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CLIENT'S COPY



Kimberly A. Illhardt CPA, LLC Certified Public Accountant 212 S. Crockett St. Seguin, Tx 78155

May 12, 2021

Panther Posse Booster Club P O Box 42 Geronimo, TX 78115

Panther Posse Booster Club:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Please note the declaration above the signature line of your income tax return. Please assist us to make your tax return as accurate as possible by reviewing it carefully. If you note anything that appears unusual or incorrect, call us immediately to discuss your questions.

Our copies of work done for you belong to us. We return all of your information to you, retaining only copies which we work from and use to document the source of data included in your tax returns. We have a policy of destroying our records and all copies included therein after five (5) years for all inactive clients.

Retain copies of your income tax returns and records of real estate purchases indefinitely. Retain all income tax records for at least three years and we believe five years to be better. Retention is necessary in the event your tax return is selected for audit. If your return is audited, we feel it to be in your best interest to include us in the proceedings as early as possible.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Kimberly A. Illhardt

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2020

Prepared for	Doubles Donne Booker Club
	Panther Posse Booster Club P O Box 42
	Geronimo, TX 78115
Prepared by	Kimberly A. Illhardt CPA, LLC
	212 S. Crockett St. Seguin, TX 78155
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 17, 2021
Special Instructions	The return should be signed and dated.

CHANGE OF ACCOUNTING PERIOD

Form **990**

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUN 1, 2020 and ending DEC 31,

Open to Public Inspection

~ '	01 111	and the secondary year, or tax year beginning 0011 1, 2020 and	enung .	DDC 31, 2020					
В	Check if applicab	C Name of organization		D Employer identifi	cation number				
	Addre								
	Name chang	e Doing business as		 **-***4 3	60				
F	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)							
	return termir			210-738-	206,005.				
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$					
F	lreturn	GERONIMO, IX /0115		H(a) Is this a group re					
	Application pendi			for subordinates					
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 52 ⁻	If "No," attach a	list. See instructions				
		te: ► N/A		H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Yea	r of formation: 2006 n	1 State of legal domicile: $\mathbf{T}\mathbf{X}$				
Pa	art I	Summary							
_	1	Briefly describe the organization's mission or most significant activities: ${f THE}$	CORPO	RATION'S PRI	MARY EXEMPT				
Activities & Governance		PURPOSE IS TO SUPPORT THE NAVARRO INDEPE	NDENT	SCHOOL DIST	RICT				
ä	2	Check this box if the organization discontinued its operations or dispos	sed of mor	re than 25% of its net as					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	24				
S O	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0				
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0				
ξ	6	Total number of volunteers (estimate if necessary)		_	24				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		118,513.	94,939.				
	9	Program service revenue (Part VIII, line 2g)		0.	0.				
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,812.	14,539.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		126,325.	109,478.				
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		136,399.	27,195.				
	14	Describe a side and for association (Dest IV) and association (A) like A)		0.	0.				
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		0.	0.				
ses	160			0.	0.				
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)	····	<u> </u>	•				
Ä	1,5	Total fundraising expenses (Part IX, column (D), line 25)		3,584.	1,890.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		139,983.	29,085.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-13,658.	80,393.				
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12							
ts o		T	<u>B</u>	eginning of Current Year 64,685.	End of Year 145,078.				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		04,003.	0.				
et A	21	Total liabilities (Part X, line 26)		64,685.	145,078.				
	22	Net assets or fund balances. Subtract line 21 from line 20		04,005.	145,076.				
	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er nas any knowledge.					
		Signature of officer		 Date					
Sig	n	'		Date					
Hei	re	MATTHEW BRADLEY, TREASURER							
		Type or print name and title		Doto	T DTIN				
		Print/Type preparer's name Preparer's signature		Date Check If	PTIN				
Pai -		KIMBERLY A. ILLHARDT		self-employ					
	parer	Firm's name KIMBERLY A. ILLHARDT CPA, LLC		Firm's EIN ▶	**-***6496				
Use	Only	Firm's address 212 S. CROCKETT ST.							
		SEGUIN, TX 78155		Phone no. (8	30)379-2460				
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No				

