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## **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)

OMB No 1545-0047

Open to Public

Intern	al Reven	ue Service	<u> </u>	he organiza	ation may hav	e to use a	a copy of th	ns return	to satisf	y state rep	orting requ	urements	Insp	ectio	n	
<u>A I</u>	For the	e 2009 cal			k year begini		APRIL 1			d ending	MAR	CH 31	, 20 10			
ВС	heck if a	applicable		C Name of c	organization F	ANNIN C	OUNTY H	IGH SC	HOOL E	BAND		D Employ	er identific	ation n	umber	
	ddress		use IRS [ label or ]	Doing Bus	iness As BO	OSTER (	CLUB, INC	)				58		01480	7	
	ame ch		print or type	Number and	street (or PO b	ox if mail is i	not delivered to	street addi	ress)	Room/suite		E Telepho	one number			
	nitial ret	turn	See	PO BOX	1641							( )				
	erminat	•	Specific   Instruc-	City or to	wn, state or cou	untry, and 2	ZIP + 4									
		d return	tions.	BLUE RI	DGE, GA 30	513						G Gross re	ceipts \$		68281	
		n pending	F Nam	ne and addre	ss of principal of	officer M	IIMI SMITI	1			H(a) Is this	a group return	for affiliates?	Yes	<b>V</b> No	
			РО ВО	X 998, BL	UE RIDGE,	GA 305	13				1	all affiliates		_	□No	
1	Tax-exe	empt status	<b>[</b> ] 50	i01(c) ( <b>3</b> )◀	(insert no )	4947(a)	(1) or 🔲	527			1	o," attach a				
J	Websi	te: ▶									H(c) Group	exemption nui	mber ►			
K	Form of	organization	✓ Corpo	oration Tru	st Association	n 🔲 Other	r <b>&gt;</b>		L Year	of formation	<del></del>		f legal dom	icile G/		
Pa	rt I	Summa	ary			-										
		Briefly de	scribe	the organ	zation's mis	ssion or i	most signi	ficant ac	ctivities:	ORGAN	IIZATION	IS ABLE	TO ENH	ANCE	:	
	•	STUDEN	TS MU	JSICAL E	DUCATION	BY PRO	VIDING M	ATERIA	LS. INS	TRUMEN	ITS. INST	RUCTION	VAL TRIF	 'S.	••••	
ခွ	-				VARDS AND											
Та	-															
Ş.	2	Chack this	hov ► [	If the ord	janization disco	entinued its	operations of	r disnosed	d of more	than 25% o	f its net ass	ets				
Ğ				_	rs of the go							3			4	
80					oting memb					 line 1h)		4			4	
iţi			•	•	es (Part V, III		•	•	•			5			0	
Activities & Governance					s (estimate							. 6			150	
•					ness revenu		• •					7a			0	
					xable incom							. 7b			0	
_								<del></del>		<del></del>	Prior Y	ear	Curr	ent Yea	ar	
	8	Contributi	ione an	nd arante	(Part VIII lin	a 1h)						19394			37904	
