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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $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 06/01/09 , and ending 05/31/10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HOUSTON HIGH SCHOOL BAND BOOSTERS

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
9755 WOLF RIVER BLVD

City or town, state or country, and ZIP + 4
GERMANTOWN TN 38139

D Employer identification number
62-1864995

E Telephone number
901-218-9453

F Group Exemption Number ▶

- 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: ▶ THEHOUSTONBAND . COM

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 271,883

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

1	Contributions, gifts, grants, and similar amounts received			1	38,091
2	Program service revenue including government fees and contracts			2	132,525
3	Membership dues and assessments			3	
4	Investment income			4	
5a	Gross amount from sale of assets other than inventory	5a			
b	Less cost or other basis and sales expenses	5b			
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a	72,974		
b	Less direct expenses other than fundraising expenses	6b	44,222		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	28,752
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
8	Other revenue (describe ▶ SEE STATEMENT 1)			8	28,293
9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶	9	227,661
10	Grants and similar amounts paid (attach schedule)			10	
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	2,000
14	Occupancy, rent, utilities, and maintenance			14	
15	Printing, publications, postage, and shipping			15	
16	Other expenses (describe ▶ SEE STATEMENT 2)			16	247,889
17	**Total expenses.** Add lines 10 through 16		▶	17	249,889
18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-22,228
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	126,844
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	104,616

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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	126,844	22	104,616
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 **Total assets**	126,844	25	104,616
26 **Total liabilities** (describe ▶ _____)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	126,844	27	104,616

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990-EZ** (2009)

G9 24

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

What is the organization's primary exempt purpose?

SEE STATEMENT 3

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, or other relevant information for each program title

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

28 SEE STATEMENT 4

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 249,889

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

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) ▶ 32 249,889

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

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
AMY SMITH	COLLIERVILLE	DIRECTOR			
556 GRAND STEEPLE DRIVE	TN 38017		0	0	0
CATHY BISHOP	GERMANTOWN	DIRECTOR			
9265 SAN AUGUSTA COVE	TN 38139		0	0	0
CHAR LEHMAN	COLLIERVILLE	DIRECTOR			
2132 LAKE PAGE DRIVE	TN 38017		0	0	0
CHARLENE JACKSON	MEMPHIS	SECRETARY			
5470 ANNANDALE DRIVE	TN 38125		0	0	0
DAVID & CINDY KNOX	GERMANTOWN	DIRECTOR			
8629 PEPPER BUSH LANE	TN 38139		0	0	0
JIM SMITH	COLLIERVILLE	DIRECTOR			
556 GRAND STEEPLE DRIVE	TN 38017		0	0	0
GAIL JUNG	GERMANTOWN	DIRECTOR			
2074 STAFFORD PARK LANE	TN 38139		0	0	0
GREG NOONAN	GERMANTOWN	TREASURER			
8767 CUMBERNAULD CIRCLE N	TN 38139		0	0	0
HONI SHIRLEY	COLLIERVILLE	DIRECTOR			
12027 MACON ROAD	TN 38017		0	0	0
JAY YANCEY	CORDOVA	DIRECTOR			
1239 BREEZY VALLEY DRIVE	TN 38010		0	0	0
KATHY TUBERVILLE	GERMANTOWN	DIRECTOR			
2119 SPRING HOLLOW LANE	TN 38139		0	0	0
LARRY GROH	GERMANTOWN	PRESIDENT			
8842 ALDERSHOT DRIVE	TN 38139		0	0	0
LEE CARPENTER	COLLIERVILLE	DIRECTOR			
491 INDIAN HOLLOW COVE	TN 38017		0	0	0
MICHELLE FREEMAN	GERMANTOWN	DIRECTOR			
1739 HOBBITS GLEN DRIVE	TN 38138		0	0	0
RITA DAMARI	GERMANTOWN	DIRECTOR			
2011 KIBURNIE DRIVE	TN 38139		0	0	0
ROBERT SWANSON	MEMPHIS	DIRECTOR			
7635 MINERAL CREST CR. N.	TN 38125		0	0	0
SPENCER NESVICK	GERMANTOWN	BAND DIR.			
2102 DOGWOOD ESTATES COVE	TN 38139		0	0	0
STACY HANCOCK	GERMANTOWN	DIRECTOR			
9532 GOTTEN WAY	TN 38139		0	0	0

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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ TN

42a The organization's books are in care of ▶ GREGORY A. NOONAN Telephone no ▶ 901-218-9453

Located at ▶ P. O. BOX 381433 GERMANTOWN, TN ZIP + 4 ▶ 38183

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	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			

			Yes	No
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

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

			Yes	No
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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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

▶ [signature] Signature of officer — Date: 1-12-2011

▶ GREGORY A. NOONAN, TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature], CPA	Date 12/01/10	Check if self-employed ▶ ☐	Preparer's identifying number (See instr) P00505342
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	WHITEHORN TANKERSLEY & DAVIS, PLLC 670 OAKLEAF OFFICE LANE MEMPHIS, TN 38117-4811		EIN ▶ 62-1039882 Phone no ▶ 901-767-5080

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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

HOUSTON HIGH SCHOOL BAND BOOSTERS

Employer identification number

62-1864995

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?