ı u	Ola Life Charles Control Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	AMIII DMTC
	FUNDS WERE DISTRIBUTED TO NAVARRO INDEPENDENT SCHOOL DISTRICT	ATHLETIC
	PROGRAM FOR USE IN THE PUBLIC SCHOOL.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	v expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	cxpcriscs, and
4-	15 045	\
4a	(Code:) (Expenses \$ 15,945 including grants of \$ 15,945) (Revenue \$ FUNDS WERE DISTRIBUTED TO NAVARRO INDEPENDENT SCHOOL DISTRICT	<u>, , , , , , , , , , , , , , , , , , , </u>
		AIIIDELIC
	PROGRAM FOR USE IN THE PUBLIC SCHOOL.	
4b	(Code:) (Expenses \$ 11,250 • including grants of \$ 11,250 •) (Revenue \$	1
	SCHOLARSHIPS ARE AWARDED TO DESERVING STUDENTS FOR EDUCATIONAL	
	EXPENSES.	•
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 27,195.	_
		Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 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 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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
.5	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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

032003 12-23-20

Form 990 (2020) PANTHER POSSE BOOSTER CLUB
Part IV Checklist of Required Schedules (continued)

ı aı	Officerist of nequired Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23		х
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 25
2 4 a	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			X
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 **T V Statements Regarding Other IRS Filings and Tax Compliance	38	- 22	
. ui	Charle if Cabadula O contains a various average as rate to any line in this Dark V			
	Check if Schedule O contains a response or note to any line in this Part v		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	o l		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
			000	

032004 12-23-20

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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 account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
C		7c		х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	70		
u _	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24						
	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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	0						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supe	rvision						
	of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х			
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a								
	more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s								
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re								
			-		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such cl		ı						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe							
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approve								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a		Х			
b	Other officers or key employees of the organization			15b		Х			
	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 arranger	ment with a							
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its participa	ation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Sed	ction 501(c)(3)	s only) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.	•	,	•					
	Own website Another's website X Upon request Other (explain	on Schedule	O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finar	ncial				
	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 bo	oks and reco	rds ►						
	MATTHEW BRADLEY - 210-738-8750								
	750 EAST MULBERRY AVENUE, SUITE 510, SAN ANTONIO,	TX 782	212						

2227___1

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)			((<u></u>			(D)	(E)	(F)
Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		99/	mpen		(***271099*181150)		and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	-e			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			_
(1) JOEL FREDERICK	1.50									
PRESDIENT		Х		X				0.	0.	0.
(2) BARRY JAROSZEWSKI	0.25									
DIRECTOR		Х						0.	0.	0.
(3) MATT BRADLEY	0.50									
TREASURER		Х		X				0.	0.	0.
(4) KIRK BRUMLEY	0.50									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) GARY KUBENKA	0.25									
DIRECTOR		Х						0.	0.	0.
(6) KEVIN BLEWETT	0.25									
DIRECTOR		Х						0.	0.	0.
(7) TROY LAW	0.25									_
DIRECTOR		Х						0.	0.	0.
(8) MERLAND ALBERT	0.25									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL GUETZKE	0.25									
DIRECTOR		Х						0.	0.	0.
(10) MIKE BUTLER	0.25									
DIRECTOR		Х						0.	0.	0.
(11) JIM ANDREWS	0.25									
DIRECTOR		Х						0.	0.	0.
(12) MIKE CHASE	0.25							_	_	_
DIRECTOR		Х						0.	0.	0.
(13) MIKE PURDUM	0.25								_	
DIRECTOR		Х						0.	0.	0.
(14) MARK MONROE	0.25								_	_
DIRECTOR		Х						0.	0.	0.
(15) ROBERT WEZEMAN	0.25									
DIRECTOR		Х						0.	0.	0.
(16) JAY MONKERUD	0.25									•
DIRECTOR	0.05	Х						0.	0.	0.
(17) TROY BURCH	0.25									•
DIRECTOR		Х						0.	0.	0.