Revenue		8 Contributions and grants (Part VIII, line 1h)								· ·		7001			2840	
,		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								3004			67			
æ									· ·		28891		-	27470		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)								58290			68281				
										0			0			
					mbers (Part							0			0	
es					n, employee			-	-linos-5	24 <del>0</del> /		0			0	
Expenses	16a	Profession	nal fun	draising fe	es (Part IX, c	olumn A	) line	AEI1	/En	10/		2151	<del></del>			
Ä	h	Total fund	Iraisina	i expenses	(Part IX, colu	ımn (D) li	ine.25)	CEI	¥ L. L.	78		¥.4.		5 H		
					column (A), I				••••			196023			71514	
	18	Total exp	enses	Add lines	13–17 (mus	st equal	S XFE	Birnh (8	2015	5) 6		198174			74488	
	19	Revenue I	ess exp	penses Su	btract line 1	8 from lin	ne 12 .		,, mic 2.	7,1,5,1 <u> </u>		-139884			-6207	
i e							-	DEN	1 +17	Ве	ginning of C		End	of Yea		
Assets or d Balances	20	Total asse	ets (Pa	art X, line 1	16)	}	UG	ושטנ	1, U			26352			20145	
A B				Part X, line	-		<u> </u>					0			0	
Net					es. Subtrac	t line 21	from line	20				26352			20145	
Pa	rt II	Signa	ature l	Block						•		-				
		Under per	nalties of	f perjury, I de	clare that I have	examined	this return, in	ncluding a	ccompany	ıng schedul	es and state	ments, and	to the best	of my kr	nowledge	
		and belief	TIS Tru	ie, correct, ai	nd complete D	eciaration o	or preparer (d	ther than	officer) is I	based on al	Information	of which pi	reparer has	any kno	wledge	
Sig	n		$\perp \downarrow \downarrow$	MU	<u>um</u>	Uth	<u>)                                    </u>					Q-18	5-11			
He	re	Signa	ture of c	officer	2 -19			_			Da	te				
			$\Omega$ ic	mi c	mit	h.	irea	Sun	er							
		Туре	or print	name and tit	te											
		Preparer's							Date	Chec	ck if		identifying n	umber		
Paid	1	signature								self- emp	loyed ▶ 🔲	(see instruc	tions)			
	oarer's															
•	Only	Firm's nar		ours							EIN	<b>&gt;</b>				
		address, a	and ZIP								Phone r	10 <b>&gt;</b> (	)			
Ma	y the	IRS discu	iss this	s return wi	th the prepa	arer show	vn above?	(see ins	struction	s)			. 🗆	Yes [	No	
For	Priva	cy Act and	l Paper	rwork Redu	uction Act No	otice, see	the separ	ate ınstr	uctions.		Cat No 1	1282Y	Fo	rm <b>99</b> (	0 (2009)	