(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?

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

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	
Total									

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 **Total.** 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 **Public support.** 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 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **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** ▶ ☐

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 **33 1/3 % support test—2009.** 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 ▶ ☐

b **33 1/3 % support test—2008.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2009.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2008.** 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 ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	164,867	120,099	42,473	49,055	38,091	414,585
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	65,410	47,370	149,899	243,776	161,277	667,732
3 Gross receipts from activities that are not an unrelated trade or business under section 513					28,293	28,293
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	230,277	167,469	192,372	292,831	227,661	1,110,610
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	69,523	705	42,473	49,055	38,091	199,847
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						
c Add lines 7a and 7b	69,523	705	42,473	49,055	38,091	199,847
8 **Public support** (Subtract line 7c from line 6)						910,763

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	230,277	167,469	192,372	292,831	227,661	1,110,610
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	230,277	167,469	192,372	292,831	227,661	1,110,610

14 **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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	82.01 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	85.56 %

Section D. Computation of Investment Income Percentage

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

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 ▶ ☐

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

Special Events Schedule

Form **990**

For calendar year 2009, or tax year beginning 06/01/09 , and ending 05/31/10

2009

Name

HOUSTON HIGH SCHOOL BAND BOOSTERS

Employer Identification Number

62-1864995

	(A)	(B)	(C)	Others	Total
Gross receipts	23,000	22,107	12,489	15,378	72,974
Less contributions	0	0	0	0	0
Gross revenue	23,000	22,107	12,489	15,378	72,974
Less direct expenses	19,116	16,659	0	8,447	44,222
Net income (loss)	3,884	5,448	12,489	6,931	28,752

Description

(A) BBQ FUNDRAISING

(B) COOKIE DOUGH SALES

(C) ROCKATHON

Others
DVD SALES
MISCELLANEOUS EVENTS
CONCERTS
BANQUET
CARWASH

TRIVIA NIGHT

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
FOOTBALL CONCESSION	$ 12,810
PARENT BUS TRIP FEES	5,295
MISCELLANEOUS REVENUE	3,176
STUDENT FEES-UNIFORMS & SHOES	2,400
EQUIPMENT SALES	1,689
PARENT BANDWEAR SALES	1,360
OLD UNIFORM SALES	975
GUARD UNIFORMS	588
TOTAL	$ 28,293

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
BAND CAMP	$
OTHER EXPENSES	9,035
SPRING TRIP	
TRAVEL	6,206
OTHER EXPENSES	3,167
COLORFEST	
OTHER EXPENSES	2,425
WINTER GUARD PROGRAM	
OTHER EXPENSES	732
ALL WEST AND ALL STATE	
TRAVEL	4,074
OTHER EXPENSES	3,302
EXPENSES	
OFFICE	1,668
TRAVEL	61,942
MEMBERSHIPS/CONFERENCES	304
INSURANCE	2,359
INSTRUCTION FEES	48,205
UNIFORMS	41,177
EQUIPMENT PURCHASES	23,728
PROGRAM EXPENSE	6,014
MUSIC ARRANGEMENTS	5,502
REPAIRS & MAINTENANCE	4,887
BAND DIRECTOR GIFT	4,560
AWARDS AND GIFTS	4,349
SCHOLARSHIPS	3,250
REGISTRATION & LICENSE	3,244
COMPETITION FEES	2,071
BAND SHOE AND GLOVE	1,844
GUARD UNIFORM	1,223
PARENT BANDWEAR COSTS	962
AUDITION JUDGING	860
MISCELLANEOUS	489
WEB-SITE	310
TOTAL	$ 247,889

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
TO HELP PROMOTE BETTER BAND, SCHOOL AND COMMUNITY SPIRIT, TO STIMULATE STUDENT AND COMMUNITY INTEREST IN APPRECIATION AND SUPPORT OF THE SCHOOL MUSIC PROGRAMS, AND TO HELP ENSURE THAT THE INSTRUMENTAL MUSIC DEPARTMENT MAINTAINS THE HIGHEST POSSIBLE DEGREE OF EFFICIENCY.

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
AS SCHOOL FUNDS ARE NOT DEDICATED TO THE BAND PROGRAM, GENERATING FUNDING FOR SPECIAL EQUIPMENT, INSTRUMENTS, INSTRUCTION, ETC SHALL BE A PRIMARY GOAL OF THE BOOSTERS IN SUPPORT OF THE SCHOOL MUSIC PROGRAMS.