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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 recepts 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 dar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 20

OMB No 1545-1150

Open to Public Inspection

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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part # 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 23 Land and buildings 24 Other assets (describe ► 25 Total assets Total liabilities (describe ► SEE STATEMENT 2) 19 22,450. 19 22,450. 10 14,897. 26 6,660. 10 14,897. 26 6,660. 10 16,027.	A	For	the 2	2009 calendar year, or tax year beginning $JUL 1$,	2009		and e	nding JU	N 30	o,	2010
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Part # 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)	set	19			A))				1		22 450
Part # 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)	Ϋ́								}		22,430.
Part 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 37,347. 22 22,687. 23 Land and buildings 24 Other assets (describe ► 25 Total assets 37,347. 25 22,687. 26 Total liabilities (describe ► SEE STATEMENT 2) 14,897. 26 6,660. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 22 Cash, savings, and investments 37,347. 25 22,687. 26 6,660.	ž	ł		-							16 027
(See the instructions for Part II) 22	=						- Form 0	OO material of Fe	000		10,027.
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 37,347. 22 22,687. 29 22,687. 20 37,347. 25 22,687. 20 37,347. 25 22,687. 21 14,897. 26 6,660. 22 450. 27 16,027.	L	an			250,000 01 11	iore, in				J-EZ	(B) End of year
23 Land and buildings 24 Other assets (describe ►) 24 25 Total assets			Ca-t-	,			 '			20	
24 Other assets (describe ►) 24 25 Total assets 37,347.25 22,687. 26 Total liabilities (describe ► SEE STATEMENT 2) 14,897.26 6,660. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 22,450.27 16,027.				•			-	31,	<u> </u>	_	
25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 2) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total liabilities (describe ► SEE STATEMENT 2) 29 14,897.26 6,660. 21 16,027.							\ 				
26 Total liabilities (describe ► SEE STATEMENT 2) 14,897.26 6,660. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 22,450.27 16,027.							· ' 	37	347		22 687
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 22,450.27 16,027.				255 255	ימשאשתי	ר יז	\backslash				
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					congrate inc	tructio	ne		100	• 21	



	art III Statement of Program Service Accomplish			1000 60-	Dod III \		32-	2301		<u>-</u>
	at is the organization's primary exempt purpose? SEE STATEM			ions tor	rail III)			1	Expenses for section 501(c)(3)	
				d 0000		dooori	——-	and 501(c	(4) organizations and	
	scribe what was achieved in carrying out the organization's exempt services provided, the number of persons benefited, and other re-					descri	be	section 49 for others	947(a)(1) trusts, option	ıal
28	SEE STATEMENT 6								<u>′</u>	-
							_	[
								!		
	(Grants \$) If this amount includes for	reign gran	nts, check here			▶		28a	58,710	•
29								}]		
								,)		
							 _			
	(Grants \$) If this amount includes for	reign gran	nts, check here				<u></u> _	29a		_
30								1		
								}		
	(Grants \$) If this amount includes for	reign gran	nte check here			_		30a		
31	Other program services (attach schedule)	reign grai	its, check here				<u></u>	300		_
•	(Grants \$) If this amount includes for	reian arai	nts, check here			>		31a		
32	Total program service expenses (add lines 28a through 31a)						▶	32	58,710	•
P	art IV List of Officers, Directors, Trustees, and K	(ey Em	ployees. List ea	ch one ev	en if not comp	ensated (See the	instruction	s for Part IV)	_
) Title and average	houre	(e) Compor	cation	, . ,	ntribution		
	(a) Name and address	"	per week devoted		(c) Comper (If not paid			mployee fit plans &	(e) Expense account and	
		ļ	position		-0-)		d	eferred	other allowance	2£
- 10	AND D CATERY 12002 CHURD TOCK	——————————————————————————————————————	O DDECIDI	33100			com	pensation	 	_
_	VNN E. SMITH, 13002 STURBRIDGE DURT, HAGERSTOWN, MD 21742		O-PRESIDI 0.50	ZMT.		0.		0	. 0	
	JSAN SMITH, 522 WOODHAVEN DRIVE,	C	O-PRESIDI	:NT	<u> </u>				-	•
	PT 2, HAGERSTOWN, MD 21742	——Č`	0.50	714 T		0.		0	.) o	
	ICHAEL P. MANSPEAKER, 480 N.	T	REASURER	ACC	OUNTS	PAY	ABI		-	÷
	OTOMAC STREET, HAGERSTOWN, MD 217		0.50			0.		0	. 0	
	LEEN ROEDER, 19703 PORTSMOUTH		REASURER	ACC	OUNTS	REC	EIV	ABLE		_
	RIVE, HAGERSTOWN, MD 21742		0.50		<u></u>	0.	<u></u>	0		•
	ATHY ROBINSON, 19625 PORTSMOUTH	T1	REASURER	ACC	DUNTS		EIV	ABLE		
	RIVE, HAGERSTOWN, MD 21742		0.50			0.		0	1	•
_	ICK ROBINSON, 19625 PORTSMOUTH	{ T]	REASURER	ACC	DUNTS		ΕIV		1	
₽F	RIVE, HAGERSTOWN, MD 21742	-	0.50 AND DIREC	TIMO D		0.	ļ	0	0	<u>•</u>
	ESSICA MANOR, 1200 PENNSYLVANIA ZENUE, HAGERSTOWN, MD 21742	b,	40.00	LIOK		0.	ļ	0	. 0	
AV	VENUE, HAGERSTOWN, MD 21742		40.00			<u> </u>			·	<u>•</u>
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02-0	172 08-10							Fori	m 990-EZ (200	19)

