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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort 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 \$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.

OMB No 1545-1150

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable: <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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		HARDIN-SIMMONS UNIVERSITY COWBOY BAND FOUNDATION		23-7029858
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		Room/suite		(325) 670-1448
		BOX 15220, HSU STATION		F Group Exemption Number
		City or town, state or country, and ZIP + 4		
		ABILENE, TX 79698		

• 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) ▶

I Website: ▶ N/A

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

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

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 ▶ \$ 53,001.

## 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	32,785.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	18,270.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	1,946.
6b	Less: direct expenses other than fundraising expenses	6b	4,053.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<2,107.>	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	48,948.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	38,152.
	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	509.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,431.
	16	Other expenses (describe ▶ SEE STATEMENT 1 )	16	4,535.
	17	Total expenses. Add lines 10 through 16	17	45,627.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,321.
	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	419,392.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	422,713.

## 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	35,336.	34,420.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2 )	384,056.	388,921.
25 Total assets	419,392.	423,341.
26 Total liabilities (describe ▶ DUE TO HSU )	0.	628.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	419,392.	422,713.

832171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

## FOUNDATION

Form 990-EZ (2009)

23-7029858

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## Expenses

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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

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.

28 SCHOLARSHIPS ARE GRANTED TO HARDIN-SIMMONS UNIVERSITY  
COWBOY BAND MEMBERS TO FURTHER THEIR COLLEGE EDUCATION (56  
MEMBERS BENEFITTED).

(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	38,152.
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29 SUPPORT IS GIVEN TO THE VARIOUS ACTIVITIES OF THE  
HARDIN-SIMMONS UNIVERSITY COWBOY BAND.

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here ☐ 29a 4,151.

30

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here ☐ 30a

**31 Other program services (attach schedule)**

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here ☐ 31a

**32 Total program service expenses** (add lines 28a through 31a)

32	42,303.
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**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

[illegible]

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02-08-10

Form **990-EZ** (2009)

3

09021115 796876 237029858

2009.04040 HARDIN-SIMMONS UNIVERSITY C 23702981

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T.		
35a	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?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
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?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39a	Section 501(c)(7) organizations. Enter:	39a	N/A
39b	Initiation fees and capital contributions included on line 9	39b	N/A
39c	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 0.; section 4912 0.; section 4955 0.		
40b	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		X
40c	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		0.
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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		X
41	List the states with which a copy of this return is filed. NONE		
42a	The organization's books are in care of DON ASHMORE Telephone no. (325) 670-1448		
	Located at P.O. BOX 15220, HSU STATION, ABILENE, TX ZIP + 4 79698		
42b	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)?		X
42c	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.		X
43	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	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of 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	X

Form 990-EZ (2009)

**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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

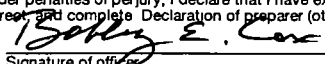
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

- 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
NONE		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	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.		
	<div style="display: flex; justify-content: space-between;"> <div>             Signature of officer         </div> <div>           11/15/10            Date         </div> </div>		
	BOBBY E. COX, ASST. TREASURER Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		Preparer's identifying number (See instr.)
	EIN		Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

Form 990-EZ (2009)

**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. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **HARDIN-SIMMONS UNIVERSITY COWBOY BAND FOUNDATION** Employer identification number **23-7029858**

**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.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

a ☐ Type I      b ☐ Type II      c ☒ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
HARDIN-SIMMONS UNIVERSITY	75-08087916			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		42,303.
<b>Total</b>									<b>42,303.</b>

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

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>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% 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"/>		

Schedule A (Form 990 or 990-EZ) 2009

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<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>8</b> Public support (Subtract line 7c from line 6)						

**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>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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>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</b> Total support (Add lines 9, 10c, 11, and 12)						
<b>14</b> First five years. 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**

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

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2009.** 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 ☐

**b 33 1/3% support tests - 2008.** 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 ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009



FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
AWARDS		625.	
BELT BUCKLES		351.	
INSURANCE		384.	
STUDENT WAGES - REIMBURSEMENTS		3,175.	
TOTAL TO FORM 990-EZ, LINE 16		4,535.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DUE FROM HSU	1,204.	0.	
GROUP INVESTMENT FUND - BAPTIST FOUNDATION OF TEXAS	351,478.	357,547.	
CASH SURRENDER VALUE OF LIFE INSURANCE	31,374.	31,374.	
TOTAL TO FORM 990-EZ, LINE 24	384,056.	388,921.	