Pari	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: ORGANIZATION IS ABLE TO ENHANCE STUDENTS MUSICAL EDUCATION BY PROVIDING MATERIALS, INSTRUMENTS, INSTRUCTIONAL TRIPS, CAMPS, FESTIVALS, AWARDS & OTHER TRIPS WHICH ARE NOT PROVIDED BY THE SCHOOL SYSTEM.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 24780 including grants of \$) (Revenue \$ 15914 ) THE BAND PROVIDES EDUCATIONAL TRIPS FOR THE STUDENTS. THE STUDENTS PERFORM WHILE ON THESE TRIPS. THIS PROVIDES THE STUDENTS A BROADER UNDERSTANDING OF THE MUSIC FIELD.
4b	(Code) (Expenses \$9500_ including grants of \$) (Revenue \$)  THE ORGANIZATION FURNISHES INSTRUMENTS FOR THE STUDENTS TO PLAY. EACH YEAR THEY PURCHASE NEW INSTRUMENTS TO ENHANCE THE LEARNING OF THE STUDENTS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 62472

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		✓
3	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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		<b>✓</b>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			1
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			***
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48° If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	~~.	· /
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		*	,
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$ Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<b>√</b>

Pa	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>✓</b>
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>√</b> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	****		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	l	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	-	1

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			'
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			}
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			١,
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		Ī
<b>L</b>	this return?	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	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	_		۱ ۱
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	5c		<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	_6a_		\ <u> </u>
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Mar		
	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,
	required to file Form 8282?	7c	<del> </del>	<b></b>
	in res, indicate the number of rems ezez med during the year	1	2	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ė
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	**		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	<u></u>	<b> </b>	ļ
	organization, have excess business holdings at any time during the year?	_8_		<b>/</b>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a Oh	-	<del>                                     </del>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del>                                     </del>
10 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1	1	
11	Section 501(c)(12) organizations. Enter:	١,		1
	Gross income from members or shareholders		,	
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		<u>.</u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax-exempt interest received during the year.	12a		
U	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	1	1	1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	1 1 .1		Yes	No
1a				
þ	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<b>✓</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	_4		<b>✓</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		<b>V</b>
6	Does the organization have members or stockholders?	6_		<b>✓</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			١.
	of the governing body?	7a_		<b>✓</b>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	_7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:			'
а	The governing body?	8a	<b>✓</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_9a_	<u> </u>	
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)		<del></del>	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<u>10a</u>		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	ļ	ļ	l
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	<u> </u>	<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	١	,	
	form?	11	<b>√</b>	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4	<b>%</b>	<del>                                     </del>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		<u> </u>	
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	ļ
	describe in Schedule O how this is done	12c	<u> </u>	
13	Does the organization have a written whistleblower policy?	13		<b>✓</b>
14	Does the organization have a written document retention and destruction policy?	14	<b></b>	<b>-</b>
15	Did the process for determining compensation of the following persons include a review and approval by	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ļ	<u> </u>
	The organization's CEO, Executive Director, or top management official	15a	├	<b>├</b> ──
b	Other officers or key employees of the organization	15b	<del> </del> -	<del> </del>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ļ
	with a taxable entity during the year?	16a	-	<b>✓</b>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		}	L
	the organization's exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ GEORGIA		<b>-</b>	<b></b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization. MIMI SMITH, PO BOX 998, BLUE RIDGE, GA 30513 706-374-5400	ords o	f the	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if the organization did not co	mpensate	any c	urre	ent	offic	cer, d	<u>irec</u>	tor, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	c Institutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GARY STANLEY		<b>8</b>	stee		_	nsated	_			Organizations
PRESIDENT	2 HR			1				0	0	0
DALE PACE VICE PRESIDENT	2 HR			1				0	0	0
BETTY JO STANLEY SECRETARY	2 HR			1				0	0	o
MIMI SMITH TREASURER	2 HR			1				0	0	0
	 				_					
			_							
					<u>.</u>					
					<u> </u>		L			

Pai	t VII Section A. Officers, Directors, Tru		Emp	loye			d Higl	hest			
	(A)	(B)	De-:-	1	•	C)	4b.a4	_,,	(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		i							ļi		
						L					
						_					
								<u> </u>			
<u>1b</u>	Total	<u> </u>						<b>&gt;</b>	<u> </u>	<u> </u>	<u>.                                    </u>
2	Total number of individuals (including but reportable compensation from the organization)		to th	ose	list	ed	above	e) wl	ho received m	ore than \$100,	000 in
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	er, director	or tr	uste	ee,	key livid	empl	oye	e, or highest o	compensated	Yes No
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of rep greater tha	ortab an \$1	le c 50,0	000 om	pen ? <i>If</i>	satıor "Yes,"	' coi	mplete Schedu	ile J for such	4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	pen	sat	on	from	anv	unrelated ord	janization for	5 🗸
Se	ction B. Independent Contractors										
1	Complete this table for your five highest c compensation from the organization.	ompensate	ed inc	lepe	end	ent	contra	acto	rs that receive	d more than \$	100,000 of
	(A) Name and business address							(B) (C) Description of services Compens			
								_			
_											
_								厂			
_	<del></del>							<u>Ļ</u>			
2	Total number of independent contractors ( more than \$100,000 in compensation from	including b n the orgai	ut no nızatı	t lin	nite ►	d to	those	e list	ed above) who	received	

