 47	·	1
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes." complete:	Schedule E		. 48	3	1
		ne organization make any transfers to					49	a	+-
		es," was the related organization a se	· · ·	-			. 491	_	+ 7
		plete this table for the organization's							and key
		oyees) who each received more than							
<del></del>	J,p.:	, , , , , , , , , , , , , , , , , , , ,		T	(d) Health b		0, 0,1101		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to	o employee	(e) Estima	ted am	ount of
	(-/	The same and the same of same	devoted to position	(Forms W-2/1099-MISC)	benefit plans, a compens		other co	mpens	ation
			<del></del>		Compens	sation			
					1				
									_
	·								
	· 						•		
f	Total	number of other employees paid over	er \$100,000	. <b>&gt;</b>					
		plete this table for the organization'			contractors	who each	receive	d moi	re thar
	\$100	,000 of compensation from the orga	nization If there is no	one, enter "None "					
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	ice	(c)	Compensa	ition	
						.,,			
				]					
								_	
				1					
d	Total	number of other independent contra	ctors each receiving	over \$100,000	<b>&gt;</b>		<u> </u>		
52	Did 1	the organization complete Schedu	de A? <b>Note:</b> All se	ection 501(c)(3) orga	nizations mi	ıst attach	) a	_	
		oleted Schedule A					▶ ☑ Ye	s 🗆	No
Under pe	enaltres	of perjury, I declare that I have examined this	eturn, including accompan	ving schedules and stateme	ents, and to the b	est of my kr			
		d complete per aration of preparer (other mar					/ .		,,
		Valled 1911	100110		<u> </u>	1211	110		
Sign		Signature of officer		,	Date	· · · · · /	, <del>, ,</del>		
Here		Alana Gardner, Treasurer							
		Type or print name and title	·						
Doid		Print/Type preparer's name	Preparer's signature	Da	te	Check [	, PTIN		
Paid					Check I if self-employed				
Prepa			!			,			
Hear C		Firm's name ▶			Firm's	s EIN ▶	,,,,,		
Use C		Firm's name ► Firm's address ►			Firm's	s EIN ▶	,00		

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the	organization					Employer identification	n number
Spartan A	thletic Booster Club Inc	<del>,,,</del> ,	·				71418
Part I	Reason for Public Cha	<del></del>					ons.
<u> </u>	nization is not a private founda		-		•	•	
	A church, convention of churc						
	A school described in section						
	A hospital or a cooperative how A medical research organization	•					(iii) Enter the
t	nospital's name, city, and state	e.					
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II.)						
7 🗆 A							n the general public
	A community trust described i			Part II.)			
	An organization that normally				rom con	tributions, members	ship fees, and gross
r s	receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain e taxable ir	exceptio ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
	An organization organized and				•	•	
11 🗆	An organization organized and one or more publicly supported the box in lines 11a through 11	operated exclusi d organizations d	ively for the benefit of, lescribed in <b>section 5</b>	to perforr <b>09(a)(1)</b> or	n the fur section	ctions of, or to carry 509(a)(2). See sect	i <b>on 509(a)(3).</b> Check
_	Type I. A supporting organiz the supported organization(s	ation operated, and the solution operated, and the solution of	supervised, or controllegularly appoint or ele	lled by its	support	ed organization(s), ty	pically by giving
. –	organization. You must com	-					
b L	Type II. A supporting organic control or management of the organization(s) You must co	e supporting org	ganization vested in th			• •	, , ,
c [	Type III functionally integral its supported organization(s)	ated A supporting	ng organization opera				y integrated with,
d [	Type III non-functionally in that is not functionally integr requirement (see instructions	ated The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and	
e [	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
<b>f</b> En	iter the number of supported o	organizations .					
g Pr	ovide the following information	n about the supp	oorted organization(s)				
(ı) N	arne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) is the or listed in you docun	r governing		(vi) Amount of other support (see instructions)
_				Yes	No		
(A)							<del></del>
(B)							
(C)				-	<u> </u>		
(D)							
(E)							<u> </u>
		MANUAL PARTIES					<u> </u>
Total		<b>经产产的</b>	<b>建设于新州市</b>	18 C			