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FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
EDUCATIONAL SCHOLARSHIP CHRISTOPHER ANTWILER  ABILENE, TX 79698	NONE	200.
EDUCATIONAL SCHOLARSHIP BETHANY BARTON  ABILENE, TX 79698	NONE	125.
EDUCATIONAL SCHOLARSHIP KARINA BARTON  ABILENE, TX 79698	NONE	975.
EDUCATIONAL SCHOLARSHIP JOSH BERLANGA  ABILENE, TX 79698	NONE	425.
EDUCATIONAL SCHOLARSHIP MELISSA BERLANGA  ABILENE, TN 79698	NONE	850.
EDUCATIONAL SCHOLARSHIP TAYLOR BURTZ  ABILENE, TX 79698	NONE	1,250.
EDUCATIONAL SCHOLARSHIP KATHRIN CARTER  ABILENE, TX 79698	NONE	675.
EDUCATIONAL SCHOLARSHIP NATALIE CASE  ABILENE, TX 79698	NONE	900.
EDUCATIONAL SCHOLARSHIP JAMES COLLINSWORTH  ABILENE, TX 79698	NONE	250.

EDUCATIONAL SCHOLARSHIP ELLEN COOK  ABILENE, TX 79698	NONE	250.
EDUCATIONAL SCHOLARSHIP GARRETT DOWELL  ABILENE, TX 79698	NONE	800.
EDUCATIONAL SCHOLARSHIP JEREMY EDINS  ABILENE, TX 79698	NONE	450.
EDUCATIONAL SCHOLARSHIP MIRANDA GIBSON  ABILENE, TX 79698	NONE	313.
EDUCATIONAL SCHOLARSHIP CODY GRISSETT  ABILENE, TX 79698	NONE	150.
EDUCATIONAL SCHOLARSHIP CORY HALFAST  ABILENE, TX 79698	NONE	125.
EDUCATIONAL SCHOLARSHIP SEAN HARRIS  ABILENE, TX 79698	NONE	1,250.
EDUCATIONAL SCHOLARSHIP CHRIS HESTER  ABILENE, TX 79698	NONE	625.
EDUCATIONAL SCHOLARSHIP AARON HILL  ABILENE, TX 79698	NONE	1,250.
EDUCATIONAL SCHOLARSHIP WILLIAM JOHNSON  ABILENE, TX 79698	NONE	600.

EDUCATIONAL SCHOLARSHIP MATTHEW KEIL  ABILENE, TX 79698	NONE	313.
EDUCATIONAL SCHOLARSHIP MICHAEL LEROUX  ABILENE, TX 79698	NONE	125.
EDUCATIONAL SCHOLARSHIP STEPHEN LESTER  ABILENE, TX 79698	NONE	150.
EDUCATIONAL SCHOLARSHIP ASHLY LOWRANCE  ABILENE, TX 79698	NONE	250.
EDUCATIONAL SCHOLARSHIP JETT LOWRANCE  ABILENE, TX 79698	NONE	250.
EDUCATIONAL SCHOLARSHIP BRANDON LYMAN  ABILENE, TX 79698	NONE	900.
EDUCATIONAL SCHOLARSHIP CODY MAHAN  ABILENE, TX 79698	NONE	1,050.
EDUCATIONAL SCHOLARSHIP NATALIE MAYNARD  ABILENE, TX 79698	NONE	125.
EDUCATIONAL SCHOLARSHIP MEAGAN MCCOY  ABILENE, TX 79698	NONE	1,050.
EDUCATIONAL SCHOLARSHIP RACHEL MCDONALD  ABILENE, TX 79698	NONE	1,250.

EDUCATIONAL SCHOLARSHIP ROSS MCGARRAH  ABILENE, TX 79698	NONE	250.
EDUCATIONAL SCHOLARSHIP ASHLEY MCNALLY  ABILENE, TX 79698	NONE	250.
EDUCATIONAL SCHOLARSHIP EMILY MICULKA  ABILENE, TX 79698	NONE	625.
EDUCATIONAL SCHOLARSHIP MEAGAN MILLER  ABILENE, TX 79698	NONE	800.
EDUCATIONAL SCHOLARSHIP ERIN MULKERN  ABILENE, TX 79698	NONE	800.
EDUCATIONAL SCHOLARSHIP BRIAN ODOM  ABILENE, TX 79698	NONE	425.
EDUCATIONAL SCHOLARSHIP MICAH PACE  ABILENE, TX 79698	NONE	200.
EDUCATIONAL SCHOLARSHIP MILES PERRY  ABILENE, TX 79698	NONE	150.
EDUCATIONAL SCHOLARSHIP JESSICA POPE  ABILENE, TX 79698	NONE	150.
EDUCATIONAL SCHOLARSHIP TRAVIS QUIN  ABILENE, TX 79698	NONE	313.

