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990-EZ

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)

► Sponsonng 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

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2009 calendar year, or tax year beginning , 2009, and ending 20 July 1 June 30 10 C Name of organization Check if applicable Please D Employer identification number use IRS Address change KNIGHTS MUSIC BOOSTERS, INC. 73-1709976 label or Name change onnt or Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return type. 907-357-1272 See Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc WASILLA, ALASKA 99687 Application pending tions. Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: ✓ Cash ☐ Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☐ if the organization is not Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 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. 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 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 . . . 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments . . . 3 4 Investment income 4 176.40 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► Gross revenue (not including \$ 6a 95721.70 Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 95721.70 C 6c 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c R Other revenue (describe ▶ 8 9 Total revenue. Add lines 1 2 3 4 6c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 Benefits paid to of ter members
Salaries, other compensation and employee penefits 11 11 12 12 Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and matritenance . . . 14 14 Printing, publications, postage, and shipping. 15 15 16 Other expenses (describe > Student trips, uniforms and fund-raising items 16 102573.90 17 Total expenses. Add lines 10 through 16 17 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 Net Asser end-of-year figure reported on prior year's return) 19 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 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 28750.57 22 22 Cash, savings, and investments 22074.77 23 23 24 Other assets (describe Vniforms and Instruments 8000 24 9000 36750.57 25 25 Total assets 31074.77 26 Total liabilities (describe ▶ 0.00 26 0.00 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 36750.57 27 31074.77

	t III Statement of Program Service Accom					Expenses		
	t is the organization's primary exempt purpose?					(Required for section		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise					SE Cuan)(3) and 501(c)(4) lizations and section		
	manner, describe the services provided, the number of persons benefited, and other relevant information for					a)(1) trusts, optional		
each	program title.				for ot	hers.)		
28	Students fund-raise by selling frozen food, coupon of	ards, steak feed dinners and	a Rockfest Benefit	Concert	·			
	All funds raised by students are held on the students	s behalf and used for approve	ed music activities	such as:				
	traveling to Washington DC and performing in the Inaugural Parade, and performing at the Sugar Bowl 2010.							
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ [☐ 28a	57433		
29	Student contriuted funds for un-funded portion of musical travel.							
								
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ [☐ 29a	38288		
30								
	(Grants \$) If this amount	includes foreign grants, che	ock horo		30a			
21	Other program services (attach schedule)							
J 1	, , ,	includes foreign grants, che			☐ 31a			
32	Total program service expenses (add lines 28a t		· · · · ·	(<u> </u>	95721		
	t IV List of Officers, Directors, Trustees, and Key			ted (See				
ı uı	List of Officers, Directors, Trustees, and Rej	(b) Title and average	(c) Compensation		abutions to	(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid,	employee b	enefit plans &	account and		
	in I. Dunton	devoted to position	enter -0)	deterred ca	ompensation	other allowances		
	in L. Burton	Band Director - 20 hours			0.00			
	O Colony School Drive, Palmer, AK 99645		0.00		0.00	0.00		
	i Monds	Choir Director - 20 hours			0.00			
	O Colony School Drive, Palmer, AK 99645		0.00		0.00	0.00		
	dy Youmans	President - 15 hours]					
	silla, AK 99654		0.00		0.00	0.00		
	d Broste	Vice President 10 hours						
	mer, AK 99645		0.00		0.00	0.00		
	garet Sharpe	Secretary - 10 hours						
	ner, AK 99645	,	0.00		0.00	0.00		
	Stein	Treasurer 15 hours						
Pair	ner, AK 99645		0.00		0.00	0.00		
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	0-EZ (20Q9)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)		1.4	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
	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		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.00 Did the organization file Form 1120-POL for this year?	37b		√
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		\
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		:	
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	40Ь		✓
С	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			
е	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		1
41	List the states with which a copy of this return is filed. ► Alaska			
42a			7-1272	2
b	Located at ► 1561 N. Landmark Drive, Palmer, AK ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	991	645	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	103	<u>√</u>
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
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			➤ □ 76.40
4.6			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
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		1

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and section 494 and section	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charitatitiable trusts mus	Die trusts only. Ast answer question	II sec ns 40	tion 5-491	b		
	Did the organization engage in direct or indirect					Yes	No		
	candidates for public office? If "Yes," complete				46		√		
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						1		
	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						√		
	-	Did the organization make any transfers to an exempt non-charitable related organization?					√		
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five his employees) who each received more than \$100,000.	ghest compensated emplo	oyees (other than	officers, directors, f					
	(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) Expens		nse and		
	Complete this table for the organization's five highest compensated independent contractors who each rec \$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		
d	Total number of other independent contractors e	each receiving over \$100,0	00						
	Under penaltities of perjury, I declare that I have examine and belief it is true, correct, and complete. Declaration	ed this return, including accompar of preparer (other than officer) is I	nying schedules and sta based on all information	atements, and to the bes	t of my	knowle	edge e		
Sign Here	Serialture of officer LoySterr, Treasurer for Knights Music Boosters Type or bont name and title								
Paid Prepare	Preparer's signature	Date	Date Check if self- employed ▶ ☐			e instruc	tions)		
Use On	Firm's name for								
May the	e IRS discuss this return with the preparer showr	above? See instructions		▶ 🗀	Yes		No(2009)		