032007 12-23-20

Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>rees</u>	, an	a Hi	igne	st C	compensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box	Positio (do not check mor box, unless persor officer and a direct			than	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mated ount of ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		comp fro orga and		on ed
(18) EDDIE REYES DIRECTOR	0.25	х						0.	().			0.
(19) CLAYTON CHAMBERS DIRECTOR	0.25	х						0.	().			0.
(20) JEFF STURM	0.25							_					
DIRECTOR	0.50	Х						0.	().			0.
(21) JEFF HAGAN	0.50	X		x				0.	,				0.
VICE PRESIDENT (22) CHRIS GOSCH	0.25	^		^				0.		<u>'+</u>			0.
DIRECTOR	0.23	x						0.	(۱.			0.
(23) TODD WALKER DIRECTOR	0.25	x						0.).			0.
(24) LANCE BLACKBURN DIRECTOR	0.25	X						0.).			0.
DIRECTOR				4	4			0.	•	$\stackrel{\sim}{+}$			
								<u> </u>		+			
4. 6.1								0.	,).			0.
1b Subtotal c Total from continuation sheets to Part VI								0.).			0.
d Total (add lines 1b and 1c)								0.).			0.
Total number of individuals (including but n compensation from the organization							no r	eceived more than \$100	0,000 of reportable				0
				7							'	Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								ghest compensated emp			3		х
4 For any individual listed on line 1a, is the su	-	le co	omp	ensa	atior	n and	d ot	her compensation from					
and related organizations greater than \$150											4	_	X
5 Did any person listed on line 1a receive or a							elat	ted organization or indiv	idual for services		-		х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	e	Or St	JCH	pers	SOII .					5		
Complete this table for your five highest co										ensa	tion fro	om	
the organization. Report compensation for (A)	tne calendar y	ear	enai	ng v	vitn	or w	/itnir	n the organization's tax	year.		(C)		
Name and business	address	N	INC	3				Description of s	services	Со	mpen	sation	J
2 Total number of independent contractors (i \$100,000 of compensation from the organic		ot li	mite	d to		se li:	stec	d above) who received n	nore than				
+ 190,000 of ostroportoution from the organic										F	orm 9	90 (2	020)

032008 12-23-20

			Check if Schedule O contains a response or note to any li	ne in this Part VIII			
			Check if Schedule O contains a response or note to any li	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	sections 512 - 514
ts ts	1	_	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	١.		Membership dues 1b	_			
Ω,ξ			Fundraising events 1c 89,774.	-			
ifts Ir A			Related organizations 1d	_			
nis Gil			Government grants (contributions) 1e	_			
Sir			All other contributions, gifts, grants, and	_			
uti her		•	similar amounts not included above 11 5, 165.				
ઉ류		_		_			
on and		g	Noncash contributions included in lines 1a-1f	94,939.			
0 10		<u>n</u>	Total. Add lines 1a-1f Business Code				
40	١,						
ΪĊ	2	a					
Ser		b					
m S		C					
gra Re		d					
Program Service Revenue		e	All others are green and the results of the second				
_		f	All other program service revenue				
	_	g	Total. Add lines 2a-2f				
	3	i	Investment income (including dividends, interest, and				
	١,		other similar amounts) Income from investment of tax-exempt bond proceeds				
	4						
	5	,	Royalties (i) Real (ii) Personal				
	_						
	١٥	a		_			
				_			
	,		Gross amount from sales of (i) Securities (ii) Other				
	'	а	assets other than inventory				
		h	Less: cost or other basis				
ē		b	and sales expenses7b				
enr		_	Gain or (loss) 7c	_			
Je v			Net gain or (loss)				
her Revenue	١.		Gross income from fundraising events (not				
G.	ľ°	а	including \$ 89,774. of				
•			contributions reported on line 1c). See				
			Part IV, line 18				
		h	Less: direct expenses 8b 96,527				
			Net income or (loss) from fundraising events	14,539.			14,539.
	۱۵		Gross income from gaming activities. See	21/3331			22,0001
	ľ	u	Part IV, line 199a				
		h	Less: direct expenses 9b	_			
			Net income or (loss) from gaming activities				
	10		Gross sales of inventory, less returns				
		_	and allowances10a				
		h	Less: cost of goods sold 10b	_			
			Net income or (loss) from sales of inventory				
		_	Business Code				
Miscellaneous Revenue	11	а					
ane nuc		b					
eve		c					
disc.			All other revenue				
2			Total. Add lines 11a-11d				
	12		Total revenue. See instructions	109,478.	0.	0.	14,539.
	_	_					

