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SCANNED APR 1 4 2010

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2008

Open to Public

Inspection

Α	For the	e 2008 calend	lar year,	or tax year beginning 6/01/0)8 , and ending	5/	<u>31/09</u>			
В	Check if	f applicable	Please	C Name of organization			·		D Em	ployer identification number
Ш	Address	Address change use IRS SOUTHERN NASH HIGH SCHOOL MUSIC Iabel or DOCEMBERS For 1200060								
	Name cl	hange	print or	BOOSTERS		_		i	_5	6-1398969
	Initial re	turn	type.	Number and street (or P O box, if mail	is not delivered to street a	ddress	s)	Room/suite	<u> </u>	lephone number
П	Termina	ation	See	5459 RICHARDSON RO	AD		1			52-243-5731
П	Amende	ed return	Specific Instruc-	City or town, state or country, and ZIP -	+ 4				F Gr	oup Exemption
П	Applicat	tion pending	tions.	SPRING HOPE	NC 27882					mber >
	• Sec	tion 501(c)(3) organiz	zations and 4947(a)(1) nonexempt cha	ritable trusts must at	tach		G Accounting	nethod	Cash X Accrual
			a cor	npleted Schedule A (Form 990 or 990-	·EZ).		1	Other (specify)	•	
ī	Websit	te: > W W	W.SN	HSFIREBIRDBAND.COM				H Check ▶	X If t	he organization is not
<u>J_</u>	Organi	ization type (d	check only	one)— X 501(c) (3) ∢ (insert n	o) 4947(a)(1) o	r	527	required to a 990-EZ, or 9	ittach So 190-PF)	he organization is not chedule B (Form 990,
ĸ	Check			zation is not a section 509(a)(3) supporti		gros	s receipts			
	is not re	equired, but if	the orga	nization chooses to file a return, be sure	to file a complete retui	n.		-		
<u>L_</u>	Add line	s 5b, 6b, and 7b	, to line 9	to determine gross receipts, if \$1,000,000 or n	nore, file Form 990 instead	of Fo	rm 990-EZ		>	\$ 22,923
F	art l	Reven	ue, Ex	penses, and Changes in Net	Assets or Fund B	alan	ces (Se	e the instru	ctions	for Part I.)
	1	Contributions,	gifts; gran	its, and similar amounts received		_			1	420
	2	Program ser	vice reve	enue including government fees and con	tracts				2	T
	3	Membership	dues an	d assessments	SE	E S	STATE	ÆNT 1	3	10,030
	4	Investment ii	ncome						4	
	5a	Gross amou	nt from s	ale of assets other than inventory		5a				
	b			asis and sales expenses		5b			7	
	С	Gain or (loss) t	from sale	of assets other than inventory (Subtract line 5b	from line 5a) (attach sch)]
ne	6			ities (complete applicable parts of Schedule G		•	, check here	▶ 🗍		
Revenue	a	Gross neven			of contributions	•	,			
8	ł	eported on I		181	ļ	6a	[11,09	4	
	ь	less directive	expense:	s comed than tundraising expenses		6b		4,32		
	c			from special events and activities (Subtra	act line 6b from line 6a	·······)			6c	6,773
	7a					, 7a		1,29		
	Ь	Less costo	geoes s	ory, less returns and allowances	į	7b		55:		
	C			from sales of inventory (Subtract line 7b	from line 7a)				7 _{7c}	741
	8	Other revenu			_)	8	87
	9	Total revenu	ue. Add I	ines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	18,051
	10			nounts paid (attach schedule)					10	
	11	Benefits paid	to or for	members					11	3,831
ທ	12	Salaries, other	er compe	ensation, and employee benefits					12	
penses	13		-	d other payments to independent contract	tors				13	8,630
ber	14			ties, and maintenance					14	
Ä	15	_		postage, and shipping					15	84
	16			cribe > SEE STATEMENT	3			١	16	2,947
	17	-		l lines 10 through 16				/	17	15,492
ţ\$	^18			the year (Subtract line 17 from line 9)	<u> </u>				18	2,559
SSE	19			ces at beginning of year (from line 27, column	(A)) (must agree with end-of-vi	ear figur	re reported on	nnor vear's return)	19	17,181
Net Assets	20			assets or fund balances (attach explana				prior your o rotarry	20	
ž	21			lances at end of year Combine lines 18	•			•	21	19,740
P	art li			ets. If Total assets on line 25, column (ore f	file Form 9	90 instead of Fo		
				the instructions for Part II)		<u></u>		eginning of year	1111 001	(B) End of year
22	Cash, s	savings, and in		•				8,18	1 22	14,205
		nd buildings							23	1
		issets (describ	ne >	SEE STATEMENT 4		١.		9,000		5,535
	Total a						<u> </u>	17,18		19,740
		i abilities (desc	onbe 🕨			١			0 26	13,740
		•		(line 27 of column (B) must agree with	line 21)	—'	<u> </u>	17,18		19,740
				Reduction Act Notice see the Instruc				<i>,</i>	- 21	5-m 990-F7 (2008)