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Schedu	le A (Form 990 or 990-EZ) 2015						Page <b>2</b>
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ie box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	i) alify under
Secti	on A. Public Support				·		<del></del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3						_
5	The portion of total contributions by each person (other than a governmental unit or publicly					, <u>-</u>	
	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		<u></u>	<u> </u>			
	on B. Total Support	1 1 2011	41.0040	( ) 0040	1.0044	(-) 0045	(n T. L.)
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4					<del> </del>	
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						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	_	n's first, secor	nd, third, fourtl	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he		· · · ·	<u> </u>			· · · <b>P</b> []
	ion C. Computation of Public Support			(4)			
14	Public support percentage for 2015 (line					15	<u>%</u>
15 16a	Public support percentage from 2014 Sc 331/3% support test – 2015. If the organi	nedule A, Fait zation did not	check the how	on line 13, an	 id line 14 is 33		
iva	box and <b>stop here.</b> The organization qua	alifies as a pub	licly supported	organization			▶ 🛚
b	331/3% support test—2014. If the orga check this box and stop here. The organ	nization did n	ot check a bo	x on line 13 c	r 16a, and line		
17a	10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts facts-and-circ 	-and-circumsta umstances" te 	ances" test, ch st. The organia	eck this box a zation qualifies	nd <b>stop here.</b> I as a publicly s	Explain in supported . ► □
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization in	ition meets th	e "facts-and-c	ircumstances'	test, check t	his box and st	top here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Section A. Public Support

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees			·			
_	received. (Do not include any "unusual grants.")	20,270	18,922	23,450	20,167	17,101	99,910
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					İ	
	organization's tax-exempt purpose	79,270	63,095	89,275	82,238	76,954	390,832
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	23,700	22,768	28,355	21,608	18,599	115,030
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the	_	_	_	_	_	
_	organization without charge	0	0	0	0	0	0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	123,240	104,785	141,080	124,013	112,654	605,772
/a	received from disqualified persons .				•		
		0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	o	0	o	n
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from	1		-		-	
	line 6)	, , ,					605,772
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
9	Amounts from line 6	123,240	104,786	141,080	124,013	112,654	605,772
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	0	0	0	0	0	0
р	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						_
_	Add lines 10a and 10b	0	0	0	. 0	0	0
С 11	Net income from unrelated business					<u>'</u>	
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	0	o	o	ol	0
12	Other income. Do not include gain or					Ť	
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	o	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	123,240		<del></del>			605,772
14	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		• • •	· · · ·	•	• •	▶ 🗆
	on C. Computation of Public Suppor			01 (0)		745	
15	Public support percentage for 2015 (line					15	100 %
16 Sooti	Public support percentage from 2014 Sci			•		16	100 %
17	on D. Computation of Investment In Investment income percentage for 2015 (			v line 13 colur	mn (fl)	17	0 %
18	Investment income percentage from 2014					18	0 %
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2014. If the organiz						
_	line 18 is not more than 331/3%, check this	box and stop h	<b>ere.</b> The organ	ızatıon qualıfıes	as a publicly s	upported organ	ızatıon ▶ 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	check this box	and see instruc	ctions 🕨 🗌

#### Part IV Supporting Organizations

Section A. All Supporting Organizations

(Complete only if you checked a box in line 11 on 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 Part V.)

			Yes	No
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		
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		
3а	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "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)		<del>-</del>	
	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)			
b	<b>Type I or Type II only.</b> 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
_		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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 <b>Part VI</b> .	9a		-
b	Did one or more disqualified persons (as defined in line 9a) 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 9a) 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 <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