Par	t IX Statement of Functional Expens	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 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	15,945.	15,945.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	11,250.	11,250.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		<u> </u>		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes Fees for services (nonemployees):				
ii a	Management				
b	Legal				
C	Accounting	1,800.		1,800.	
d	Lobbying			,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	90.		90.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22 23					
23 24	Other expenses. Itemize expenses not covered				
27	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	s.psss s sandano s.,				
b					
С					
d					
е	All other expenses				
25	Total functional expenses . Add lines 1 through 24e	29,085.	27,195.	1,890.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				I

Form **990** (2020)

____ if following SOP 98-2 (ASC 958-720)

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

Total liabilities and net assets/fund balances ...

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 145,078. 64,685. Cash - non-interest-bearing 1 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 64,685. 145,078. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here \blacktriangleright X and complete lines 29 through 33.

145,078. Form **990** (2020)

145,078.

145,078.

0.

29

30

31

32

0.

0.

64,685.

64,685.

64,685.

29

31

32

33

Pa	rt 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		9,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,0 0,3			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	14	5,0	78.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
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 compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
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 audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
			Form	990	(2020)		

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PANTHER POSSE BOOSTER CLUB

Employer identification number **-***4360

Do	rt I	Pagent for Dublic (All		-: 1 \ 0				
			Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1	Щ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	Ш	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	ped in		
		section 170(b)(1)(A)(iv). (C		,		, ,				
6		A federal, state, or local gov	• •	nental unit described in	section 17	70(b)(1)(A)	(v)			
	X	An organization that norma	-					nublic described in		
•		section 170(b)(1)(A)(vi). (Co	•	Titial part of its support i	ioiii a gov	Ciriiriciitai	unit of from the general	public described in		
				dVAVest (Commission David						
8	H	A community trust describe			A					
9	ш	An agricultural research org								
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or		
		university:								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ns, membership fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	section	509(a)(2).	See section 509(a)(3). (Check the box in		
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	/ giving		
		the supported organization								
		organization. You must o		1 1 1 1	, ,			11 3		
b		Type II. A supporting org			tion with it	s sunnorti	ed organization(s), by ha	avina		
~		control or management o	•					-		
		_			arrie perso	JIIS IIIAI CC	ontrol of manage the sup	pported		
_		organization(s). You mus			in connoc	tion with	and functionally integrat	ad with		
C		Type III functionally inte					•	ea with,		
		its supported organization		•						
d		Type III non-functionally					• • • •			
		that is not functionally int	•	• •	•		•	riveness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	* *	nally integrated support	ing organi	zation.				
f	Ente	r the number of supported o	organizations							
g		ide the following information		` '	Giv) la tha anna	ninetia n lieta d				
	(1	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
ro+-	<u> </u>									
Γota	u						l	I		

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	72,810.	49,559.	81,899.	118,513.	94,939.	417,720.
2	Tax revenues levied for the organ-						
	ization'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	72,810.	49,559.	81,899.	118,513.	94,939.	417,720.
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)						14,828.
_6	Public support. Subtract line 5 from line 4.						402,892.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019 118,513.	(e) 2020 94,939.	(f) Total 417,720.
7	Amounts from line 4	72,810.	49,559.	81,899.	118,513.	94,939.	417,720.
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						417,720.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	527,313.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor						<u></u> ▶□
	ction C. Computation of Publ						06 45
	Public support percentage for 2020 (14	$\frac{96.45}{98.02}$ %
15	Public support percentage from 2019					15	
16a	33 1/3% support test - 2020. If the c	•		•		•	
	stop here. The organization qualifies						
D	33 1/3% support test - 2019. If the condition have						
17.	and stop here. The organization qual						
17 a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact meets the facts-and-circumstances to		·	•		· ·	
h	10% -facts-and-circumstances tes	•	•			172 and line 15 is	
Ď.	more, and if the organization meets the	_					10/0 OI
	· · · · · · · · · · · · · · · · · · ·				-		
19	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did flot Check a	DUX UITIII IE TO, TO	a, 10D, 1/a, 01 1/1	, GIRCK IIIS DOX 8	ina see instruction	o

