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Department of the Treasury

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Open to Public Inspection

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 20 10 2009, and ending June 30 For the 2009 calendar year, or tax year beginning July 1 D Employer identification number C Name of organization Please B Check if applicable use IRS label or 2301679 Doing Business As PESH Band Boosters 75 Address change Telephone number print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change type. 469) 752-9000 P.O. Box 940688 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated tions. Plano, Texas 75094-0688 G Gross receipts \$ Amended return F Name and address of principal officer: H(a) Is this a group return for affiliates? Yes Application pending Dale Rose 7205 Sharps Drive Plano, Texas 75025 H(b) Are all affiliates included? Yes Tax-exempt status If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ non-profit L Year of formation M State of legal domicile TX 1990 Purchase band equipment not paid for by Bnefly describe the organization's mission or most significant activities: the School District. Provide private lessons and scholarships as needed. Pay for travel expenses to Spring Governance Competition locations. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 20 Number of voting members of the governing body (Part VI, line 1a) 4 0 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of employees (Part V, line 2a) . . . . . . . . . 6 250 Total number of volunteers (estimate if necessary) 0 7a 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. 7b 0 **Current Year** 234.70 O Contributions and grants (Part VIII, line 1h) 0 0 Program service revenue (Part VIII, line 2g) . 154.73 107.72 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 169.376.57 311,340.01 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 311,682.43 169.531.30 0 0 Grants and similar amounts paid (Part IX, column (A), lines, 1-3) 0 0 14 0 0 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e b Total fundraising expenses (Part X, column D), line 26) ▶ 6 152,821.41 290,963.49 Other expenses (Part IX, column (A), lines 11a-11d, 11f 24f) Total expenses. Add lines 13–17 (must equal Part IX column (A), line 25). Revenue less expenses. Subtract line 18 from tine 19 152,821.41 290,963.49 16,709.89 20,718.94 19 Beginning of Current Year **End of Year** 38,927.17 18,442.93 Total assets (Part X, line 16) . 0 0 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 18,442.93 38,927.17 Part II Signature Block 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 flue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date Here reasure Type or print name and title Check if Date Preparer's identifying number Preparer's (see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours FIN Use Only if self-employed), address, and ZIP + 4 Phone no ▶ Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:  To support and provide needed equipment, travel, scholarships and hospitality to enrich band program for 220 students.
	{
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
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 \$41,905.38 including grants of \$0 ) (Revenue \$0 )  Band program: Many expenses of the Plano East Band Program are not paid for thru the school district. These band program expenses include but are not limited to, cost of music, drill prep., clinicians, contest fees, instruments, color guard supplies, percussion supplies, etc. These expenses benefit the entire band membership of over 200 students.
	(Code: ) (Expenses \$ 190,223.76 including grants of \$ 0 ) (Revenue \$ 0 )
70	Spring Competition trip: Each year the entire band travels to perform in a music competition that may require up to
	three nights in a hotel in addition to food and travel expenses. Students are responsible for paying their own costs
	of this trip. Benefits the entire band membership of over 200 students.
4c	(Code: ) (Expenses \$ 4,845.50 including grants of \$ 0 ) (Revenue \$ 0)
	Private lessons and scholarships: Many of our students are on free or reduced lunch and can not afford to pay for private lessons. By helping these students, it benefits the entire band program to be more successful. Benefits the
	entire band membership of over 200 students.
	•••••••••••••••••••••••••••••••••••••••
	•
	***************************************
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 282,284.81

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		<b>✓</b>
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		✓
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		✓
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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
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		✓
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.			
•	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 257 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		1
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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14a		14a		✓
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		✓
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		✓
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		✓_
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
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	

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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</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		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  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?	26		✓
	If "Yes," complete Schedule L, Part III	27		✓
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
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	•	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>\</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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		✓
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, Part VI	37		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	30		

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	Ì		
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   0   1f 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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	<b>4</b> a		✓_
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.	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<del>-</del>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_
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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		<b>✓</b>
	organization solicit any contributions that were not tax deductible?			
D	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	70		1
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓_
	if "Yes," indicate the number of Forms 8282 filed during the year			
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 7g	1	<b>V</b>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u> / y </u>	<b>-</b>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	✓	
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 organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<b>✓</b>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	{		
11	Section 501(c)(12) organizations. Enter:		1	1
а	Gloss filedine from members of shareholders	ł		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	L		<u> </u>

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.

