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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 1 JUN , 2014, and ending 31 MAY , 20 15

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
BELLEVUE WEST BAND BOOSTERS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1501 THURSTON AVE

City or town, state or province, country, and ZIP or foreign postal code
BELLEVUE NE 68123

D Employer identification number
46 - 4617248

E Telephone number
866 936 6209

F Group Exemption Number ▶ **5271**

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ **N/A**

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **168,738 20**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	100,530 33	10	Grants and similar amounts paid (list in Schedule O)
2	Program service revenue including government fees and contracts	2	0 00	11	Benefits paid to or for members
3	Membership dues and assessments	3	0 00	12	Salaries, other compensation, and employee benefits
4	Investment income	4	0 00	13	Professional fees and other payments to independent contractors
5a	Gross amount from sale of assets other than inventory	5a	0 00	14	Occupancy, rent, utilities, and maintenance
b	Less: cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0 00	16	Other expenses (describe in Schedule O)
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0 00	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
b	Gross income from fundraising events (not including \$ 0 00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	68,207.87	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
c	Less: direct expenses from gaming and fundraising events	6c	13,875 39	20	Other changes in net assets or fund balances (explain in Schedule O)
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract, line 6c)	6d	54,332 48	21	Net assets or fund balances at end of year. Combine lines 18 through 20
7a	Gross sales of inventory, less returns and allowances	7a	0 00		
b	Less: cost of goods sold	7b	0 00		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0 00		
8	Other revenue (describe in Schedule O)	8	0 00		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	154,862 81		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2014)

SCANNED JAN 19 2016

15

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	47,798 05	22 71,863 09
23	Land and buildings	0 00	23 0 00
24	Other assets (describe in Schedule O)	0 00	24 0 00
25	Total assets	47,798 05	25 71,863 09
26	Total liabilities (describe in Schedule O)	0 00	26 0 00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,798 05	27 71,863 09

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? SUPPORT OF AMATEUR BAND/MUSIC

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others)

28	TRAVEL TO AND FROM BAND CONCERTS TO DISPLAY THE MUSICAL SKILLS LEARNED SINCE THE START OF THE SCHOOL YEAR		
	(Grants \$) If this amount includes foreign grants, check here	28a	37,248 64
29	EQUIPMENT AND SUPPLIES FOR MUSICAL INSTRUMENT REPAIR/MAINTENANCE		
	(Grants \$) If this amount includes foreign grants, check here	29a	23,299 57
30	BAND UNIFORMS AND CLOTHING TO BE WORN AT CONCERTS AND BAND COMPETITIONS		
	(Grants \$) If this amount includes foreign grants, check here	30a	33,050 63
31	Other program services (describe in Schedule O)		
	(Grants \$ 500 00) If this amount includes foreign grants, check here	31a	28,896 22
32	Total program service expenses (add lines 28a through 31a)	32	122,495 06

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

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
35a 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)?		<input checked="" type="checkbox"/>
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		
c 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	0	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ NE		
42a The organization's books are in care of ▶ MICHELLE GULLETT Telephone no. ▶ 402 670 2689 Located at ▶ 1501 THOURSTON AVE BELLEVUE NE ZIP + 4 ▶ 68123		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ N/A See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ N/A	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b 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	<input checked="" type="checkbox"/>

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 N/A

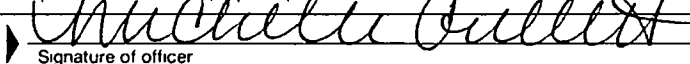
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

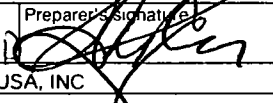
d Total number of other independent contractors each receiving over \$100,000 N/A

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  1-6-16
Signature of officer Date

MICHELLE GULLETT - TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name SANDRA PEAU ENGLISH
Preparer's signature 
Date 1-6-16
Check ☐ if self-employed PTIN P01718404
Firm's name PARENT BOOSTER USA, INC
Firm's EIN 30-0281785
Firm's address 3554 West Orange Country Club Dr., #250, Winter Garden, FL 34787
Phone no 866 936 6209

