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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calenda	r year, or tax year beginning July 1	, 2011, and ending	J	une 30	, 20 12
В	Check if ap	pplicable	C Name of organization		D Empl	oyer identific	ation number
	Address c	change	Clear Creek High School Band Boosters Club			76-051	4375
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telep	hone number	
닏	Initial retu		P O Box 1892			Non	ie
H	Terminate		City or town, state or country, and ZIP + 4		F Grou	p Exemption	n
H	Amended Applicatio		League City, Texas 77573		Num	nber 🕨	
G		ting Method	✓ Cash	T	Check	► ✓ If the o	organization is not
	Websit	•				to attach S	
			ck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 494	7(a)(1) or 527	(Form 99	90, 990-EZ,	or 990-PF)
	Check ▶		organization is not a section 509(a)(3) supporting organization or a	· · · · · · · · · · · · · · · · · · ·	ition and it	s gross rece	pts are normally
	not mor		A Form 990-EZ or Form 990 return is not required though Form				
			ses to file a return, be sure to file a complete return				
L	Add lines	s 5b, 6c, and 7b	o, to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if total ass	ets (Part II,		
	lıne 25, c	olumn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•		▶ \$	72,262.00
	Part I	Revenue	e, Expenses, and Changes in Net Assets or Fund	Balances (see th	e instruc	ctions for l	Part I.)
		Check if t	the organization used Schedule O to respond to any qu	estion in this Part	:1		🗸
	1		ns, gifts, grants, and similar amounts received			1	4967.00
	2	Program se	ervice revenue including government fees and contracts			2	
	3	Membershij	p dues and assessments			3	6699.00
	4	Investment	income			4	
	5a	Gross amou	unt from sale of assets other than inventory	5a			
	b	Less: cost of	or other basis and sales expenses	5b			
	С	Gain or (los	s) from sale of assets other than inventory (Subtract line 5	b from line 5a) .		5c	
	6	Gaming and	d fundraising events				
	а	Gross inco	ome from gaming (attach Schedule G if greater thai	1			
9]	\$15,000) .		6a	-0-		
Revenue	b	Gross incor	me from fundraising events (not including \$	of contributi	ons		
ā	<u> </u>		sising events-reported on line-1) (attach Schedule G if the	→			
		sum of such	gross income and contributions exceeds \$15,000)	6b	34231.00		
	С		expenses from gaming and fundraising events	6c	8952.00		
~ -	d	Net income	cor (loss) Vicon ຢູ່ຂາກົງກູຊີ and Jundraising events (add lines	s 6a and 6b and s	ubtract		
Z01Z		line 6c) .	$ \cdot _{\underline{\cdot}} \cdot \cdot$			6d	25279.00
7	7a	Gross sales	of inventory, tess returns and allowances	7a	15223.00	-	
ල	b	Less: cost o	of goods sold	7b	14031.00		
•	С	Gross profit	t or (loss) from sales of inventory (Subtract line 7b from line	e 7a)		7c	1192.00
_	8		nue (describe in Schedule O)			8	11142.00
ર્ય_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	49279.00
3	10	Grants and	similar amounts paid (list in Schedule O)			10	0
	11	•	id to or for members			11	0
8	12	•				12	0
Sus	13		al fees and other payments to independent contractors.			13	0
Expenses	14		r, rent, utilities, and maintenance			14	0
ú	1.0		iblications, postage, and shipping			15	378.00
	16		nses (describe in Schedule O)			16	46583.00
	17	Total expe	nses. Add lines 10 through 16		<u> </u>	17	46961.00
y.	18		deficit) for the year (Subtract line 17 from line 9)			18	2318.00
Net Assets	19		or fund balances at beginning of year (from line 27, column and the second and th				
AS	!	•	r figure reported on prior year's return)			19	7381.00
<u>t</u>	20		ges in net assets or fund balances (explain in Schedule O)			20	0
_	21	Net assets	or fund balances at end of year. Combine lines 18 through	120	•	21	9699.00