Pa	rt 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," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	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		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 N/A			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9] !		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	} 1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under] !		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶ 0 .			
þ	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			ĺ
	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			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			ĺ
	organization •O.			
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]	<u> X</u>
	List the states with which a copy of this return is filed MD			
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no ► 301-73			
	Located at ► P.O. BOX 1884, HAGERSTOWN, MD ZIP+4 ► 2	174	2	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		r	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	ļļ	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	37 / 7		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ı	· ·	
4.4	Bid the assessment on markets and decreased for deal (6 No. 8 Form 000 and because of the second of		Yes	NO
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	ا ا		v
	Form 990-EZ	44	 -	X
	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	_		v
	completed instead of Form 990-EZ	45		(2000)
		rorm 9	90-EZ ((2009)

and 51

Part VI

52-2361853 NORTH HIGH BAND BOOSTERS, INC. Page 4 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

46	Did the organization engage in direct or indirect political campaign activities of	n behalf of or in opposition to c	andidates for public		Yes	No
	office? If "Yes," complete Schedule C, Part I				46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Sche	edule C, Part II			47	X
48	is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Yes,	* complete Schedule E			48	X
49 a	Did the organization make any transfers to an exempt non-charitable related of	rganization?		{ .	19a	X
b	If "Yes," was the related organization a section 527 organization?			[7	19b	
50	Complete this table for the organization's five highest compensated employee	s (other than officers, directors	, trustees and key er	nployees) who ead	h 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 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp account other allow	t and
						<u>_</u> _
	T. b. 1 6 6 6 6 6 6		L	L	l	
f 51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent	ant contractors who each recei	ued more than \$100	000 of company	ion from th	10
• •	organization of the is none, enter "None"	one contractors who cach recor	vou more mun proe,	oco or componed		
	NONE					
	(a) Name and address of each independent contractor paid more t	than \$100 000	(b) Type of ser	vice (c)	Compensa	ation
	(a) Number and address of each independent contractor paid into the		(a) 1) po 01 301	100	Componse	20011
				Ì		
					-	
				(
]	Ì		
d	Total number of other independent contractors each receiving over \$100,000		>			
Sig: Her		companying schedules and statemer iformation of which preparer has any	its, and to the best of my	knowledge and believed.	ef, it is true,	
	PRESIDENT					
	Type or print name and title					
Paid		Data)	ck if self-			
	arer's Preparer's signature		oloyed >	arer's identifying nur	nber (See ins	itr)
Use	Only CMTTH FILTOTT KEAPNS &	COMPANY, LLC	EIN			
	A O O NT DOMONTA C CONDERM	COLLYNIA TITIC				
	address, and ZIP+4 HAGERSTOWN, MD 21740		Phon no	e ► (301)7	33_50	าวก
				(20T) \	F	
May	the IRS discuss this return with the preparer shown above? See instructions			<u> </u>	Yes L	No
				Fo	rm 990-E2	z (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

Employer identification number Name of the organization 52-2361853 NORTH HIGH BAND BOOSTERS, INC. 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) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 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) 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 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 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) 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 c ____ Type III - Functionally integrated d ___ Type III · Other a Type I **b** Type II 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Nο 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (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) h (iii) Type of (vi) is the (iv) Is the organization (v) Did you notify the (ii) EIN (vii) Amount of (i) Name of supported organization organization in col in col (i) listed in your organization in col support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? US? above or IRC section (see instructions)) Yes No Yes No