Form 990-EZ (2008) SOUTHERN NASH HIGH SCHOOL MUS		D-138888		,	Page 2
Part III Statement of Program Service Accomplishments (S	See the instruct	ions for Part II	1.)	E	xpenses
What is the organization's primary exempt purpose?					red for 501(c)(3)
SUPPORT THE MUSIC PROGRAMS AT SOUTHERN NASH HIGH SCHOOL.					organizations
Describe what was achieved in carrying out the organization's exempt purposes. In a c				1	47(a)(1) trusts;
describe the services provided, the number of persons benefited, or other relevant info	ormation for each pr	ogram title	-	optiona	I for others)
28 SEE STATEMENT 5			٠		
(Grants \$) If this amount includes foreign grants, che	eck here		П	28a	2,989
29 EDUCATIONAL PROGRAMS: THE MUSIC BOOSTERS PAID A PORTION					
OF TRIPS TO COMPETITIONS.					
(Grants \$) If this amount includes foreign grants, che	eck here	_	\Box	29a	842
30 EDUCATIONAL PROGRAMS: THE MUSIC BOOSTERS PAID FOR		_			
INSTRUCTORS. THEY ARE USED TO TEACH MEMBERS MUSIC AND					
DRILL. THIS IS A BENEFIT TO THE WHOLE ORGANIZATION.					
(Grants \$) If this amount includes foreign grants, che	ck here		Ш	30a	8,630
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign grants, che	ck here		Ļ	31a	10 161
32 Total program service expenses (add lines 28a through 31a)			<u> </u>	32	12,461
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	th one even if not co	mpensated (See to compensation		Structions for Contributions to	
(a) Name and address	hours per week	(If not paid,	emplo	oyee benefit plans	& account and
DAVID BISSETTE BAILEY	devoted to position	enter -0)	dete	rred compensation	other allowances
DAVID BISSETTE BAILEY 9327 GLOVER ROAD NC 27807	PRESIDENT 25				
MARK CONE SPRING HOPE	VICE PRESIDE		+		9
652 NC 231 NC 27882	15	ا .			ه ا
MELANIE BISSETTE BAILEY	SECRETARY		1		<u> </u>
9327 GLOVER ROAD NC 27807	15	0	1		ه م
CONNIE DEES WILSON	TREASURER				
2403-I WOOTEN BLVD. NC 27893-4463	15	0	<u>L</u>		0 0
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DAA					om 990-EZ (2008)

Form 990-EZ (2008)