<u>Sec</u>	tion A. Governing Body and Management			
_			Yes	No
_	Enter the number of voting members of the governing body			
b	Enter the humber of voting members that are mappingent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		J
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		1
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	4		7
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		7
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		7
6	Does the organization have members or stockholders?			_
/a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a		1
_	of the governing body?	7b		1
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			i
_	the year by the following:	8a	<b>√</b>	
	The governing body?	8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	<del>- 00</del>	•	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte			— <u>·</u>
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
• •	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		✓_
14	Does the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		. <sub></sub> i	ا ا
а	The organization's CEO, Executive Director, or top management official	15a		<b>✓</b>
b	Other officers or key employees of the organization	15b		<b>✓</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		-	اا
	with a taxable entity during the year?	16a		✓_,
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			
<del></del>	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Texas			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	:)(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 inte	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 reco organization: Diana Moore 7304 Edgewood Dr. Plano, Texas 75025 972-517-2397	rds o	the	
	Oldanization, P Diana modie 1904 Lugemodu Di. Fland, 16x43 19023 312-311-2331			

# 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		any c	urre			cer, d	irec			
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional 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
Dale & Gerry Rose Co-President	10			1				0	0	0
Doug & Teresa Hadish Sr. Vice President	10			1				0	0	0
Scott & Kristie Hampton Jr. Vice President	10			1				0	0	0
Diana Moore Treasurer	20			1				0	0	0
Teri Korson Secretary	5 -			1				0	0	0
Secretary										
						ļ <u>.</u>	<u> </u>			
							<u> </u>			

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated	Par	Section A. Officers, Directors, Tru	istees, Key	Emp	loy	ees,	an	d Higl	hest	Compensated	Employees (c	ontinued)
hours per week    Post   Post			(B)			(0	<b>C)</b>			(D)	(E)	(F)
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Name and title	hours per			_	Κ <sub>θ</sub> γ			compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								}				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						ļ						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► None  Yes No.  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	1b	Total		•	•				<b>&gt;</b>			
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Total number of individuals (including but	not limited	to th	ose	list	ed a	above	) wi	no received mo	ore than \$100,	000 in
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organiza	adon > 140	ite								Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who received	3								oye	e, or highest o	compensated	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of rep	ortab	le c	omţ	oens	sation				4
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  (B)  Description of services  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who received	5	Did any person listed on line 1a receive	or accrue Yes," comp	com com	pen <i>Sch</i>	satı edu	on ile	from <i>I for</i> s	any such	unrelated org		5 ✓
compensation from the organization.  (A) Name and business address  None  Total number of independent contractors (including but not limited to those listed above) who received	Se											
None  None  Total number of independent contractors (including but not limited to those listed above) who received	1	Complete this table for your five highest compensation from the organization.	ompensate	ed ind	ере	ende	ent o	contra	acto	rs that receive	d more than \$	100,000 of
2 Total number of independent contractors (including but not limited to those listed above) who received			dress								ervices	
2 Total number of independent contractors (including but not limited to those listed above) who received	No	10						_	-			
Total number of independent contractors (including but not limited to those listed above) who received												
Total number of independent contractors (including but not limited to those listed above) who received			<del></del>					<del></del>	-		-	
	2	Total number of independent contractors (	including b	ut no	t lim	ntec	d to	those	l list	ed above) who	received	