الناقع	rt II Balance Sheets. (see the instructions					
	Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			7381.00	23	9699.00
23	Land and buildings			· · ·	24	
24 25	Total assets				25	·
26	—				26	
27	Net assets or fund balances (line 27 of column		n line 21)	7381.00	27	9699.00
Par						Expenses
	Check if the organization used Schedule				⊣ ′′′′′	quired for section
What	t is the organization's primary exempt purpose?	Charitable & Educat	ional Purpose to fos	ter the spirit of		(c)(3) and 501(c)(4) anizations and section
Desc as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise n	shments for each on nanner, describe the	f its three largest pe services provided	program services, d, the number of	494	7(a)(1) trusts, optional others)
<u></u>	ons benefited, and other relevant information for e				ļ.,	
28	Aid in financing band program benefiting all studen	ts currently enrolled i	n the band program	with music, drills		
	instructions and travel expenses					
	(Cronta \$) If this amount	: includes foreign gra	ente chock horo	.	28a	30660.00
29	(Grants \$) If this amount Offering scholarship program and lessons benefitting				200	30000.00
20	One may solicited strip program and ressons benefits.	ig an stadoms carro	,			
		: includes foreign gra		🕨 🗌	29 a	3430.00
30	Aid in financing marching equipment and props ber	nefiting all students in	the band program			
	(Conta the constant	includes foreign are	nto chook horo		30a	2563.00
31	(Grants \$) If this amount Other program services (describe in Schedule O)	t includes foreign gra	ints, check here .		302	2303.00
0.		includes foreign gra	nts. check here .	▶ □	318	9930.00
32	Total program service expenses (add lines 28a				32	46583.00
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions fo						estions for Dort IVI
u eil					Instru	ictions for Part IV
	Check if the organization used Schedule		ny question in this	Part IV		
- al				Part IV (d) Health benefits contributions to emplo benefit plans, and	yee (e)	Estimated amount of other compensation
	Check if the organization used Schedule	(b) Title and average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits contributions to emplo benefit plans, and	yee (e)	Estimated amount of
Kare 2103	Check If the organization used Schedule (a) Name and address en Vaughn B Brook Haven, League City, Texas	(b) Title and average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits contributions to emplo benefit plans, and	yee (e)	Estimated amount of
Kare 2103 Karri	Check If the organization used Schedule (a) Name and address In Vaughn B Brook Haven, League City, Texas ie Adams	(b) Title and average hours per week devoted to position President/10Hrs Vice	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits contributions to emplo benefit plans, and	yee (e)	Estimated amount of
Kare 2103 Karri 2611	Check If the organization used Schedule (a) Name and address en Vaughn B Brook Haven, League City, Texas ie Adams Lauren Lake, League City, Texas -	(b) Title and average hours per week devoted to position President/10Hrs Vice President/10hours	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits contributions to emplo benefit plans, and	yee (e)	Estimated amount of
Kare 2103 Karri 2611 Maril	Check If the organization used Schedule (a) Name and address en Vaughn Brook Haven, League City, Texas ie Adams Lauren Lake, League City, Texas > Ilyn Perry	(b) Title and average hours per week devoted to position President/10Hrs Vice	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits contributions to emplo benefit plans, and	yee (e)	Estimated amount of
Kare 2103 Karri 2611 Maril 3206	Check If the organization used Schedule (a) Name and address In Vaughn Brook Haven, League City, Texas ie Adams Lauren Lake, League City, Texas Iyn Perry is Flower Reef Circle, League City, Texas	(b) Title and average hours per week devoted to position President/10Hrs Vice President/10hours Treasurer/10hours	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits contributions to emplo benefit plans, and	yee (e)	Estimated amount of
Kare 2103 Karri 2611 Maril 3206 Sher	Check If the organization used Schedule (a) Name and address In Vaughn Brook Haven, League City, Texas ie Adams Lauren Lake, League City, Texas > Ilyn Perry I Flower Reef Circle, League City, Texas	(b) Title and average hours per week devoted to position President/10Hrs Vice President/10hours	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits contributions to emplo benefit plans, and	yee (e)	Estimated amount of
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	ļ		,
b	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 tax year covered by this return? .	202		,
h		38a		V
39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 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	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
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. ► None			
42a		832-49		0
_	Located at ► 1103 Texas Avenue, League City, Texas ZIP + 4 ►	77	573	
р	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶	420		
	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 the U.S.?	42c	<u> </u>	✓
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		.	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	+	1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	 	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			
45	explanation in Schedule O	44d	† 	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

