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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public  
Inspection

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 \$500,000 and total assets less than \$1,250,000 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.

<b>A For the 2009 calendar year, or tax year beginning</b>		January 1	, 2009, and ending	December 31	, 2009
<b>B Check if applicable</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>Auburn Band Parents Association</b> Number and street (or P O box, if mail is not delivered to street address) <b>P. O. Box 1965</b> City or town, state or country, and ZIP + 4 <b>Auburn, AL 36831-1965</b>		<b>D Employer identification number</b> <b>20-1761814</b> <b>E Telephone number</b>	
				<b>F Group Exemption Number</b> ►	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method:**  Cash  Accrual  
Other (specify) ►

**H Check** ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ► [www.auburnschoolbands.org](http://www.auburnschoolbands.org)

**J Tax-exempt status (check only one)** —  501(c) ( 3 ) ► (insert no.)  4947(a)(1) or  527

**K Check** ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 99878**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	520
	2 Program service revenue including government fees and contracts . . . . .	2	
3 Membership dues and assessments . . . . .	3	8545	
4 Investment income . . . . .	4	2303	
5a Gross amount from sale of assets other than inventory . . . . .	5a		
b Less: cost or other basis and sales expenses . . . . .	5b		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c		
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>			
a Gross revenue (not including \$ 520 of contributions reported on line 1) . . . . .	6a	5151	
b Less: direct expenses other than fundraising expenses . . . . .	6b	7039	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c		-1888
7a Gross sales of inventory, less returns and allowances . . . . .	7a	83359	
b Less: cost of goods sold . . . . .	7b	31795	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		51564
8 Other revenue (describe ► ) . . . . .	8		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►	9		61044
10 Grants and similar amounts paid (attach schedule) . . . . .	10		49059
11 Benefits paid to or for members . . . . .	11		
12 Salaries, other compensation, and employee benefits . . . . .	12		
13 Professional fees and other payments to independent contractors . . . . .	13		
14 Occupancy, rent, utilities, and maintenance . . . . .	14		
15 Printing, publications, postage, and shipping . . . . .	15		169
16 Other expenses (describe ► See attachment ) . . . . .	16		6033
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ►	17		55261
<b>18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .</b>	18		5783
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19		116204
20 Other changes in net assets or fund balances (attach explanation) . . . . .	20		-666
<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►</b>	21		121321

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .		116204	22 121321
23 Land and buildings . . . . .			23
24 Other assets (describe ► ) . . . . .			24
<b>25 Total assets . . . . .</b>		116204	25 121321
<b>26 Total liabilities (describe ► ) . . . . .</b>			26
<b>27 Net assets or fund balances (line 25 of column (B) must agree with line 21) . . . . .</b>		116204	27 121321

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? <u>See Attachment</u>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
<b>28 Grants to High School, Junior High School, and Middle School for purchase of musical instruments, music, band uniforms, instrument repairs, equipment repairs, transportation expenses, etc.</b>  (515 band students in system)	
(Grants \$ <u>45,634</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> <u>45635</u>
<b>29 Grants to Marching Band seniors for recognition of marching service (41 students).</b>	
(Grants \$ <u>424</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b> <u>424</u>
<b>30 College scholarships competitively awarded to three senior band students</b>	
(Grants \$ <u>3,000</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b> <u>3000</u>
<b>31 Other program services (attach schedule)</b>	
(Grants \$ <u>)</u> If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b> <u>49059</u>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Keith Wesley P. O. Box 1965, Auburn, AL 36831-1965	President - 5 hrs/wk.	-0-	-0-	-0-
Liberty Powell P. O. Box 1965, Auburn, AL 36831-1965	V. P. - 1 hr/wk.	-0-	-0-	-0-
Dianna Mixon P. O. Box 1965, Auburn, AL 36831-1965	Secretary = 3 hrs/wk.	-0-	-0-	-0-
Henry B. Burdg P. O. Box 1965, Auburn, AL 36831-1965	Treasurer - 6 hrs/wk.	-0-	-0-	-0-
Laura Bell P. O. Box 1965, Auburn, AL 36831-1965	Director - 1/2 hr/wk.	-0-	-0-	-0-
Leonard Bell P. O. Box 1965, Auburn, AL 36831-1965	Director - 1/2 hr/wk.	-0-	-0-	-0-
Susan Burdg P. O. Box 1965, Auburn, AL 36831-1965	Director - 1/2 hr/wk.	-0-	-0-	-0-
Larry Cornelius P. O. Box 1965, Auburn, AL 36831-1965	Ex-Officio Dir. - 1/2 hr/wk.	-0-	-0-	-0-
Walker Davis P. O. Box 1965, Auburn, AL 36831-1965	Ex-Officio Dir. - 1/2 hr/wk.	-0-	-0-	-0-
Georgetta Dennis P. O. Box 1965, Auburn, AL 36831-1965	Director - 2 hrs/wk.	-0-	-0-	-0-
Susan Dobbs P. O. Box 1965, Auburn, AL 36831-1965	Director - 1/2 hr/wk.	-0-	-0-	-0-
Troy Dobbs P. O. Box 1965, Auburn, AL 36831-1965	Director - 1/2 hr/wk.	-0-	-0-	-0-
Nancy Harrelson P. O. Box 1965, Auburn, AL 36831-1965	Director - 1/2 hr/wk.	-0-	-0-	-0-
Ray Harrelson P. O. Box 1965, Auburn, AL 36831-1965	Director - 1/2 hr/wk.	-0-	-0-	-0-
Greg King P. O. Box 1965, Auburn, AL 36831-1965	Director - 1/2 hr/wk.	-0-	-0-	-0-
Russell Logan P. O. Box 1965, Auburn, AL 36831-1965	Ex-Officio Dir. - 1/2 hr/wk.	-0-	-0-	-0-
Deanna Marshall P. O. Box 1965, Auburn, AL 36831-1965	Ex-Officio Dir. - 1/2 hr/wk.	-0-	-0-	-0-
See Attachment		-0-	-0-	-0-