Part	VIII	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
nts nts	ìa	Federated campaigns	1a	0				
gra	b	Membership dues	1b	0				
fts,		Fundraising events	1c	0				
ig i		Related organizations	1d	0				
ons		Government grants (contributions).	1e	<u>U</u>				
outi her	f	All other contributions, gifts, grants,	1f	234.70				
d of	_	and similar amounts not included above  Noncash contributions included in lines 1a-1		234.70				
Contributions, gifts, grants and other similar amounts		Total. Add lines 1a-1f		•	234.70			
				Business Code				
Program Service Revenue	2a			0				
Pè.	b		1	0				
/ice	С			0				
Ser	ď			0				
Ē	e			0				
70 g	f	All other program service revenue		0	0	<del></del>		
	g	Total. Add lines 2a-2f						<u> </u>
	3	Investment income (including divi			107.72			
	۱,	other similar amounts)			0			
	4 5	Royalties			0		· · · · · · · · · · · · · · · · · · ·	
	Ĭ	(i) Real		(ii) Personal				
	6a	Gross Rents	0	0				
	b	Less: rental expenses	0	0				
		Rental income or (loss)	0	0				ار ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
	d	` <del></del>			0			<u> </u>
	7a	Gross amount from sales of (i) Secunti	es O	(ii) Other				
		assets other than inventory	U	0				
	b	Less: cost or other basis	0	ا ا				
		and sales expenses . Gain or (loss)	0	0				
	d			▶	0			
<u>o</u>	Ra.	Gross income from fundraisi	na					
enne	O.	events (not including \$						
ě	}	of contributions reported on line 1	c).					
Ē		See Part IV, line 18	_	145,029.98				
Other Rev	b	Less: direct expenses	. <b>b</b>	58,408.72	00 004 00			
O		Net income or (loss) from fundral	_	vents	86,621.26			
	9a	Gross income from gaming activitie	es. _	o				
	h	See Part IV, line 19						
		Net income or (loss) from gaming			0			
	10a	Gross sales of inventory, le	ss					
	-	returns and allowances		5,080.30				
		Less: cost of goods sold				<del>_</del>	·	
	C	Net income or (loss) from sales of i	nvent		4,766.32			
	<u> </u>	Miscellaneous Revenue		Business Code	240.050.40			
	1 .	See Schedule 3			219,952.43			
	b			<u></u>				
	C .	All other revenue						
		Total. Add lines 11a-11d		<b>•</b>	219,952.43	<del></del>		
	12	_	· ·		311,682.43			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu				(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(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	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		····
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):			ا	_
а	Management	0	0	0	0
	Legal	0	0	0	0
	Accounting	0		0	
	Lobbying	0			0
	Professional fundraising services. See Part IV, line 17	0	0	0	
f	Investment management fees	0	0	0	- 0
	Other	0	0	0	0
12 13	Advertising and promotion	0	0	0	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	2,578.46	2,578.46	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	720.00	0	720.00	0
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 Schedule 4	287,665.03	279,706.35	7,958.68	0
b					
c					
d					
е					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	290,963.49	282,284.81	8,678.68	0
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				_
	fundraising solicitation	0	0	<u>0</u>	0

	•	(A) Beginning of year		(B) End of year
1	Cook pagintawat haaring	17,442,93	1	37,926.20
	Cash—non-interest-bearing	1,000.00	2	1,000.97
	Savings and temporary cash investments	0	3	.,000.0.
1	Pledges and grants receivable, net	0	4	
1	Accounts receivable, net			
	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	(
	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	C
	Notes and loans receivable, net	0	7	
ופט	Inventories for sale or use	0	8	
ã   8 ₹   9	Prepaid expenses and deferred charges	0		
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b 0	- 0	10c	0
	Investments—publicly traded securities		11	0
1	Investments—other securities. See Part IV, line 11	0	12	C
l.	Investments—program-related. See Part IV, line 11		13	C
L.	Intangible assets	0	14	(
	Other assets. See Part IV, line 11	<del></del>	15	(
	Total assets. Add lines 1 through 15 (must equal line 34)	18,442,93	16	38,927.17
<del></del>	Accounts payable and accrued expenses		17	Ċ
	Grants payable	0	18	0
	Deferred revenue	0	19	(
1	Tax-exempt bond liabilities	0	20	(
	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<b>-</b>	persons. Complete Part II of Schedule L	0	22	0
23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	Unsecured notes and loans payable to unrelated third parties		24	
	Other liabilities. Complete Part X of Schedule D		25	0
26	Total liabilities. Add lines 17 through 25	0	26	0
sez	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	0	27	0
ຶກ 28	Temporarily restricted net assets	0	28	0
P 29	Permanently restricted net assets	0	29	0
Net Assets or Fund balance 22 28 29 31 32 33 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
র্ম 30	Capital stock or trust principal, or current funds	0	30	0
ဖ္တိ   31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
Š 32	Retained earnings, endowment, accumulated income, or other funds	18,442,93	32	38,927.17
<b>2</b> 33	Total net assets or fund balances	18,442,93	33	38,927.17
34	Total liabilities and net assets/fund balances	18,442.93	34	38,927.17