Par	t VI	Statement of Revenue				`	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b	Federated campaigns	1a     0       1b     957       1c     19354				312, 310, 01 314
ar a		Fundraising events	1c 19354 1d 0				
S, S	"	Related organizations	1e 0				
lon Si		Government grants (contributions).	ie u				
the the	Ι.	All other contributions, gifts, grants, and similar amounts not included above	1f 17593				
d di	ا ا	Noncash contributions included in lines 1a-1					
ರೆ ಕ	h	Total. Add lines 1a–1f		37904			
			Business Code				
/en	2a	CONCERTS		2840	2840		
Re	b						·
/ice	c						
Program Service Revenue	d						
Ë	e						
ogu	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<b>.</b>	2840			· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including divident other similar amounts)		67	67		
	4	Income from investment of tax-exemp	t bond proceeds 🕨				
	5	Royalties				·····	
		(i) Real	(ii) Personal	****		\$	
		Gross Rents					
		Less: rental expenses			**		
	4	Rental income or (loss)  Net rental income or (loss)		·			
	1						·
	∣ ′a	Gross amount from sales of assets other than inventory	s (a) Other				
	۱ .	Less. cost or other basis	<del></del>	4.			:
	6	and sales expenses .		*	` ~*		İ
	_	Gain or (loss)					
	d			ж.	*		
<u>o</u>	R <sub>2</sub>	Gross income from fundraisin					
evenue	l Ga	events (not including \$		,			
ř.		See Part IV, line 18	a 16951	1			
Other	b	Less: direct expenses	b 13631				•
Ò	С	Net income or (loss) from fundraisi	ing events >	3320			
	9a	Gross income from gaming activities					
		See Part IV, line 19	a	}			'
	c b	Less direct expenses	ь				
	10a	Gross sales of inventory, les returns and allowances	s				
	ь	Less cost of goods sold		İ			
		Net income or (loss) from sales of in					
		Miscellaneous Revenue	Business Code				
	11a	CAMP/UNIFORM FEES	<del></del>	7537	7537		
		TRIPS		15794	15794		
	С	MEALS		819	819		
	d	All other revenue					
	е	Total. Add lines 11a-11d		24150			
	12		_ <u>.                                    </u>	68281	27057		

Part IX Statement of Functional Expenses

Section	i 501(c)(3)	) and 501(c)(4	) organization	ons mus	t comp	lete all coll	umns.	

	All other organizations must complete col		<del></del>		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				1
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			<del></del>	
10	Payroll taxes				<del></del>
11	Fees for services (non-employees).				
а	Management				
þ	Legal				
С	Accounting				
d	Lobbying		* š. ·		
е	Professional fundraising services See Part IV, line 17	·	1 ,} "	*	
f	Investment management fees				
g	Other				
12	Advertising and promotion	1534		1534	
13	Office expenses				. <u> </u>
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	24780	24780		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	188	188		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance				
	_				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		•		
а	SEE ATTACHMENT	47986	37504	7508	2974
b					
d			<del></del>		<del></del>
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	74488	62472	9042	2974
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	7 4400	OLTI Z	3042	2314
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		·		<del></del>

Part X **Balance Sheet** (B) End of year Beginning of year 20145 26352 1 2 2 3 Pledges and grants receivable, net . . . . . . . . . . . . 3 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 7 Notes and loans receivable, net . . . . . Assets 8 8 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or 10a other basis Complete Part VI of Schedule D b Less accumulated depreciation . . . . 10b 10c 11 Investments-publicly traded securities . . . . . 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 Intangible assets . . . . . . . . . . . . . . . . . 14 14 Other assets. See Part IV, line 11 . . . . . 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 26352 16 20145 17 17 Accounts payable and accrued expenses . . . . . . . 18 18 19 19 Deferred revenue . . . . . . . . . . . . . . . . 20 20 21 Liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified - - 300 persons. Complete Part II of Schedule L . . . . . . . . . . . . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities. Complete Part X of Schedule D . . . . . . . . 25 25 Total liabilities. Add lines 17 through 25 . . . . . . 26 26 Organizations that follow SFAS 117, check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 26352 27 20145 27 28 28 Fund 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Assets or 30 30 Capital stock or trust principal, or current funds . . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds Š Total net assets or fund balances . . . . . . . . . . . . . . . . . 26352 33 20145 33 Total liabilities and net assets/fund balances 26352 34 20145

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<b>✓</b>	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ĺ		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.	1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	İ		i
	issued on a consolidated basis, separate basis, or both:	1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	<u>.</u>		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	İ		
	the Single Audit Act and OMB Circular A-133?	<u>3a</u>		✓
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ì		1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