•	Part IV Supporting Organizations (continued)			F
	"" VI SUITABLION ACCORDED TO THE		-	Yes
	<ul> <li>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)</li> <li>A family member of a person described organization?</li> </ul>		-+	Yes
	below, the governing body of a supported organization?  b A family member of a person described in (b) and (c)		- 1	- 1
	b A family member of a person described in (a) above?	1	1a	
50	A 35% controlled entity of a person described in (a) or (b) above:	_	1b	
26	c A 35% controlled entity of a person described in (a) above?  ection B. Type I Supporting Organizations		1c	
			IC	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to tax year? If "No," describe in Boot Mr.		<del></del>	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the controlled the organization's activities. (It is a controlled the organization's activities at its controlled the organization's activities.		<b>Y</b>	es I
	tax year? If "No," describe in Part VI how the supported	- 1	- 1	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization's directors or trustees at all times during the controlled the organization's activities. If the organization had more than one supported expension, or describe how the powers to appoint and		- 1	-
	controlled the organization's activities. If the organization had more than one supported organization, or organization, and what send the powers to appoint and/or remove directors or trustees were allowed organization,		- 1	
	what conditions or restrictions, if any applied to	,		
2	Did the organization operation		_	
	organization(s) that operate to the belief of any supported organization of the state of the belief of any supported organization of the state of the belief of any supported organization of the belief of the belief of the state of the stat	1		-
	VI how providing such benefit and the supporting organization of the supported			+
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated supervised, or controlled the supported organization(s) that operated,	-		-
Sec	supervised, or controlled the supporting organization of the supported organization (s) that operated,	1	1	
	etion C. Type II Supporting Organizations	2		-
1				
•	or trustees of		TV-	J
	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 <b>Part VI</b> how control the supported organization(s).		res	N
	or management of the supporting organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control the supported organization(s)	1	1	1
5001	tion B and supported organization(s)		1	1
Sect	tion D. All Type III Supporting Organizations			<u> </u>
		1_1_		<u></u>
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the year, (i) a copy of the Form 900 that the describing the type and amount of support are an interest or the support are an interest.			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) account of support provided during the prior tax organization's governing documents in offset and the date of notification, and (iii) account to the date of notification, and (iii) account to the date of notification, and (iii) account to the date of notification and the	r	Yes	No
	year, (ii) a copy of the Form 990 that was most recently filed.			
2	TYPIE BITY OF The property is a second of the property of the extent flot previously property in			
		1	]	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	T		
3	the organization maintained a close and continuous working relationship with the supported organization? If "No," explain in <b>Part VI</b> how By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the supported organization have a		- 1	
		2	~	
	income or assets at all times distributed by the use of	_		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		- 1	
	on E. Type III Everythe role the organization's	- 1		
ectio	The in Functionally-Integrated Communication			1
ectic	Charles Supporting Organizations	3	J	
ectic	on E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization years the method that the organization years the method that the method that the organization years the method that the method that the organization years the method that the method th	3		
ectic 1 a	The organization satisfied the arganization used to satisfy the Integral Part Test during the	3		
ection 1 a b	The organization is the Activities Test. Complete line 2 below	3	ions)	
ection 1 a b	The organization is the Activities Test. Complete line 2 below	3   struct	ions)	
ection 1 a b	The organization is the Activities Test. Complete line 2 below	3   struct	ions)	
ection	The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) between	3   struct	ions)	 
ection	The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below. Did substantially all of the arm	ınstru	iction	s).
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	tru mpl	st on Nov 20, 1970 <b>See</b> ete Sections A through E	instructions. All
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		
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 maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)	6 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>b</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):			-
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		
7 Check here if the current year is the organization's first as a non-functional instructions).	y-ın	tegrated Type III supporting	ng organization (see

_Part_		) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	<del></del>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	<del></del>		
9	Distributable amount for 2015 from Section C, line 6	·	· · · · · · · · · · · · · · · · · · ·	<del></del>
10	Line 8 amount divided by Line 9 amount	<u> </u>	/::\	/:::\
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
С				
d	From 2013	-	-	
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u>-</u> _i_	Carryover from 2010 not applied (see instructions)			<del>-</del>
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		1	
6	Remaining underdistributions for 2015 Subtract lines 3h			1
	and 4b from line 1 (if amount greater than zero, see			1
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
<u></u> а				
b				
С	Excess from 2013 .			
d	Excess from 2014			
е	Excess from 2015			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Spartan Athletic Booster Club Inc.	39-1571418
Part I - Line 10 Expenses - Grants and Similar Amounts Paid - to High School Athletic Programs - \$76,0	27
Part I - Line 10 Expenses - Grants and Simılar Amounts Paid - Recognition Awards to High School Org	
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Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer Identification number
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