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other	ĺ		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	ŀ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<u>2a</u>		<b>✓</b>
b	Were the organization's financial statements audited by an independent accountant?	2b		<u> </u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	l		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.	[		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	[		
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	}		
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	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 PESH Band Boosters** 2301679 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.) 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 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.) 8 An organization that normally receives: (1) more than 33\% % 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 33/4 % 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 a 🔲 Type I **b** Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (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(ii) (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). (ii) EIN (iv) is the organization (v) Did you notify (i) Name of supported (iii) Type of organization (vi) Is the (vii) Amount of (described on lines 1-9 organization in col. (i) listed in your the organization in organization in col support above or IRC section governing document? ∞l (i) of your (i) organized in the (see instructions)) support? US? **Not Applicable** 

Total

	Support Schedule for Org (Complete only if you check					and 170(b)(1	I)(A)(vi) 
Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</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 6	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.						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				<u></u>		
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 .	<u> </u>	1	<u> </u>		ļ	l
12	Gross receipts from related activities, etc	•	,			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>		-		
	tion C. Computation of Public Su				<del> </del>		
14	Public support percentage for 2009 (line		=			15	<u>%</u> %
15	Public support percentage from 2008 Scl						
	331/3 % support test — 2009. If the organiand stop here. The organization qualifies	as a publicly	supported orga	nization			▶ 🔲
	33% % support test—2008. If the organization quality and stop here. The organization quality	lifies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and <b>stop here</b>	. Explain ın Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circur inces" test. The	nstances" test, e organization qu	check this box a alifies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization .	IV how the

Schedule A (Form 990 or 990-EZ) 2009

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

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	392	1,125	550	0	235	2,302
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	265,703	176,995	283,550	224,206	370,063	1,320,517
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0 266,095	0 178,120	0 284,100	0 224,206	0 370,298	0 1,322,819
6	Total. Add lines 1 through 5	200,095	170,120	204,100	224,200	370,290	1,322,019
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	<u>0</u>
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	0	0	0	0	0	0
с 8	Add lines 7a and 7b	0	0	U	<u> </u>	0	0
	line 6.)						1,322,819
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9		266,095	178,120	284,100	224,206	370,298	1,322,819
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87	151	181	155	108	682
b	Unrelated business taxable income (less section 511 taxes) from businesses	0	0	0	0	0	0
_	acquired after June 30, 1975 Add lines 10a and 10b	87	151	181	155	108	682
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	266,182	178,271	284,281	224,361	370,406	1,323,501
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth	_		n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Percei	ntage				
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			e 13, column		15 16	99.95 <u>%</u> 99.94 <u>%</u>
Sec	tion D. Computation of Investmer	nt Income Pe	ercentage				
17	Investment income percentage for 200 Investment income percentage from 20	•		-		17	.05 %
18 19a	331/3 % support tests - 2009. If the organization	anization did n	ot check the b	ox on line 14, a	and line 15 is n	nore than 33/3 9	%, and line _
b	17 is not more than 33% %, check this b 33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	nzation did not	check a box or	line 14 or line	19a, and line 1	6 is more than	33⅓ %, and
20	Private foundation. If the organization	did not check	a box on line 1	14, 19a, or 19b	, check this bo	ox and see inst	ructions ► □

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Informati Part II, line 17a or 17b; a	on. Complete this and Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
			·		
	·····				
					<del></del>

### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Fundraising or Gaming Activities

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.