Pa	rt V Other Information (Note the statement requirements in the instructions f	or Part VI)		<u>-</u>	uge e
	Care mornation (Note the electricity requirements in the moradonolis i	or r art vi.j		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			1.05	
	description of each activity		33		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"				
	attach a conformed copy of the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				ĺ
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, re	eporting,			
	and proxy tax requirements?		35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"				
	complete applicable parts of Schedule N	•	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.	37a			į
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or v	vere			ĺ
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			į
39	Section 501(c)(7) organizations Enter:				į
а	Initiation fees and capital contributions included on line 9	39a	_		Ė
b		39b	_		ĺ
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				Ė
	section 4911 ▶				
Ь	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit tr				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," comple	te Schedule			
	L, Part I		40b	ļ	X
С	Enter amount of tax imposed on organization managers or disqualified persons during				Ė
	the year under sections 4912, 4955, and 4958	—			į
d	Enter amount of tax on line 40c reimbursed by the organization	<u> </u>			Ĺ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				<u></u>
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed. NONE				
42a	The books are in care of CONNIE DEES	Telephone no ► 252	2-24	3-5	731
	2403-I WOOTEN BLVD.				_
	Located at WILSON, NC		393-	446	3
þ	At any time during the calendar year, did the organization have an interest in or a signature or other author				
	over a financial account in a foreign country (such as a bank account, secunties account, or other financial			Yes	No
	account)?		42b	<u> </u>	X
	If "Yes," enter the name of the foreign country:				į
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bai	nk			
	and Financial Accounts.		!		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	oxdot	<u> </u>
	If "Yes," enter the name of the foreign country	 			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				▶∟
	and enter the amount of tax-exempt interest received or accrued during the tax year	. 43			
			1		
	Did the second state and state and second state as a second state			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1	:
	Form 990-EZ		44	 	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	If			
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		<u> </u>
		F	om 99	u-E/	(2008)

Form 990-EZ (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHERN NASH HIGH SCHOOL MUSIC

BOOSTERS

Employer Identification number 56-1398969

Pa	urt 1	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) (s	see ins	struction	ons)_			
Γhe ι	orgai	nization is not	a private foundation because	it is (Please check only one org	anization)								
1	Ň		The state of the s	ciation of churches described in			A)(i).							
2	П		cnbed in section 170(b)(1)(A				•••							
3	П			e organization described in secti	ion 170(b)	(1)(A)(iii)	. (Attach	Schedu	le H)					
4	П			in conjunction with a hospital de						e hospit	al's na	me.		
•	لسا	city, and state	*	conjunction that a moophar do			(-)(.)	,,,,,,,,		.ссср				
5	\Box	•		a college or university owned or	nnerated	hy a gove	rnments	il unit de	 ecubed				•	
3	ш	-	b)(1)(A)(iv). (Complete Part I		operated	by a gove		ii dini de	SCHIDEG	""				
	\Box	•		•	tion 170/	5)/4)/8)/ //	۸.							
6	Н			vernmental unit described in sec				- 44	1	.bl:_				
7	Ш	•	•	ubstantial part of its support from	i a govern	mentai un	וו טו ווטוו	i the ge	nerai pu	IDIIC				
_	П		section 170(b)(1)(A)(vi). (Co											
8	밁	•		'0(b)(1)(A)(vi). (Complete Part II						•				
9	X	=	=	more than 33 1/3 % of its suppo										
		•		ot functions—subject to certain e						rits				
		• •	~	d unrelated business taxable inco	-		11 tax) fr	om busi	nesses					
	$\overline{}$		-	, 1975 See section 509(a)(2) . (
10	Н	•	•	xclusively to test for public safety					•					
11	Ш	-	- ·	xclusively for the benefit of, to pe										
				d organizations described in sec	•					tion				
		— `` ``		e type of supporting organization			11e thre	r i						
	$\overline{}$	a L Type	— ··	c Type III–Functiona	, ,		d		e IIIOtl	her				
е	\sqcup			nization is not controlled directly				•						
		persons other	than foundation managers a	and other than one or more public	cly suppor	ted organ	izations	describe	d in sec	ction				
			ection 509(a)(2).											
f		_		mination from the IRS that it is a	Type I, Ty	/pe II, or T	ype III s	upportin	g					
		organization,	check this box											
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the								
		following per	sons?											
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wi	ith person:	s describe	d ın (ii)						Yes	No
		and (iii) t	pelow, the governing body of	the supported organization?								11g(i)		
		(ii) A family	member of a person describe	ed in (ı) above?								11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?					_			11g(iii)		
h		Provide the f	ollowing information about the	e organizations the organization	supports			•	•	,	•			
(1)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did v	ou notify	(vi)	ls the		(vii) Amo	ount of	
1.7		anization	(, =	(described on lines 1–9	1 ' '	sted in your		nzation in	organizat		,	supp		
				above or IRC section	governing	document?		of your		zed in the				
				(see instructions))	V==			oort?		S ?				
					Yes	No	Yes	No	Yes	No				
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Tota	1													