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 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	ction A. Public Support	now, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and			,	` '		, , , , , , , , , , , , , , , , , , ,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	'						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			_			
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6			, ,	` '	1 ,	.,
	Gross income from interest,						
	dividends, payments received on	,					
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
L	(less section 511 taxes) from businesses						
	,						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						▶□
Sec	ction C. Computation of Publi	c Support Pe	ercentage				·
15	Public support percentage for 2020 (lin	ne 8, column (f),	divided by line 13,	column (f))		15	Ç
	Public support percentage from 2019					16	(
	ction D. Computation of Inves					•	
17	Investment income percentage for 202	20 (line 10c, colu	mn (f), divided by I	line 13, column (f))		17	(
	Investment income percentage from 2					18	(
	33 1/3% support tests - 2020. If the						
.56	more than 33 1/3%, check this box an						
L	33 1/3% support tests - 2019. If the						🚩 🗀
Ĺ	• • • • • • • • • • • • • • • • • • • •	· ·			•	•	
20	line 18 is not more than 33 1/3%, chec						
ZU	Private foundation. If the organization	Tulu HOL CHECK 2	LUUX UII IINE 14, IS	a. OF 190. CHECK T	nis dox and see i	115truCtionS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
- **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 Part VI.
- c 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 Part VI.
- 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 line 10b below.
 - **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.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
٥.		
9b		
9с		
10a		
,		
10b		

Par	t IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on-	e or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	urt a al		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supervised organization.			
	supported 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			
	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		
	tion C. Type II Supporting Organizations	•		
			Yes	No
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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion 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, (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) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously 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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	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			
_	supported organizations played in this regard.	3		
Sect	tion 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 yeafsee instruction	ctions).		
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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.	2a		
	Did the activities described in line 2a, above, 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
	3 1 71 3 7	OI-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must of	comple	te Sections A through E.			
Sect	ion 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)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 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-functionally	integr	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s 3		
4	Amounts paid to acquire exempt-use assets	4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
<u>i</u>	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
С	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

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.)
PART II, SHORT YEAR EXPLANATION:
THE ORGANIZATION IS SWITCHING TO A CALENDAR YEAR. THIS RETURN COVERS
JUNE 1, 2020 - DECEMBER 31, 2020.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
C L CONCRETE	8,715.	361.
BURCH LAW FIRM	8,903.	549.
ROCKET AIRCRAFT SERVICES	22,272.	13,918.
Total Excess Contributions to Schedule A, Part II, Line 5		14,828.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

-*4360

2020

Name of the organization Employer identification number

PANTHER POSSE BOOSTER CLUB

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $LHA \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. } \\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

-*4360

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROCKET AIRCRAFT SERVICES, LLC 215 BEECHCRAFT LN SEGUIN, TX 78155	\$ 10,500.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

-*4360

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I DONATED TWO PRIVATE FLIGHTS ON A CITATION JET. 1 10,500. 07/31/20 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number

Name of organization

	ER POSSE BOOSTER CLUB		**-***4360
art III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the cry. For organizations less for the year. (Enter this info. once.)
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	<u> </u>
	Transferee's name, address, a		Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
F		(e) Transfer of gift	i e e e e e e e e e e e e e e e e e e e
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

(i) Name and address of individual

or entity (fundraiser)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

Open to Public Inspection

(vi) Amount paid

to (or retained by)

organization

(v) Amount paid

to (or retained by)

fundraiser

listed in col. (i)

Schedule G (Form 990 or 990-EZ) 2020

Internal Revenue Service	► Go to	www.irs.gov/Form990	or instructions and the latest information.		Inspection
Name of the organization	n			Employer	identification number
	PANTHER P	OSSE BOOSTER	CLUB	**_**	*4360
	sing Activities. Co complete this part.	emplete if the organization	n answered "Yes" on Form 990, Part IV, line 1	17. Form 99	0-EZ filers are not
1 Indicate whether th	ne organization raised	funds through any of the	e following activities. Check all that apply.		
a Mail solicita	tions	е 🗀	Solicitation of non-government grants		
b Internet and	l email solicitations	f 🗌	Solicitation of government grants		
c Phone solic	itations	g 🗀	Special fundraising events		
d In-person so	olicitations				
2 a Did the organizati	on have a written or or	al agreement with any ir	dividual (including officers, directors, trustees	s, or	
key employees lis	ted in Form 990, Part '	VII) or entity in connection	n with professional fundraising services?		Yes No
•) highest paid individues ast \$5,000 by the org	,	rs) pursuant to agreements under which the f	undraiser is	to be

(ii) Activity

(iii) Did fundraiser have custody or control of contributions?