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .

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 why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .

b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0

b Did the organization file Form 1120-POL for this year? . . . . .

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . .

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .

41 List the states with which a copy of this return is filed. ► Alabama

42a The organization's books are in care of ► Henry B. Burdg, Treasurer Telephone no. ► 334-332-1637  
Located at ► 2170 Canary Drive, Auburn, AL ZIP + 4 ► 36830-6922

b 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)? . . . . .

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .

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 □

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

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 . . . . .

Yes	No
33	✓
34	✓
35a	✓
35b	
36	
37b	✓
38a	✓
38b	
39a	
39b	
40b	✓
40c	
40d	
40e	✓

Yes	No
42b	✓
42c	✓

Yes	No
43	
44	✓
45	✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46 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 . . . . . Yes  No   
 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . Yes  No   
 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . Yes  No   
 48

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . Yes  No   
 49a

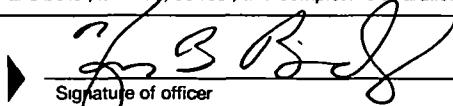
b If "Yes," was the related organization a section 527 organization? . . . . . Yes  No   
 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>f</b> Total number of other employees paid over \$100,000 . . . . . ► <b>None</b>				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>None</b>	<b>None</b>	<b>None</b>
<b>d</b> Total number of other independent contractors each receiving over \$100,000 . . . . . ► <b>None</b>		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Signature of officer <b>Henry B. Burdg, Treasurer</b> Type or print name and title			
	Date <b>4/10/10</b>			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ►	
			Phone no. ►	
May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► <input type="checkbox"/> Yes <input type="checkbox"/> No				

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## **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.**

OMB No. 1545-0047

2009

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

**Employer identification number**

20 : 1761814

## **Auburn Band Parents Association**

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Cat No 11285F

**Schedule A (Form 990 or 990-EZ) 2009**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3 . . . . .						
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) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .						
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 IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33½% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33½% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	7798	8755	9000	9710	9065	44328
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 . . . . .	35113	63384	57668	74103	88510	318778
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 . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	<b>42911</b>	<b>72139</b>	<b>66668</b>	<b>83813</b>	<b>97575</b>	<b>363106</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	<b>1675</b>	<b>2076</b>	<b>2016</b>	<b>2029</b>	<b>1465</b>	<b>9261</b>
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .	<b>1675</b>	<b>2076</b>	<b>2016</b>	<b>2029</b>	<b>1465</b>	<b>9261</b>
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						<b>353845</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	<b>42911</b>	<b>72139</b>	<b>66668</b>	<b>83813</b>	<b>97575</b>	<b>363106</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	<b>1164</b>	<b>1078</b>	<b>3478</b>	<b>2962</b>	<b>2303</b>	<b>10985</b>
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	<b>1164</b>	<b>1078</b>	<b>3478</b>	<b>2962</b>	<b>2303</b>	<b>10985</b>
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	<b>44075</b>	<b>73217</b>	<b>70146</b>	<b>86775</b>	<b>99878</b>	<b>374091</b>
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <b>5th tax year</b> <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%
<b>19a 33 1/3 % support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3 % support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**None**

**Attachment**

**Auburn Band Parents Association  
20-1761814**

**990-EZ 2009 Part I – Expenses – Line 6**

**Revenue, Expenses, and Changes in Net Assets or Fund Balances**

**Revenues**

**6. Special Events and Activities:**

Event	Gross Revenue (Line 6a)	Direct Expenses (Line 6b)	Net Income (Line 6c)
<b>Fall Concert</b>	<b>\$ 1,936</b>	<b>\$ 3,471</b>	<b>\$ (1,535)</b>
<b>Spring Concert</b>	<b>1,355</b>	<b>2,593</b>	<b>(1,238)</b>
<b>Uniform/Shirt Event</b>	<b>60</b>	<b>0</b>	<b>60</b>
<b>Program Ad Event</b>	<b>1,275</b>	<b>625</b>	<b>650</b>
<b>Marching CD Event</b>	<b>525</b>	<b>350</b>	<b>175</b>
<b>Total</b>	<b>\$ 5,151</b>	<b>\$ 7,039</b>	<b>\$ (1,888)</b>