•									
Form 99	0-EZ (20	011)						F	age 4
46		ne organization engage, directly or inc indidates for public office? If "Yes," o			on behalf of or	n oppositio	on 46	Yes	No √
Part '	VI	Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables Check if the organization used Sch	and section 4947 on 4947(a)(1) none: for lines 50 and 51	(a)(1) nonexempt exempt charitable	trusts must ar	_	. All se		b
47		ne organization engage ın lobbyıng : If "Yes," complete Schedule C, Part		section 501(h) elec	tion in effect d	uring the ta	1X 47	Yes	No
48 49a b 50	is the Did th If "Ye Comp	organization a school as described in ne organization make any transfers to s," was the related organization a second plete this table for the organization's byees) who each received more than	section 170(b)(1)(A)(lot an exempt non-chaction 527 organization five highest compen	ritable related orga on? sated employees (inization? other than office	 ers, directo	48 49a 49b rs, truste	es an	
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health b contributions to benefit plans, a compens	employee (nd deferred	e) Estimat other cor		
f 51	Comp	number of other employees paid ove	s five highest compo		ent contractors	who each	receivec	I more	e than
(a)		000 of compensation from the organ nd address of each independent contractor pair	··· 	one, enter "None." (b) Type of	service	(c) C	Compensat	tion	
None									
52 Under p	Did the none of th	number of other independent contra- ne organization complete Schedule A kempt charitable trusts must attach a of penury, I declare that I have examined this re d complete Declaration of prepayer (other than	? Note: All section 5 completed Scheduletum, including accompan	601(c)(3) organization	ements, and to the t	est of my kno	Yes		No f, it is
Sign Here		Signature of officer Marilyn Perry/Treasurer	Lewy		Date	8//	3/20)/2	,
Paid Pren	arer	Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check : self-employe			

Paid

Preparer Use Only

Firm's name Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Fırm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 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). A medical research 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). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A norganization 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)(iv). A norganization that normally receives: (1) more than 33/s/% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/s/% of its support from gross investment income and unrelated business taxable income (ses section 509(a)(2). 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)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 through 11h. A Type b Type l C Type ll—functionally integrated d Type ll—fully organization, check this box. Certify that the organization is not controlled directly or indirectly by one or more disqualified person other than foun
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1
2
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 section 170(b)(1)(A)(vi). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part III.) 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 III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A norganization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part 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 is section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 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.) An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse 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). The purposes of one or more publicly supported organizations described in section 509(a)(4). The purposes of one or more publicly supported organization and complete lines 11e through 11h. The purposes of one or more publicly supported organization and complete lines 11e through 11h. The purpose of one or more publicly supported organization and complete lines 11e through 11h. The purpose of one or more publicly supported organization accomplete lines 11e through 11h. The purpose of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(2). See section 509(a)(2). The purpose of one or more publicly supported organization and complete lines 11e through 11h. The purpose of one or more publicly suppose of one organization organization acce
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 is section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 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.) An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse 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). The purposes of one or more publicly supported organizations described in section 509(a)(4). The purposes of one or more publicly supported organization and complete lines 11e through 11h. The purposes of one or more publicly supported organization and complete lines 11e through 11h. The purpose of one or more publicly supported organization and complete lines 11e through 11h. The purpose of one or more publicly supported organization accomplete lines 11e through 11h. The purpose of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(2). See section 509(a)(2). The purpose of one or more publicly supported organization and complete lines 11e through 11h. The purpose of one or more publicly suppose of one organization organization acce
section 170(b)(1)(A)(iv). (Complete Part II.) 6
 7
described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 9 ✓ An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of it support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III—Functionally integrated d Type III—Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified person other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 1 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
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III—Functionally integrated d Type III—Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified person 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
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 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 sectio 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sectio 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified person other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f 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
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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
organization, check this box
organization, check this box
following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(iii) below, the governing body of the supported organization?
(iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
(ii) Name of supported organization organization (described on lines 1–9 above or IRC section (see instructions)) (iii) Type of organization (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (iii) Type of organization in col. (iv) Is the organization in col. (ii) organization in col. (iii) Type of organization in col. (iv) Is the organization in col. (iv) Is the organization in col. (iv) organization in
(see instructions)) Yes No Yes No Yes No
(A) NONE
(B)
(C)
(C) (D) (E)