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

Department of the Treasury

**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 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number FANNIN COUNTY HIGH SCHOOL BAND BOOSTER CLUB, INC 2014807 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.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 **b** Type II c Type III-Functionally integrated d Type III-Other e D 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 II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? 11g(iı) (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? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Yes

**Total** 

tion A. Public Support	( ) 0005	# \ 0000 T		( )) 0000		(0 T ) )
lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge				! 		
Total. Add lines 1 through 3		<u>.</u>				
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)			*			
						<u> </u>
	(=) 0005	(h) 0000	(-) 0007	(4) 0000	1.1.0000	(0 T-1-1
lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(a) 2008	(e) 2009	(f) Total
Amounts from line 4	<u> </u>	<del> </del>		<del></del>	<del></del>	
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support. Add lines 7 through 10 .	<u> </u>	<u> </u>	<b>4</b> ,	* *	* *	<u> </u>
					12	<del></del>
organization, check this box and stop he	re <u></u>	<u></u>				on 501(c)(3)
tion C. Computation of Public Su	pport Perce	ntage			T	
Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	
Public support percentage from 2008 Sc	hedule A, Part	II, line 14 .				
						, check this
more, and if the organization meets the "f	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Par	IV how the
more, and if the organization meets the "to organization meets the "facts-and-circumsta	acts-and-circur	nstances" test, o organization qua	check this box	and <b>stop here.</b> cly supported or	Explain in Part ganization	IV how the
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  tion B. Total Support  lendar year (or fiscal year beginning in) ▶  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. First five years. If the Form 990 is for organization, check this box and stop here. The organization qualifies 33½% support test—2009. If the organiand stop here. The organization qualifies 33½% support test—2008. If the organiand stop here. The organization meets the "forganization meets the "facts-and-circumtances test—2006 more, and if the organization meets the "facts-and-circumtances test—2006 more, and if the organization meets the "facts-and-circumtances test—2006 more, and if the organization meets the "facts-and-circumtances test—2006 more, and if the organization meets the "facts-and-circumtances test—2006 more, and if the organization meets the "facts-and-circumtances test—2006 more, and if the organization meets the "facts-and-circumtances test—2006 more, and if the organization meets the "facts-and-circumtances test—2006 more, and if the organization meets the "facts-and-circumtances test—2006 more, and if the organization meets the "facts-and-circ	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructing first five years. If the Form 990 is for the organization organization, check this box and stop here  tion C. Computation of Public Support Perce  Public support percentage for 2009 (line 6, column (f) of Public support percentage from 2008 Schedule A, Part 33½% support test—2009. If the organization did not and stop here. The organization qualifies as a publicly 33½% support test—2008. If the organization did not box and stop here. The organization meets the "facts-and-circumstances test—2009. If the organization meets the "facts-and-circumstances test—2008. If the organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "	lendar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supports dorganization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4  tion B. Total Support  lendar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, secon organization, check this box and stop here  tion C. Computation of Public Support Percentage  Public support percentage for 2009 (line 6, column (f) divided by line 1  Public support percentage from 2008 Schedule A, Part II, line 14  33½ % support test—2008. If the organization did not check the box on box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, organization meets the "facts-and-circumstances" test, organization meets the "facts-and-circumstances" test, organization did not check more, and if the organization meets the "facts-and-circumstances" test, organization did not check more, and if the organization meets the "facts-and-circumstances" test, organization did not check more, and if the organization meets the "facts-and-circumstances" test, organiz	Indian year (or fiscal year beginning in)    Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  tion B. Total Support  Iendar year (or fiscal year beginning in) ▶  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth organization, check this box and stop here.  The organization qualifies as a publicly supported organization  33% % support test—2009. If the organization did not check the box on line 13 or 16a, box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13 or 16a, box and stop here. The organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-circumstances" test, check this box	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants").  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  tion B. Total Support  lendar year (or fiscal year beginning in) ▶  Amounts from line 4  Arrounts from line 4  Arrounds from increst, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax y organization, check this box and stop here.  Public support percentage from 2008 Schedule A, Part II, line 14  33½% support test—2009. If the organization did not check a box on line 13, and line 14 is 33½ and stop here. The organization qualifies as a publicly supported organization.  33½% support test—2008. If the organization did not check a box on line 13, 16a, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test, check this box and stop here.	Internative   Internation

