

STATE OF MICHIGAN  
 DEPARTMENT OF ATTORNEY GENERAL

REGISTRATION TO SOLICIT DONATIONS

ENTER ATTY GEN FILE # (MICS/CT/T)
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FULL OFFICIAL NAME OF ORGANIZATION <b>MSU DOWNTOWN COACHES CLUB</b>		EMPLOYER ID NUMBER <b>38-6087396</b>
ADDRESS OF ORGANIZATION <b>P O Box 4765 East Lansing MI 488264765</b>	ORGANIZATION TELEPHONE <b>517-375-6065</b>	ORGANIZATION FAX
	ORGANIZATION WEB SITE <b>www.dtncoaches.org</b>	
LIST <u>ALL</u> OTHER NAMES UNDER WHICH YOU INTEND TO SOLICIT		E-MAIL ADDRESS <b>dcc.msu1@gmail.com</b>

**PART I - FINANCIAL SUMMARY FOR THE PERIOD BEGINNING** 07/01/2023 **AND ENDING** 06/30/2024

Check box if organization is newly created and financial information is not yet available. See instructions.

**THIS PART MUST BE COMPLETED UNLESS ABOVE BOX IS CHECKED**

Starting for 2008 returns, the IRS has changed many of the fields for the Form 990. The form below accommodates the 2007 return as well 2008 and later. Unless specified otherwise, lines below refer to IRS Form 990 lines on 2008 and later returns.

**REVENUE**

1a. Contributions to donor advised funds (2007 returns only)	1a.	<u>0</u>   <u>00</u>
b. Total contributions	b.	<u>4,273</u>   <u>00</u>
2. Net gaming income/(loss) (2008 and newer returns only)	2.	<u>0</u>   <u>00</u>
3. Government contributions-grants (all returns)	3.	<u>0</u>   <u>00</u>
4a. Gross revenue from special events (all returns)	4a.	<u>0</u>   <u>00</u>
b. Less: direct expenses (all returns)	4b.	<u>0</u>   <u>00</u>
c. Net income or (loss) (all returns)	4c.	<u>0</u>   <u>00</u>
5. Total support	5.	<u>4,273</u>   <u>00</u>
6. Program service revenue	6.	<u>8,518</u>   <u>00</u>
7. Membership dues & assessments	7.	<u>4,772</u>   <u>00</u>
8. Total of other revenue (See instructions)	8.	<u>224</u>   <u>00</u>
9. TOTAL REVENUE	9.	<u>17,787</u>   <u>00</u>

**EXPENSES**

10a. <u>See Statement 1</u> Program services (identify individually)	10a.	<u>0</u>   <u>00</u>
b.	b.	<u>0</u>   <u>00</u>
c.	c.	<u>0</u>   <u>00</u>
d.	d.	<u>0</u>   <u>00</u>
e. Total program services	e.	<u>21,193</u>   <u>00</u>
11. Payments to affiliates (2007 returns only)	11.	<u>0</u>   <u>00</u>
12. Total program activity – add lines 10e and 11	12.	<u>21,193</u>   <u>00</u>
13. Management and general	13.	<u>1,107</u>   <u>00</u>
14. Fund raising	14.	<u>0</u>   <u>00</u>
15. TOTAL EXPENSES	15.	<u>22,300</u>   <u>00</u>
16. Excess or (deficit) for the year	16.	<u>-4,513</u>   <u>00</u>
17. Net assets or fund balances at beginning of year	17.	<u>18,979</u>   <u>00</u>
18. Other changes in net assets or fund balances	18.	<u>0</u>   <u>00</u>
19. Net assets or fund balances at end of year	19.	<u>14,466</u>   <u>00</u>

**BALANCE SHEET SUMMARY** as of period ending date shown above

20. Total assets	20.	<u>14,466</u>   <u>00</u>
21. Total liabilities	21.	<u>0</u>   <u>00</u>
22. Net assets or fund balances	22.	<u>14,466</u>   <u>00</u>

PART II(A)

PROFESSIONAL FUND RAISER

Yes  No

During the fiscal year reported in Part I, did the organization compensate a professional fund raiser as defined by Michigan law? (See instructions for definition).

If yes, complete Schedule A. Attach copies of all contracts, addendums, and Campaign Financial Statements (for type B contracts\*) unless previously submitted. For type A contracts no longer in effect, enter date contract ended in End Date column at right. Use a separate line for each type B\* campaign or event.

SCHEDULE A

Name, Address, & MIFR # of Professional Fund Raiser	Contract Type*	Period Covered or Date of Event	Sum of All Payments to Professional Fund Raiser	----Type A---- End Date
- - - - -				
- - - - -				
- - - - -				
- - - - -				

If additional lines are needed, attach schedule using above format.

PART II(B)

Yes  No

Does the organization currently have a contract with a professional fund raiser as defined by Michigan law? (See instructions for definition).