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

BELLEVUE WEST BAND BOOSTERS

Employer identification number

4 6 - 4 6 1 7 2 4 8

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B**
 - b ☐ **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C**.
 - c ☐ **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E**.
 - d ☐ **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V**.
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,848 00	48,138 00	27,136 00	69,036 71	100,530 33	282,689 04
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	0 00	0 00	0 00	0 00	0 00	0 00
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0 00	0 00	0 00	0 00	68,207 87	68,207 87
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0 00	0 00	0 00	0 00	0 00	0 00
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0 00	0 00	0 00	0 00	0 00	0 00
6 Total. Add lines 1 through 5	37,848 00	48,138 00	27,136 00	69,036 71	168,738 20	350,896 91
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0 00	0 00	0 00	0 00	0 00	0 00
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 00	0 00	0 00	0 00	0 00	0 00
c Add lines 7a and 7b	0 00	0 00	0 00	0 00	0 00	0 00
8 Public support. (Subtract line 7c from line 6.)						350,896 91

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	37,848 00	48,138 00	27,136 00	69,036 71	168,738 20	350,896 91
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180 46	49 82	10 59	4 41	0 00	245 28
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0 00	0 00	0 00	0 00		0 00
c Add lines 10a and 10b	180 46	49 82	10 59	4 41	0 00	245 28
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0 00	0 00	0 00	0 00	0 00	0 00
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0 00	0 00	0 00	0 00	0 00	0 00
13 Total support. (Add lines 9, 10c, 11, and 12.)	38,028 46	48,187 82	27,146 59	69,041.12	168,738 20	351,142 19

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐ **15**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

BELLEVUE WEST BAND BOOSTERS

Employer identification number

4 6 - 4 6 1 7 2 4 8

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (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 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MARCH-A-THON (event type)	THROWDOWN (event type)	1 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	11,832 05	10,827 25	7,800 00	30,459 30
	2 Less. Contributions	0 00	0 00	0 00	0 00
	3 Gross income (line 1 minus line 2)	11,832 05	10,827 25	7,800 00	30,459 30
Direct Expenses	4 Cash prizes	0 00	0 00	0 00	0 00
	5 Noncash prizes	0 00	0 00	0 00	0 00
	6 Rent/facility costs	0 00	0 00	0 00	0 00
	7 Food and beverages	0 00	0 00	0 00	0 00
	8 Entertainment	0 00	0 00	0 00	0 00
	9 Other direct expenses	50 25	1,355 14	0 00	1,405 39
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,405 39
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				29,053 91

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2014

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Name of the organization

BELLEVUE WEST BAND BOOSTERS

Employer identification number

4 6 - 4 6 1 7 2 4 8

PT I LN 10 BAND SCHOLARSHIP FOR SUPERIOR PERFORMERS - \$500

PT I LN 16 TRAVEL TO AND FROM BAND CONCERTS - \$37 248 64, EQUIPMENT AND SUPPLIES - \$23 299 57,

UNIFORMS AND CLOTHING - \$33 050 63, FOOD AND BEVERAGES AT CONCERTS AND COMPETITIONS - \$21 802 32,

BAND VIDEOS RECORDED TO IMPROVE FORMATIONS AND TO SHOW PARENTS AND SCHOOL OFFICIALS - \$4 427,

TRANSPORTATION OF EQUIPMENT BETWEEN SCHOOLS - \$2 666 90

PT III LN 31 FOOD AND BEVERAGES AT CONCERTS AND COMPETITIONS - \$21 802 32,

BAND VIDEOS RECORDED TO IMPROVE FORMATIONS AND TO SHOW PARENTS AND SCHOOL OFFICIALS - \$4 427,

TRANSPORTATION OF EQUIPMENT BETWEEN SCHOOLS - \$2 666 90, BAND SCHOLARSHIP FOR SUPERIOR PERFORMERS - \$500