Schedule A (Form 990 or 990-EZ) 2009 Page 3 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 Gifts, grants, contributions, membership fees received (Do not include 20922 37904 16807 16958 19394 111985 any "unusual grants ") . . . . . . . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 11048 7001 31257 21282 2840 73428 organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 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 40744 52179 38089 28006 26395 185413 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the  $\overline{\mathbf{s}}$ 1 1

	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	. >	å, di	2 1 to 1	•		185413
Sec	tion B. Total Support					• <del></del>	<del></del>
Ca	llendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	52179	38089	28006	26395	40744	185413
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	131	73	1020	2004	67	4610
	sources	131		1338	3004	67	4613
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	131	73	1338	3004	67	4613
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.)	117031	66361	176348	28891	27470	416101
13	Total support. (Add lines 9, 10c, 11, and 12.)	169341	104523	205692	58290	68281	
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth	-		
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2009 (lir					15	31 %
16	Public support percentage from 2008			<u> </u>	<u> </u>	16	26 %
Sec	tion D. Computation of Investment	nt Income Po	ercentage				
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divided	d by line 13, c	olumn (f)) .	17	1 %
18	Investment income percentage from 20	008 Schedule /	A, Part III, line	17		18	1 %
19a							
	17 is not more than 331/3 %, check this b	-	-	•		,	
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	nization did not is box and stop	check a box or here. The orga	i line 14 or line nization qualifie	19a, and line 1 s as a publicly	6 is more than supported org	a33%%, and anization ► □
20	Private foundation. If the organization	did not check	a box on line 1	l4, 19a, or 19b	, check this bo	ox and see ins	structions 🕨 🗹
		·			Sch	edule A (Form 9	90 or 990-EZ) 2009

	m 990 or 990-EZ) 2009 Page <b>4</b>
Part IV	<b>Supplemental Information.</b> 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
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### FANNIN COUNTY HIGH SCHOOL BAND BOOSTER CLUB, INC FORM 990 FY 4/1/09 - 3/31/10

### PART IX, LINE 24 OTHER EXPENSES

	TOTAL EXPENSES	PROGRAM SERVICE EXPENSES	MGMT & GENERAL EXPESNES	FUNDRAISING EXPENSES
FUNDBAIGING	0.074.00			0.074.00
FUNDRAISING	2,974 00			2,974 00
FESTIVAL/CONCERT	1,729 00	1,729.00		
BAND SUPPLIES/MUSIC	5,509 00	5,509 00		
SCHOLARSHIPS	500 00	500 00		
TROPHIES/AWARDS	5,467 00	5,467 00		
INSTRUMENT REPAIRS	992 00	992 00		
OTHER EXPENSES	328 00	328 00		
BAND CAMP INSTR./SHOW	7,449 00	7,449 00		
UNIFORMS/T-SHIRTS	5,752 00	5,752 00		
INSTRUMENTS	9,500 00	9,500.00		
INSURANCE	404 00	•	404.00	
LAPTOP	599 00		599 00	
POSTAGE	127 00		127 00	
GIFTS	400 00		400 00	
MEALS	278 00	278 00	,,,,,	
FUEL	372 00		372 00	
TELEPHONE	60 00		60 00	
SUBSTITUTE TEACHER	75 00		75.00	
GMEA DIST 9 COMM PROJECT	33 00		33 00	
TAGS (AUTO)	52 00		52 00	
CONCESSION EQUIPMENT	5,386 00		5,386 00	
CONCECCION EQUI MENT		<del></del>	3,300 00	
TOTAL	47,986 00	37,504 00	7,508_00	2,974 00