**Attachment**

**Auburn Band Parents Association  
20-1761814**

**990-EZ 2009 Part I – Expenses – Line 10**

**Grant Amounts Paid:**

Auburn High School	\$ 15,000
Auburn Junior High School	\$ 14,324
Drake Middle School	\$ 16,735
Scholarships	<u>\$ 3,000</u>
 Total Grant Expenses	 \$ 49,059

**Attachment**

**Auburn Band Parents Association  
20-1761814**

**990-EZ 2009 Part I – Expenses – Line 16**

**Other Expenses:**

Envelopes	\$ 15
Checks	\$ 145
Web Address Fee	\$ 269
Audit Professional Fee	\$ 338
Data Backup Fee	\$ 50
Concession Equipment/Supplies	\$ 5,164
Lock Box Fee	\$ 44
SAMS Annual Fee	<u>\$ 35</u>
 Total Other Expenses	\$ 6,033

**Attachment**

**Auburn Band Parents Association  
20-1761814**

**990-EZ 2009 Part I – Net Assets – Line 20**

Fund balance decrease:

Reduction of \$ 666 to General Reserve

Total change is a reduction of \$ 666

**Auburn Band Parents Association  
FEIN – 20-1761814**

**Attachment  
990EZ 2009 Part IV – List of Officers, Directors, Trustees, and Key Employees**

<u>(A) Name and Address</u>	<u>(B) Title and Average Hours Per Week Devoted to Position</u>	<u>(C) Compensation</u>	<u>(D) Contributions to Employee Benefit Plans</u>	<u>(E) Expense Account and Other Allowances</u>
Laura Bell P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-
Leonard Bell P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-
Henry Burdg P. O. Box 1965, Auburn, AL 36831-1965	Director & Treasurer 6 hrs/wk.	-0-	-0-	-0-
Susan Burdg P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-
Larry Cornelius P. O. Box 1965, Auburn, AL 36831-1965	Ex-Officio Director 1/2 hr/wk.	-0-	-0-	-0-
Walker Davis P. O. Box 1965, Auburn, AL 36831-1965	Ex-officio Director & Past President 1/2 hr/wk.	-0-	-0-	-0-
Georgetta Dennis P. O. Box 1965, Auburn, AL 36831-1965	Director & Membership Chair 2 hrs/wk.	-0-	-0-	-0-
Susan Dobbs P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-
Troy Dobbs P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-
Nancy Harrelson P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-
Ray Harrelson P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-

**Auburn Band Parents Association  
FEIN – 20-1761814**

**Attachment  
990EZ 2009 Part IV – List of Officers, Directors, Trustees, and Key Employees**

<u>(A) Name and Address</u>	<u>(B) Title and Average Hours Per Week Devoted to Position</u>	<u>(C) Compensation</u>	<u>(D) Contributions to Employee Benefit Plans</u>	<u>(E) Expense Account and Other Allowances</u>
Greg King P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-
Russell Logan P. O. Box 1965, Auburn, AL 36831-1965	Ex-Officio Director 1/2 hr/wk.	-0-	-0-	-0-
Deanna Marshall P. O. Box 1965, Auburn, AL 36831-1965	Ex-Officio Director 1/2 hr/wk.	-0-	-0-	-0-
Dianna Mixon P. O. Box 1965, Auburn, AL 36831-1965	Director & Secretary 3 hrs/wk.	-0-	-0-	-0-
Liberty Powell P. O. Box 1965, Auburn, AL 36831-1965	Director & Vice President 1 hr/wk.	-0-	-0-	-0-
Kay Riddell P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-
Gatz Riddell P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-
Beverly Smith P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-
Kent Smith P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-
Keith Wesley P. O. Box 1965, Auburn, AL 36831-1965	Director & President 5 hrs./wk.	-0-	-0-	-0-
Lisa Wesley P. O. Box 1965, Auburn, AL 36831-1965	Director 1/2 hr/wk.	-0-	-0-	-0-

**Total of 22 Directors (18 voting & 4 ex-officio non-voting)**

**Attachment**

**Auburn Band Parents Association  
20-1761814**

**990-EZ 2009 Part III – Statement of Program Service  
Accomplishments**

**Organization's Primary Exempt Purpose:**

The **ABPA** is organized exclusively for charitable and educational purposes of the Band Programs and Band Program students of the Auburn, AL City Schools within the meaning of section 501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code or the corresponding section of any future United States Internal Revenue law.