box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

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

	(Complete only if you che	ecked the box	on line 9 of Part	t I.)			
Sec	ction A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		20,759	22,264	17,954	10,450	71,423
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		47,640	31,010	22,928	12,386	113,964
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 1-5		68,399	53,274	40,882	22,836	185,391
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		500	341			841
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b		500	341			841
8	Public support (Subtract line 7c from line 6.)		67,899	52,933	40,882	22,836	184,550
Sec	tion B. Total Support	<u> </u>	T		<u></u>		201,550
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		68,399	53,274	40,882	22,836	185,391
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1	1	1		3
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b		1	1	1		3
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 IV.)		152	122	611	87	972
13	Total support. (Add lines 9, 10c, 11,		68,552	53,397	41,494	22,923	
	and 12.)		<u> </u>	<u></u>			186,366
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourth,	or fifth tax year as	a section 501(c)(3)		⊾Г
Sec	tion C. Computation of Public Su	pport Percent	age		•		·
15	Public support percentage for 2008 (line 8,)	-	15	99.0256 %
16	Public support percentage from 2007 Sched					. 16	99.3637 %
Sec	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2008 (lin			umn (f))		17	0.0016 %
18	Investment income percentage from 2007 S		•			18	0.0016 %
19a	33 1/3 % support tests—2008. If the organ						
Ь	17 is not more than 33 1/3 %, check this bo						. • 🗓
Ь	33 1/3 % support tests—2007. If the organ						. □
20	line 18 is not more than 33 1/3 %, check thin Private foundation. If the organization did					ization	

			EZ) 2008					MUSIC		Page 4
Part I									required by Part II, line rmation. (see instructi	
PARI	iii,	, LINE	E 12 -	OTHER	INCOME	DETAIL				
-							•	•		
									•	
	•		-	٠						•••
					•		•			
								••		••
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Form 99	an 1		Special Ever	nts Schedule		1 2000
Form 9	30	For calendar year 2008, or ta	x year beginning	6/01/08 , and end	ding 5/31/09	2008
southei	-	H HIGH SCHOOL M	I USIC		Employer lo 56-13 9	lentification Number
Gross receipt Less contrib Gross revenu Less direct Net income (le	butions _ le _ expenses _	(A) 3,505 0 3,505 493 3,012	(B) 2,413 0 2,413 1,314 1,099	2,329 0 2,329 1,580 749	Others 2,847 0 2,847 934 1,913	Total 11,09 11,09 4,32 6,77
Description:	(A) (B) (C)	BASKETBALL CO JAZZ DINNER CANDY BAR SAL				
	Others	PARADES-COMPE PIZZA FUNDRAI STAFF ONE PANCAKE SUPPE READER'S DIGE	SER R	IR_		

56-1398969

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount	
MARCHING BAND FAIR SHARE	\$ 10,03	30
TOTAL	\$ 10,03	30

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Am	ount
OTHER INCOME SUBSCRIPTIONS	\$	79 8
TOTAL	\$ <u></u>	87

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
WRITE-OFFS	1,726
MISCELLANEOUS	448
RECREATION SUPPLIES	242
INTERNET	151
BANK CHARGES	139
SUPPLIES	121
SMALL EQUIPMENT	100
RETURN CHECK	20
TOTAL	\$ 2,947

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 9,000	\$ 5,535
	9,000	5,535

56-1398969

Federal Statements

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

EDUCATIONAL PROGRAMS: THE MUSIC BOOSTERS PAID FOR FIELD SHOW EXPENSE. THIS INCLUDES COSTUMES, MUSIC DESIGN, DRILL DESIGN, PROPS, AND FLAGS. THIS IS A BENEFIT TO THE WHOLE ORGANIZATION.

56-1398969

Federal Statements

Form 990-EZ, Part I, Line 11 - Benefits Paid To or For Members

Description	Amount
FIELD SHOW EXPENSES UNIFORM CLEANING TRAVEL	\$ 1,990 738 540
JAZZ BAND CONCERT COMPETITION FEES	302 175
AWARDS-TROPHIES	86
TOTAL	\$ 3,831