

Form 990-T

C&E 950

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

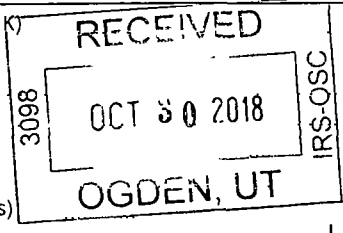
H Describe the organization's primary unrelated business activity: RECEIPT OF ADVERTISING REVENUE. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of VICKY D'ORAZIO Telephone number 608-469-5336

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing advertising income totaling 3,415.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, Amount, Total. Rows 14-34 detailing deductions totaling 5,216, resulting in a net taxable income of -1,801.



SEE STATEMENT 1

SCANNED DEC 14 2018

Part III Tax Computation

35	Organizations Taxable as Corporations See instructions for tax computation Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	(1) \$ _____	(2) \$ _____
		(3) \$ _____	
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____		
	(2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34		35c 0.
36	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37	Proxy tax See instructions		37
38	Alternative minimum tax		38
39	Tax on Non-Compliant Facility Income See instructions		39
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40 0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	0.
45a	Payments: A 2016 overpayment credited to 2017	45a	
b	2017 estimated tax payments	45b	
c	Tax deposited with Form 8868	45c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total	45g	
46	Total payments Add lines 45a through 45g	46	
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>	47	
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50	Enter the amount of line 49 you want Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 10/27/18 Title: TREASURER

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KIRSTEN HOUGHTON	<i>[Signature]</i>	10/19/18		P01273230
	Firm's name	Firm's EIN		Firm's address	
SVA CERTIFIED PUBLIC ACCTS SC	39-1203191		1221 JOHN Q. HAMMONS DRIVE		
Firm's address			Phone no		
MADISON, WI 53717			608-831-8181		

CARDINAL BOOSTERS INC.

Form 990-T (2017) C/O JOHN W. RADER

39-1457800

Page 3

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					
				8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
							X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			0.	0.
				0.

Form 990-T (2017)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

CARDINAL BOOSTERS INC.

Form 990-T (2017) C/O JOHN W. RADER

39-1457800

Page 5

Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4) SEE STATEMENT 2		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
SIGNAGE & PRINTING		5,216.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		5,216.

FORM 990-T	SCHEDULE K - COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 2
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NAME	TITLE	PERCENT	COMPENSATION
BOB JOERS	ATHLETIC DIRECTOR	.00%	0.
ANDY FLOTTMEYER	DIRECTOR	.00%	0.
ANDY ROCQUET	DIRECTOR	.00%	0.
ANN JONES	DIRECTOR	.00%	0.
KIM FRISCH	DIRECTOR	.00%	0.
RACHEL NEWCOMB	SECRETARY	.00%	0.
BETH DETTMAN	DIRECTOR	.00%	0.
BETH GRAF	DIRECTOR	.00%	0.
KATIE ROGERS	DIRECTOR	.00%	0.
CARRIE ROCQUET	DIRECTOR	.00%	0.
COURTNEY MADIGAN	DIRECTOR	.00%	0.
NEIL PETERS-MICHAUD	DIRECTOR	.00%	0.
GINA SCHUSTER	DIRECTOR	.00%	0.
TINA CHIRAFISI	DIRECTOR	.00%	0.
JOHN RADER	TREASURER	.00%	0.
HOLLY BAGGOT	DIRECTOR	.00%	0.
SHELLIE HENDERSON	DIRECTOR	.00%	0.
SHANA WUEBBEN	DIRECTOR	.00%	0.
DAN DUNN	DIRECTOR	.00%	0.
KATE NISBET	PRESIDENT	.00%	0.
CAMILLE DUNN	DIRECTOR	.00%	0.
CHRISTINE RADER	DIRECTOR	.00%	0.
SHAWN WELTI	DIRECTOR	.00%	0.
JIM ARMSTRONG	DIRECTOR	.00%	0.
JODI KOWALSKI	DIRECTOR	.00%	0.
KATHLEEN MAGINOT	DIRECTOR	.00%	0.
MARI LAMERS	DIRECTOR	.00%	0.
MARIA LUNDIN	DIRECTOR	.00%	0.
NORMA MEIER	DIRECTOR	.00%	0.
SCOTT EASTON	DIRECTOR	.00%	0.
STEPHANIE HUJANEN	DIRECTOR	.00%	0.
KEVEN MEICHER	DIRECTOR	.00%	0.

TOTAL TO FORM 990-T, SCHEDULE K