OCHEGO	E A (1 01111 030 01 930-L2) 2011						raye 2
Part	II Support Schedule for Organiza	itions Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(\	/i)
	(Complete only if you checked th				-		alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	·
	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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			7			
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		· · · · · ·			•	
	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4			,			
9	Net income from unrelated business activities, whether or not the business is regularly carried on			7			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			(
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	,	,			12	····
13 Secti	First five years. If the Form 990 is for the organization, check this box and stop her on C. Computation of Public Support	re	<u> </u>		•		on 501(c)(3) · · · ► □
14	Public support percentage for 2011 (line 6	<u>_</u>		1 column (f)		14	%
15 16a	Public support percentage from 2010 Sch 33 ¹ / ₃ % support test—2011. If the organiz	edule A, Part zation did not	II, line 14 . check the box	on line 13, and	 d line 14 is 33¹	15 /3% or more,	% check this
	box and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·	• • •	_			_
b	331/3% support test—2010. If the organicheck this box and stop here. The organic					15 is 33 ¹ /3%	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta umstances" tes	nces" test, che st. The organiza	eck this box ar ation qualifies	nd stop here. as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	olo. If the organion meets the eets the "facts	anization did no e "facts-and-ci s-and-circums 	ot check a box rcumstances" tances" test. T	on line 13, 16 test, check the he organizatio	Sa, 16b, or 17a his box and s n qualifies as	a, and line top here. a publicly ►
18	Private foundation. If the organization de	not check a	box on line 13,	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	l see

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	<u> </u>		<u>-</u>		10449 00	10449 00
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					38,830 00	38,380 00
3	Gross receipts from activities that are not an						
	unrelated trade or business 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						
6	Total. Add lines 1 through 5					49,279 00	49,279 00
7a	Amounts included on lines 1, 2, and 3	<u> </u>	-			49,279 00	49,279 00
	received from disqualified persons .					o	0
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					o	0
С	Add lines 7a and 7b					0	0
8	Public support (Subtract line 7c from						
	line 6.)						47,279.00
	on B. Total Support			<u></u>			
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6					49,279 00	49,279.00
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						•
	•		 		<u> </u>	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					اه	0
c	Add lines 10a and 10b					0	
11	Net income from unrelated business		,				
••	activities not included in line 10b, whether						
	or not the business is regularly carried on					o	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)					o	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					49,279 00	49,279 00
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectior	1 501(c)(3)
<u> </u>	organization, check this box and stop he			<u> </u>	· · · · ·	· · · · ·	▶ 🗌
	on C. Computation of Public Suppor			0(0)		145	400.0/
15 16	Public support percentage for 2011 (line a Public support percentage from 2010 Sci					15 16	100 %
	on D. Computation of Investment In			· · · · ·	<u> </u>] 16	70
17	Investment income percentage for 2011 (v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2010			•		18	//
19a	331/2% support tests—2011. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organiz		-	•		-	
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	-	_		•		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Na