If yes, complete Schedule B for each contract even if included on Schedule A above. For type B contracts\*, complete a separate line for each campaign or event. Attach copies of all contracts and addendums not previously submitted.

SCHEDULE B

Name, Address, & MIFR # of Professional Fund Raiser	Contract Type*	Date of Contract	Campaign end/ Show Date	- - - - - Type B only - - - - -
- - - - -				
- - - - -				
- - - - -				
- - - - -				

\*Contracts with a professional fund raiser (PFR) are to be categorized according to the type of fund raising services described by the contract. Contract types which begin with the letter A (type A contracts) involve arrangements where the PFR does not come into contact with solicited funds. In contract types which begin with B (type B contracts), the PFR has access to the solicited funds.

- A1 - Consultant
- A2 - Solicits, does not handle funds
- B3 - Special event
- B4 - Sell coupon books
- B5 - Sell advertising space
- B6 - Sell other items
- B7 - Solicits, handles funds
- B8 - Other

PART III

AUDIT OR REVIEW REQUIREMENT

The following schedule has been completed to show you if either audited or reviewed financial statements are necessary. If you already submitted an audit prepared in accordance with generally accepted auditing principles, you do not need to complete this section.

a.	Total support								4,273		00
b.	Restricted grants from foundations (no longer used)					0		00			
c.	Government grants					0		00			
d.	Add lines b & c								0		00
e.	Subtract line d from line a								4,273		00

If line e is \$525,000 or more, you must provide financial statements prepared in accordance with generally accepted accounting principles audited by an independent certified public accountant. If line e is \$275,000 or more, but less than \$525,000, either reviewed or audited financial statements are required.

PART IV

GENERAL INFORMATION

1. You must designate a resident agent in Michigan. Provide name and physical address (not PO Box).  
 Name Josephine A Smith  
 Address 1200 Verbena Lane Dewitt MI 48820
  
2. a. Describe all methods of solicitation.  
Personal Contact, Special Events, Website
  
- b. Attach samples.
  
3. For renewal registrations only. If the answer to any of the following is yes, attach a detailed explanation. All questions relate to the period since the filing of the organization's last application.
 

	Yes	No
a. Has there been any change in the organization's tax status with the Internal Revenue Service?	_____	✓ _____
b. Has there been a significant change in the purposes of the organization?	_____	✓ _____
c. Has the organization's right to solicit funds been denied, suspended, revoked, or enjoined by any state agency or by any court, or are proceedings pending?	_____	✓ _____
d. For entities filing on behalf of Michigan chapters, have there been any additions to, or deletions from, the subsidiaries included within your license?	_____	✓ _____

PART V

CERTIFICATION

Under penalties of perjury, I certify that I am authorized to sign this document for the organization and that to the best of my knowledge and belief the information provided, including all attachments, is true, correct, and complete. Original signature required, no photocopies will be accepted.

Signature: \_\_\_\_\_ Treasurer \_\_\_\_\_  
Title Date

Print Name: Josephine Smith \_\_\_\_\_

REMINDER: You must attach a fully completed copy of the appropriate IRS form in order for the registration to be processed. A listing of your board of directors names and addresses must be attached to the 990 or the registration See Statement 2

THIS IS A PUBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON.

Return Completed Registration To: ATTORNEY GENERAL  
 CHARITABLE TRUST SECTION  
 PO BOX 30214  
 LANSING MI 48909

**Program Services**

<b>Description</b>	<b>Expenses</b>
Direct Pledge to the Spartan Fund of \$1,500 for the MSU Football Program and \$750 for the MSU Marching Band.	2,250
Luncheons for members and guests during the week of home football games. Featuring speeches by former players, university officials and special guests.	16,022
Information Website, News Letters, membership pins/cards and member services, including special awards (Student of the Week, U-Pick 'Em', member/sponsor awards).	2,921
<b>Total:</b>	<b>21,193</b>

## Officers, Directors and Trustees

Officer Name	Address	Title
Harriett Dean	516 Edison St Lansing, MI 48910	President
Gary Mugnolo	1706 Elmwood Rd Lansing, MI 48917	Vice-President
Sherill Hacker	4359 Redbud Tr Williamston, MI 48895	Secretary
Josephine A Smith	1419 Albatross Rd Sanibel, FL 33957	Treasurer (Ex Officio)
Adam Stone	1200 Verbena Ln Dewitt, MI 48820	Past President
Pat Andrews	9347 Walnut Hwy Dimondale, MI 48821	Director
Sherry Barnhart	215 W Saginaw St East Lansing, MI 48823	Director
Richard Dunham	5654 Babbitt St Haslett, MI 48840	Director
Brad Gray	2838 Walmsley Cir Lake Orion, MI 48360	Director
Bryan Hacker	4359 Redbud Tr Williamston, MI 48895	Director
JoEllyn Roe	1648 Cahill East Lansing, MI 48823	Director
Erika Weadock	1667 Linden St East Lansing, MI 48823	Director