



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

CLAWSON ATHLETIC BOOSTER CLUB
101 JOHN M AVE
CLAWSON, MI 48017

Date:
11/02/2023
Employer ID number:
38-3031129
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: (877) 829-5500
Accounting period ending:
June 30
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
October 13, 2023
Contribution deductibility:
Yes
Addendum applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

**Streamlined Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

Do not enter Social Security numbers on this form as it will be made public.

Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023ez

OMB No. 1545-0047

Note: If exempt status is approved,
this application will be open for
public inspection.

☒ **Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).**

Have your annual gross receipts exceeded \$50,000 in any of the past 3 years and/or do you project that your annual gross receipts will exceed \$50,000 in any of the next 3 years? If yes, stop. Do not file Form 1023-EZ. See Instructions. Yes ☐ No ☒

Do you have total assets the fair market value of which is in excess of \$250,000? If yes, stop. Do not file Form 1023-EZ. See Instructions. Yes ☐ No ☒

Part I Identification of Applicant

1a Full Name of Organization CLAWSON ATHLETIC BOOSTER CLUB		b Care Of Name (if applicable)		
c Mailing Address (number, street, and room/suite). If a P.O. box, see instructions. 101 JOHN M AVE		d City CLAWSON	e State MI	f Zip code + 4 48017
2 Employer Identification Number 30-3031129	3 Month Tax Year Ends (MM) 06	4 Person to Contact if More Information is Needed JAMES PFAFF		
5 Contact Telephone Number 248-444-3392		6 Fax Number (optional)	7 User Fee Submitted \$275.00	
8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)				
First Name: BRITTANY		Last Name: CAMPBELL		Title: PRESIDENT
Street Address: 305 GARGANTUA		City: CLAWSON		State: MI Zip code + 4: 48017
First Name: JAMES		Last Name: PFAFF		Title: VICE PRESIDENT
Street Address: 96 COUNCIL AVE		City: CLAWSON		State: MI Zip code + 4: 48017
First Name: NICOLE		Last Name: WHITE		Title: TREASURER
Street Address: 646 W SHEVLIN AVE		City: HAZEL PARK		State: MI Zip code + 4: 48030
First Name: TRACIE		Last Name: JONES		Title: SECRETARY
Street Address: 596 LANGLEY BLVD		City: CLAWSON		State: MI Zip code + 4: 48017
First Name: CATHY		Last Name: CROTTIE		Title: PUBLIC RELATIONS
Street Address: 368 E BAKER AVE		City: CLAWSON		State: MI Zip code + 4: 48017
9a Organization's Website (if available): HTTPS://CLAWSONTROJANS.ORG/MAIN/BOOSTERS/				
b Organization's Email (optional): CLAWSONATHLETICBOOSTERS@GMAIL.COM				

Part II Organizational Structure

- 1** To file this form, you must be a corporation, an unincorporated association, or a trust. **Select the box** for the type of organization.
- ☒ Corporation ☐ Unincorporated association ☐ Trust
- 2** ☒ **Check this box** to attest that you have the organizing document necessary for the organizational structure indicated above.
(See the instructions for an explanation of **necessary organizing documents**.)
- 3** Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 10011981
- 4** State of Incorporation or other formation: Michigan
- 5** Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).
- ☒ **Check this box** to attest that your organizing document contains this limitation.
- 6** Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- ☒ **Check this box** to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- 7** Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.
- ☒ **Check this box** to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision.

Part III Your Specific Activities

- 1** Briefly describe the organization's mission or most significant activities (limit 250 characters)
- To give moral, physical and financial help to sports in the Clawson Public Schools.
- 2** Enter the appropriate 3-character NTEE Code that best describes your activities (See the instructions): N12
- 3** To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated. **Check all that apply.**
- ☒ Charitable ☐ Religious ☐ Educational
☐ Scientific ☐ Literary ☐ Testing for public safety
☐ To foster national or international amateur sports competition ☐ Prevention of cruelty to children or animals
- 4** To qualify for exemption as a section 501(c)(3) organization, you must:
- ☒ Refrain from supporting or opposing candidates in political campaigns in any way.
 - ☒ Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).
 - ☒ Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.
 - ☒ Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).
 - ☒ Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally make expenditures in excess of expenditure limitations outlined in section 501(h).
 - ☒ Not provide commercial-type insurance as a substantial part of your activities.
- ☒ **Check this box** to attest that you have not conducted and will not conduct activities that violate these prohibitions and restrictions.
- 5** Do you or will you attempt to influence legislation? _____ Yes ☒ No
(If yes, consider filing Form 5768. See the instructions for more details.)
- 6** Do you or will you pay compensation to any of your officers, directors, or trustees? _____ Yes ☒ No
(Refer to the instructions for a definition of **compensation**.)
- 7** Do you or will you donate funds to or pay expenses for individual(s)? _____ Yes ☒ No
- 8** Do you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United States? _____ Yes ☒ No
- 9** Do you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, or trustees, or any entities they own or control? _____ Yes ☒ No
- 10** Do you or will you have unrelated business gross income of \$1,000 or more during a tax year? _____ Yes ☒ No
- 11** Do you or will you operate bingo or other gaming activities? _____ ☒ Yes ☐ No
- 12** Do you or will you provide disaster relief? _____ Yes ☒ No

Part IV Foundation Classification

Part IV is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status.

- 1** Are you applying for recognition as a church, school, or hospital (described in section 170(b)(1)(A)(i), (ii), or (iii) of the Internal Revenue Code)? If yes, stop. Do not file Form 1023-EZ. See Instructions Yes ☒ No
- 2** If you qualify for public charity status, check the appropriate box (**2a - 2c** below) and skip to **Part V** below.
- a** ☒ **Select this box** to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. **Sections 509(a)(1) and 170(b)(1)(A)(vi).**
- b** ☐ **Select this box** to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income. **Section 509(a)(2).**
- c** ☐ **Select this box** to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. **Sections 509(a)(1) and 170(b)(1)(A)(iv).**
- 3** If you are not described in items **2a - 2c** above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.
- ☐ **Select this box** to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

Part V Reinstatement After Automatic Revocation

Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

- 1 ☐ **Check this box** if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)
- 2 ☐ **Check this box** if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filing this application.

Part VI Signature

☒ **I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.**

JAMES PFAFF

(Type name of signer)

VICE PRESIDENT

(Type title or authority of signer)

10132023

(Date)