Name	of the organization					Employer identifi	cation number
Clear Creek High School Band Boosters' Club							0514375
Par					vered "Yes" to F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are r						
1	Indicate whether the organization	on raised funds t	• .		•		
a	Mail solicitations		e _		on of non-govern	-	
b	Internet and email solicitatio	ns	† <u> </u>		on of government	_	
C	Phone solicitations		g L	J Special 1	fundraising events	}	
d	☐ In-person solicitations						
2a	Did the organization have a writ or key employees listed in Form	ιτen or oral agre	ement with	any individ	dual (including oπ	icers, directors, trus	stees
b							
Ü	compensated at least \$5,000 by			uraisers) pi	ursuant to agreen	ients under which t	ie juituraiser is to be
	(i) Name and address 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	 		
1					•		
2							
3							
4							
5)			· <u> </u>	
6			1				
7				X			
8			1				
9							
10							
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>. </u>				
Total		<u></u>		. , 🕨			
3	List all states in which the orga registration or licensing.	nization is regis	stered or lic	ensed to s	olicit contribution	s or has been notifi	led it is exempt from
				·			
		•••••		·			

P	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
<u> </u>		g. add resolpte greater and	(a) Event #1 Drawing (event type)	(b) Event #2 March-a-thon (event type)	(c) Other events Spring Fundraiser (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts Less: Charitable	4,405 00	18,185 00	11,641 00	34,231 00
Œ	3	contributions Gross income (line 1 minus	0	0	0	0
		line 2)	4405 00	18185.00	11641 00	34,231 00
	4	Cash prizes	0	0	0	0
Direct Expenses	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	0	0	0	0
	7	Food and beverages	0	0	0	0
	8	Entertainment	0	0	0	0
	9	Other direct expenses .	574 00	3831 00	4451 00	8952 00
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9	oine line 3, column (d), a e organization answer	olumn (d) nd line 10 red "Yes" to Form 99	► ► 0, Part IV, line 19, or	(8952 00) 25,279.00 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes		<u> </u>		
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs		/ 1		
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes%	☐ Yes% ☐ No	☐ Yes [%]	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		()
	8	Net gaming income summar	y. Combine line 1, colun	nn d, and line 7		
9	a Is t	nter the state(s) in which the or the organization licensed to of "No," explain:		in each of these states		🗌 Yes 🗌 No
10		ere any of the organization's g 'Yes," explain:	aming licenses revoked			? . 🗌 Yes 🗍 No

Schedu	ule G (Form 990 or 990-EZ) 2011		Page 3
11		☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a		☐ Yes	□ No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	_	
С			
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	∏ No
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 > \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also columns to provide any additional information (see instructions).	line 2b, mplete th	nis
			·

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Clear Creek High School Band Boosters Club	76-0514375
Part 1 Line 8	
Band Banquet Sales \$4,150.00	
Band Fees \$5,380.00	
Solo & Ensemble \$1,612.00	
Total Part 1 Line 8 \$11,142.00	
Part 1, Line 16	
Band Banquet Expenses \$4,717.00	
Band Directors Fund \$30,660 00	
Band Equipment \$ 549.00	
Marching Props \$2,014.00	
Dr. Peterson Scholarship \$2,500.00	
MEF Private Lessons Scholarships \$930.00	
Bank Fees \$ 48.00	
P O Box Fees \$56.00	
Liability Insurance \$50.00	
Sales Tax Liability \$116.00	
Trailer Expenses \$1,161.00	
Misc. Expenses \$3,232.00 (including food for trips, DVD supplies, Decals and Alterations)	
Total Part 1, Line 16 \$46,583.00	
Part III Primary Exempt purpose: Charitable & Education purpose to foster the spirit of success and a	achievement through
the music enrichment for each student in the Clear Creek High School Band Program.	-
- -	

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
······································	
······································	