Inspection

Employer identification number

Name of the organization	, -				Employer identif	
PESH Band Boosters	· · · · · · · · · · · · · · · · · · ·				75	2301679
Part I Fundraising Activities Form 990-EZ filers ar					Form 990, Par	t IV, line 17.
1 Indicate whether the organization	on raised funds	through an	y of the fo	llowing activities. C	heck all that apply	y.
a Mail solicitations		е		on of non-governme		
<b>b</b> Internet and email solicitation	ons	f		on of government g	ırants	
<ul><li>c ☐ Phone solicitations</li><li>d ☑ In-person solicitations</li></ul>		g <u>√</u>	Special 1	fundraising events		
2a Did the organization have a writt or key employees listed in Form	ten or oral agree n 990, Part VII) o	ement with a or entity in o	any individi connection	ual (including officer with professional fo	s, directors, truste undraising service	es s? <b>Yes No</b>
b If "Yes," list the ten highest pa to be compensated at least \$5			undraisers	) pursuant to agree	ments under whic	th the fundraiser is
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Not Applicable				,		
					. H. & W	
	1		,		<del> </del>	
		1	<u> </u>		···	
		<del> </del>				
			<u> </u>		<del> </del>	
Total		<u>.</u>	•			
3 List all states in which the orga registration or licensing.	nızation ıs regi	stered or li	censed to	solicit funds or ha	is been notified i	t is exempt from
						••••

Γē	rt II	more than \$15,000 on F	orm 990-EZ, line 6a. L	ist events with gross re	eceipts greater than \$	5,000.
	,		(a) Event #1  Marching Festival  (event type)	(b) Event #2 Concessions (event type)	(c) Other events  12 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	39,617.93	18,589.59	86,822.46	145,029.98
æ	2	Less: Charitable contributions	234.70	0	0	234.70
	3	Gross income (line 1 minus line 2)	39,383.23	18,589.59	86,822.46	144,795.28
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
nses	6	Rent/facility costs	0	0	0	0
Direct Expenses	7	Food and beverages	0	0	0	0
Direct	8	Entertainment	0	0	0	0
	9	Other direct expenses	10,689.95	7,501.85	40,216.92	( 86,386.56)
Pa	10 11 11	Direct expense summary. Ad Net income summary. Comb  Gaming. Complete if t	ine line 3, column (d), a the organization answ	nd line 10	<u> ▶</u>	
_	1	than \$15,000 on Form	990-EZ, line 6a.	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4, 595	bingo/progressive bingo	(4, 0 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	col (a) through col (c))
Be	1	Gross revenue	0	0	0	0
nses	2	Cash prizes	0	0	0	0
Direct Expenses	3	Noncash prizes	0	0	0	0
Direc	4	Rent/facility costs	0	0	0	0
	6	Other direct expenses .  Volunteer labor	0 ☐ Yes% ☐ No	0 ☐ Yes% ☐ No	□ Yes% □ No	0
	7	Direct expense summary. Ac	id lines 2 through 5 in c	olumn (d)		( 0)
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	<b>.</b>	0
9		nter the state(s) in which the c				Yes No
i		the organization licensed to o "No," explain:				9a
10		ere any of the organization's				
		"Yes," explain:	garing licenses revoke	o, suspended of termin		
11 12	Do Is	pes the organization operate of the organization a grantor, be	gaming activities with neeneficiary or trustee of	onmembers?	a partnership or other	
	fo	rmed to administer charitable	gamıng?			

Page	3

Schedule G	(Form	990 or	990-EZ	2009
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			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
þ	An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			<u></u>
	Name ▶	:		
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
þ	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			
17	Mandatory distributions:			
··a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
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 ▶ \$			

Schedule G (Form 990 or 990-EZ) 2009

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Supplemental Information to Form 990**

2009

Employer identification number

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

PESH Band Boosters		75 2301679	
Part V 3b: We did not have any unrelated business gross income for	the tax year 2009, the	refore are not required to file	e
990-T. All income was related to the nature of the busine	ess.		
Part VI 11a: This Form 990 is presented to the board of directors and	approved by a unanin	nous vote prior to filing.	
19: The organization makes all financial information and the	990 tax return availabl	e to the public upon reques	t
In addition, all financial information is presented and ap	inroved at monthly be-	ard mootings	
in addition, an intancial information is presented and ap	proved at monthly boa	na meeungs.	
			· <b></b> -
			. <b>-</b>
	***************************************		
			<b>-</b>
			· <b></b>