Yes No (iv) Gross receipts

from activity

Tota	al			•			
3	List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	outions	or has been notified	d it is exempt from re	egistration

032081 11-25-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	ırt	Fundraising Events. Complete if the of fundraising event contributions and gr							
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2 AUCTION	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))			
en			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	162,450.	38,390.		200,840.			
	2 Less: Contributions		79,104.	10,670.		89,774.			
	3	Gross income (line 1 minus line 2)	83,346.	27,720.		111,066.			
	4	Cash prizes							
S	5	Noncash prizes	44,371.	12,750.		57,121.			
Direct Expenses	6	Rent/facility costs							
rect Ey	7	Food and beverages	9,085.			9,085.			
⊡	8	Entertainment							
	9	Other direct expenses	27,886.	2,435.		30,321.			
	10		h 9 in column (d)		>	96,527.			
	11	Net income summary. Subtract line 10 from I				14,539.			
Pa	ırt I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than				
		\$15,000 on Form 990-EZ, line 6a.							
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	_	0							
	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
		·	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
		ter the state(s) in which the organization cond	· · · · -						
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No			
b	If "	No," explain:							
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \textbf{Yes} \textbf{No} \text{If "Yes," explain:}							
	_								

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 PANTHER POSSE BOOSTER CLUB	**-***4360 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity to	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	
Little the hame and address of the person who prepares the organizations gaming/special events books a	and records.
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	I the amount
of gaming revenue retained by the third party >\$	
c If "Yes," enter name and address of the third party:	
•	
Name ▶	
Address ►	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
vate in the state graning linears O	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i	ii) and (v): and Part III, lines 0, 0h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ii) and (v), and Fart III, lines 9, 90, 100,
13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
<u> </u>	

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PANTHER	POSSE BOOS	STER CLUB					Employer identification number **-***4360
Part I General Information on Grants							
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's 	ssistance?						
Part II Grants and Other Assistance	_			•	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more that		· ·	· ·		(f) Mathadad of		1
(a) Name and address of organization or government	n (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 noncash assistance	(h) Purpose of grant or assistance
NAVARRO INDEPENDENT SCHOOL DISTRICT - 6450 N STATE HWY 123 - SEGUIN, TX 78155	- **-***2304	501(C)(3)	15,945.	0.			FUNDS WERE DISTRIBUTED TO NAVARRO INDEPENDENT SCHOOL DISTRICT ATHLETIC PROGRAM FOR USE IN THE
2 Enter total number of section 501(c)(33 Enter total number of other organization	•	-	he line 1 table				>

29

Schedule I (Form 990) 2020 PANTHER POSSE BOOSTER CLUB Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.		Page 2
i art ill cari be duplicated il additional space is needed.		
(a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (book, FMV, appraisal, other)	(f) Description of noncash	assistance
SCHOLARSHIPS 15 11,250. 0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.		
PART II, LINE 1, COLUMN (H):		
NAME OF ORGANIZATION OR GOVERNMENT: NAVARRO INDEPENDENT SCHOOL DISTRICT		
(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS WERE DISTRIBUTED TO NAVARRO		
INDEPENDENT SCHOOL DISTRICT ATHLETIC PROGRAM FOR USE IN THE PUBLIC		
SCHOOL.		

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Inspection

Name of the organization

PANTHER POSSE BOOSTER CLUB

Employer identification number **-***4360

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ATHLETIC PROGRAM WHICH IS A TEXAS PUBLIC SCHOOL.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PROVIDED TO THE TREASURER FOR APPROVAL PRIOR TO FILING WITH THE
IRS. THE BOARD REVIEWS FORM 990 TOGETHER.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD REVIEWS THE VENDORS FOR ANY CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 18:
GOVERNING DOCUMENTS AND FORM 990 ARE AVAILABLE TO INTERESTED PARTIES ON
REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO INTERESTED
PARTIES ON REQUEST.