Schedule	A (Carm	000 ~*		α
Scriedule	AIFOILL	330 01	990-62	1 2009

Page 2

Pa	rt II Support Schedule for	Organizations	Described in	Sections 170)(b)(1)(A)(iv) ar	id 170(b)(1)(A)(/i)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I)				
Sec	tion A. Public Support						
Cale	ndar 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.")				<u> </u>		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		ı		}	i	
	or expended on its behalf			<u> </u>	<u></u>	ļ	
3	The value of services or facilities			ł			
	furnished by a governmental unit to			}		,	
	the organization without charge			<u> </u>			
4	Total. Add lines 1 through 3	7		ļ,			
5	The portion of total contributions						
	by each person (other than a					E .	
	governmental unit or publicly						
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			ļ	ļ	ļ	
	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>		
	tion B. Total Support		#1.0000	T (10007	12.0000		
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4			 			
	Gross income from interest,			1			
	dividends, payments received on		ı		1		
	securities loans, rents, royalties and income from similar sources			}			
	Net income from unrelated business			 	 	 	
9							
	activities, whether or not the business is regularly carried on			<u> </u>			}
	Other income. Do not include gain				 		
	or loss from the sale of capital					ĺ	
	assets (Explain in Part IV.)			Ì			
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	<u> </u>	.1	12	
	First five years. If the Form 990 is for	•	,	rd, fourth, or fifth t	ax vear as a section		
	organization, check this box and stop		,	-,,	,	(0)(0)	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (I	ine 6, column (f) d	ivided 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 o	rganization did no	t check the box or	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/39	6 or more, check th	ıs box
	and stop here. The organization qual						▶
	10% -facts-and-circumstances test						
	and if the organization meets the "fac					art IV how the organ	nization
	meets the "facts-and-circumstances"	-	·		•		▶□
	10% -facts-and-circumstances test						
	more, and if the organization meets the				•		, ,
	organization meets the "facts-and-circ		-				▶ٰ
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17		and see instruction edule A (Form 990	

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 16,469. 18,030. 15,223. 15,494 78,727. 13,511. include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 129,714. 156,366. 143,270. 145,038. 97,593. 671,981. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 161,300. 160,261. 113,087. 143,225. 172,835. 750,708. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons 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 0. amount on line 13 for the year 0. c Add lines 7a and 7b 750,708. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 (c) 2007 Calendar year (or fiscal year beginning in)▶ **(b)** 2006 (d) 2008 (e) 2009 (f) Total 143,225. 172,835. 161,300. 160,261. 113,087. 750,708. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 498. 498. 77. 612. 116. 1,801. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 498. 116. 1,801. 612. 498. 77. 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 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 143,837. 173,333. 161,798. 160,338. 113,203. 13 Total support (Add lines 9, 10c, 11, and 12) 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 99.76 15 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 99.57 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage .24 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % .25 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 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 $\triangleright X$ 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

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

• If you			
•	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	,	> X
•••••	t complete Part II unless you have already been granted an automatic 3-month extension on a previously	illed Fo	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corpo Part I o	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co only	mplete	▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a ncome tax returns.	n exten	sion of time
noted b (not aut you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensible below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication at the strength of the st	nically if onsolida	(1) you want the additional ated Form 990-T. Instead,
Type o		Emp	loyer identification number
print			
File by the	NORTH HIGH BAND BOOSTERS INC.	5	2-2361853
due date filing your return Se	for Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1884		
instructio			
Check	type of return to be filed (file a separate application for each return):		
<u> </u>		700	
=	Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form		
	Form 990-BL		
=	Form 990-PF Form 1041-A Form 590-1 (trost other than above)		
	CONTI 350-FF CONTI TO 417A CONTINUE TO		
	THE ORGANIZATION books are in the care of ▶ PO BOX 1884 - HAGERSTOWN, MD 21742		
■ Tho			
	ophono No ► 301-733-7689 EAV No ►		
Tele	ephone No ► 301-733-7689 FAX No. ►		▶ □
Tele If th	ne organization does not have an office or place of business in the United States, check this box	his is fo	r the whole group, check this
Tele If the	ne organization does not have an office or place of business in the United States, check this box		r the whole group, check this ers the extension will cover.
Tele If the lifth box ▶ 1	ne organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box	ll memb	ers the extension will cover.
Tele If the lifth box ▶ 1	ne organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of a request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united the properties of the organization of the organization named as for the organization's return for:	ll memb	ers the extension will cover.
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No 1545-0047