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
	<u> </u>

### FY Ending 06 30 10 Statements

PESH Band Boosters 75-2301679 . PO Box 940688 Piano, Tx 75094-0688

Schedule I Form 990, Part VIII, Line 8 Net Income (Loss) from Special Events and Fundralsing

EventiFundraiser:	Gross Receipts			Direct Expense		Net Income (Loss)	
Ad Sales	\$	2,534.81	\$	-	\$	2,534.81	
Band Banquet	\$	14,416.00	\$	13,758.00	\$	658.00	
Booster Lines	\$	750.00	\$	205.00	\$	545.00	
Color Guard Receipts	\$ \$ \$ \$ \$	6,903.50	\$	-	\$	6,903.50	
Concession Stand	\$	18,589.59	\$	7,501.85	\$	11,087 74	
Cookie Dough	\$	14,907.00	\$	9,079.20	\$	5,827.80	
Magazine Subscriptions	\$	1,808.32	\$	805.93	\$	1,002.39	
March-a-thon	\$	•	\$	-	\$	-	
Marching Festival	\$	39,617.93	\$	10,689.95	\$	28,927.98	
Mardi Gras	\$	6,592.05	\$	466.47	\$	6,125.58	
Percussion Fundraisers	\$	12,095.00	\$	3,338.90	\$	8,756.10	
Passbooks	\$	19,840.00	\$	8,490.00	\$	11,350.00	
UIL Marching Contest	\$	-	\$	-	\$	-	
Sally Foster	\$ \$	2,271.78	\$	721.42	\$	1,550.36	
Little Caesars Pizza	<u>\$</u> \$	4,704.00	\$	3,352.00	\$	1,352.00	
	\$	145,029.98	\$	58,408.72	\$	86,621 26	
Schedule 2							
Form 990, Part VIII, Line 10 Sale of Inventory Items							
Photos/Buttons	\$	1,725.00	\$	80.53	\$	1,644.47	
Spiritwear/Yard signs	\$	3,355 30	\$	233.45	\$	3,121.85	
<b>.</b>	\$	5,080.30		313.98	\$	4,766.32	
Schedule 3							
Form 990, Part VIII, Line 11 Other Revenues							
Spring Trip Receipts	\$	162,923.55					
Hospitality Receipts	\$	14,482.00					
UIL & ALL Region Fees		3,608.55					
Misc Other Income	\$	3,270 18					
Student Participation Fee	\$ \$ \$	35,668.15	_				
-	\$	219,952.43	_				

Schedule 4						
Form 990, Part IX, Line 24	(A) To	tal Expense	(B) Pr	og Serv Exp	(C) Mg	mt & Gen Exp (D) Fund E
Other Expenses						
All Region & Jazz Fees	\$	3,378 00	\$	3,378.00	\$	-
Band Booster, Expenses	\$	179.01	\$	=	\$	179 01
Bank Fees/Returned Checks	\$	576.00	\$	-	\$	576.00
Booster Equipment Upgrades	\$	-	\$	-	\$	-
Clinicians	\$	9,896.06	\$	9,896.06	\$	-
Copier Lease/Service Agr	\$	4,990.84	\$	-	\$	4,990.84
Eisemann Center Rental	\$	3,971.35	\$	3,971.35	\$	-
Hospitality and Meals	\$	10,229.13	\$	10,229.13	\$	-
Marching Band Program	\$	41,905.38	\$	41,905.38	\$	-
Misc. Expense	\$	4,097.31	\$	4,097.31	\$	-
Music Supplies	\$	9,179.86	\$	9,179.86	\$	-
PO Box Rental	\$	176.00	\$	-	\$	176.00
Postage	\$	35.00	\$	-	\$	35 00
Private/Scholarship	\$	4,845.50	\$	4,845.50	\$	-
Recording Fees	\$	-	\$	-	\$	-
Sales Tax	\$	116.16	\$	-	\$	116.16
Spring Competition Trip	\$	190,223.76	\$	190,223.76	\$	-
Bands of America Fee	\$	400.00	\$	400.00	\$	-
Band Banquet boosters exp	\$	1,885.67	\$	-	\$	1,885.67
Activity Program	\$	1,580.00	\$	1,580.00	\$	<del>-</del> _
. •	\$	287,665.03	\$	279,706.35	\$	7,958.68