EDUCATIONAL SCHOLARSHIP ELLEN ROGERS	NONE	400.
ABILENE, TX 79698		
EDUCATIONAL SCHOLARSHIP LEIGH ANNA ROUTON	NONE	900.
ABILENE, TX 79698		
EDUCATIONAL SCHOLARSHIP ADRIAN SANTANA	NONE	250.
ABILENE, TX 79698		
EDUCATIONAL SCHOLARSHIP NICOLE SPITLER	NONE	250.
ABILENE, TX 79698		
EDUCATIONAL SCHOLARSHIP SARAH STARKEY	NONE	125.
ABILENE, TX 79698		
EDUCATIONAL SCHOLARSHIP NICHOLAS SWINFORD	NONE	425.
ABILENE, TX 79698		
EDUCATIONAL SCHOLARSHIP CHANCE THOMPSON	NONE	250.
ABILENE, TX 79698		
EDUCATIONAL SCHOLARSHIP JOHN THOMPSON	NONE	550.
ABILENE, TX 79698		
EDUCATIONAL SCHOLARSHIP JAMES THORNTON	NONE	313.
ABILENE, TX 79698		
EDUCATIONAL SCHOLARSHIP TRAVIS TINCHER	NONE	700.
ABILENE, TX 79698		

EDUCATIONAL SCHOLARSHIP RAUL VILLANUEVA  ABILENE, TX 79698	NONE	150.
EDUCATIONAL SCHOLARSHIP LAUREN WEBB  ABILENE, TX 79698	NONE	200.
EDUCATIONAL SCHOLARSHIP JACOB WECKWERTH  ABILENE, TX 79698	NONE	550.
EDUCATIONAL SCHOLARSHIP STEPHANIE WELCH  ABILENE, TX 79698	NONE	250.
EDUCATIONAL SCHOLARSHIP CARSON WHEAT  ABILENE, TX 79698	NONE	1,250.
EDUCATIONAL SCHOLARSHIP COLLIN WILCOX  ABILENE, TX 79698	NONE	550.
EDUCATIONAL SCHOLARSHIP JANSEN WILHITE  ABILENE, TX 79698	NONE	150.
EDUCATIONAL SCHOLARSHIP HARDIN-SIMMONS UNIVERSITY  ABILENE, TX 79698	NONE	10,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

38,152.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO



990-EZ PG 2

STATEMENT 5

THE PURPOSE OF THE HARDIN-SIMMONS UNIVERSITY COWBOY BAND FOUNDATION IS TO FURTHER THE COLLEGE EDUCATION OF HARDIN-SIMMONS UNIVERSITY COWBOY BAND MEMBERS BY PROVIDING SCHOLARSHIPS AND ASSISTANCE IN FUNDING OTHER ITEMS BENEFITING THE BAND PROGRAM.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II</b> <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b>	Name of Exempt Organization <b>HARDIN-SIMMONS UNIVERSITY COWBOY BAND FOUNDATION</b>
File by the extended due date for filing the return. See instructions.	Employer identification number <b>23-7029858</b>
Number, street, and room or suite no. If a P.O. box, see instructions. <b>BOX 15220, HSU STATION</b>	For IRS use only
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ABILENE, TX 79698</b>	

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990    ☒ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.****DON ASHMORE**

- The books are in the care of **P.O. BOX 15220, HSU STATION - ABILENE, TX 79698**  
Telephone No. **(325) 670-1448** FAX No. **(325) 671-2114**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**
- 5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ALL OF THE INFORMATION NEEDED TO FILE A TRUE AND COMPLETE RETURN IS NOT AVAILABLE; THEREFORE ADDITIONAL TIME IS REQUESTED.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b> Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Mary Lee Brunk* Title **CPA/AGENT**Date *8/12/10*

Form 8868 (Rev. 4-2009)