Open To Public Inspection

Name of the organization

NORTH HIGH BAND BOOSTERS, INC. **Employer identification number**

52-2361853 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes _ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (i) Name of individual (iv) Gross receipts fundraiser have custody or control of to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) contributions' Yes Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990 EZ) 2009 NORTH HIGH BAND BOOSTERS, INC. 52-2361853 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through NONE col (c)) (total number) (event type) (event type) Revenue 1 Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 8,614. 8,614. 1 Gross revenue 3,030. 3,030. 2 Cash prizes Direct Expenses Noncash prizes 4,011 4,011. Rent/facility costs 640. 640. 5 Other direct expenses 100 % X Yes Yes Yes No Volunteer labor 7,681, Direct expense summary Add lines 2 through 5 in column (d) 933. Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities MD X a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: X 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: Х 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to X

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 NORTH HIGH BAND BOOSTERS, INC. 52-236	185		
ichedule d (Form 990 of 950 E2) 2000		Yes	No
Indicate the percentage of gaming activity operated in:			l
a The organization's facility 13b 100.00 %			İ
h An outside facility	1		İ
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		Х
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party ▶\$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation \$			
Description of services provided ▶			
Director/officer Employee Independent contractor			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	17a		X
retain the state gaming license?			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$ 933.	200 1	200 5	

FORM 990-EZ	OTHER EXPENSES			STATEMENT	1
DESCRIPTION				AMOUNT	
PROGRAM AND STAFFING EQUIPMENT AND UNIFORMS TRANSPORTATION BAND CREDITS EARNED INSURANCE MUSIC LIBRARY EXPENSE SPECIAL EVENTS MISCELLANEOUS EXPENSE EQUIPMENT PAYMENT TO ATH INDOOR SHOW - STAFFING AND OUTDOOR SHOW - STAFFING AND TOTAL TO FORM 990-EZ, LIN	ND EXPENSES AND EXPENSES			1,5	99. 98. 22. 86. 15. 46. 17. 74. 32.
FORM 990-EZ	OTHER LIABILITIES			STATEMENT	= <u>=</u> = <u>=</u> 2
DESCRIPTION		BEG.	OF YEAR		
BAND CREDITS DUE STUDENTS FUNDS DUE ATHLETIC BOOST LOAN FROM WASHINGTON COU PREPAID FALL OUTDOOR FEE	ERS NTY BOARD OF EDUCATION		3,080. 6,667. 2,600. 2,550.	4,4	0. 0.
TOTAL TO FORM 990-EZ, LI	NE 26		14,897.	6,6	60.

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	3
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNA	?
DONATION PLEDGE NORTH HAGERSTOWN HIGH SCHOOL 1200 PENNSYLVANIA AVENUE HAGERSTOWN, MD 21742	PARENT SCHOOL	3,00	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		3,00	00.

FORM	990-EZ	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A	STATEMENT 4
INCO	ME		
2.	GROSS RECEIPTS RETURNS AND ALLOWANCE LINE 1 LESS LINE 2 .	·	43,516
5.		INE 13)	16,888
7. 8. 9. 1	MERCHANDISE PURCHASED COST OF LABOR MATERIALS AND SUPPLIE OTHER COSTS		
12.	ADD LINES 6 THROUGH 1 INVENTORY AT END OF Y COST OF GOODS SOLD (L		26,628

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				MENT	5
A)	DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL ONTRACT?	[]	YES	[X]	NO
В)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	. []	YES	[X]	NO

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990-EZ PG 2

STATEMENT

THE PRIMARY MISSION OF THE ORGANIZATION IS TO SUPPORT THE BAND PROGRAM AT NORTH HAGERSTOWN HIGH SCHOOL. THEY RAISE MONEY TO COVER COSTS OF UNIFORMS, TRANSPORTATION, PURCHASING AND REPAIRING INSTRUMENTS, TRAINING, AND EDUCATION.

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990-EZ PG 2

STATEMENT

ALL MONEY IS USED TO SUPPORT THE BAND PROGRAM BY PROVIDING TRANSPORTATION, INSTRUMENTS, UNIFORMS, TRAINING AND EDUCATION TO MEMBERS OF THE BAND PROGRAM.