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	004	,,	1		_		_	OMB No 1545-0047
Forr	, <b>99</b> (	J	Return of C	rganization Exempt	From In	come	Tax	
			Under section 501(c), 527,	or 4947(a)(1) of the Internal Reven	ue Code (exc	ept privat	e foundations)	2017
Depa	artment of the	e Treasurv		ocial security numbers on this for				Open to Public
Inter	nal Revenue	Service		rs.gov/Form990 for instructions a			10-	1110,200,101
<u>A</u>		F	idar year, or tax year begin	<u> </u>	17, and endir	ng	June 30	, 20 18 r identification number
В	Check if ap	· •	Name of organization PESH E	sand Boosters			D Employe	75-2301679
$\vdash$	Address ch	· F	Doing business as  Number and street (or P.O. box	ıf mail is not delivered to street address)	Room/su	ute	E Telephon	
占	Name chan Initial return	· .	PO Box 940688	<b>.</b>				972 234 9680
	Final return/t	·		country, and ZIP or foreign postal code				
	Amended r		Plano Tx 75094				G Gross red	ceipts \$ 601,352
	Application		F Name and address of principal			H(a) is th	is a group return for si	ubordinates? 🗌 Yes 🗹 No
		1	<del></del>	n 4128 Binley Drive Richardson Tx 7	75082	<del></del>		ıncluded? 🗌 Yes 🔲 No
1	Tax-exemp		·····	(c) ( ) ◀ (insert no ) ☐ 4947(a)(1)	or 527 ~			list (see instructions)
	Website: ▶		planoeastband com				roup exemption r	······································
_	Form of org	Summa		sociation ☐ Other ►	L Year of forma	tion 18	90 M State o	of legal domicile: TX
				nission or most significant activit	ties: The m	ission of th	ne PESH Band	Boosters is to support
بۆ				ne Plano East Senior High Band pro				
Activities & Governance				·	9			
Ē	2 C	heck this	s box ▶ 🗌 if the organizat	ion discontinued its operations of	or disposed	of more t	han 25% of i	ts net assets.
ĝ				overning body (Part VI, line 1a).			. 3	25
මේ ග	4 N	lumber o	f independent voting men	nbers of the governing body (Par	rt VI, line 1b)		. 4	25
iţie	i			ed in calendar year 2017 (Part V,	, line 2a) .		. 5	0
Sŧ			ber of volunteers (estimat				. 6	100
ď	ı			om Part VIII, column (C), line 12			. 7a	0
	<b>b</b> N	et unreia	ited business taxable inco	me from Form 990-T, line 34 .	<del></del>	Pric	r Year	Current Year
-	8 C	ontributi	ons and grants (Part VIII, I	ine 1h)				8,162
nue			service revenue (Part VIII, I				197,161	437,474
Revenue	[	-	nt income (Part VIII, colum	<del>-</del> -	<u>.</u> [		7	3
Œ				lines 5, 6d 8 年 6 日 6 日 6 日 7 日 7 日 7 日 7 日 7 日 7 日 7 日			120,357	98,987
				1 (must equal Part VIII, column (/			317,525	544,626
				art IX 55 blumm (A), Jings 1-3).	8			
			aid to or for members (Pa		δ			<del> </del>
ses				ree thenefits (Part-IX, column (A), i X, c <u>blum</u> n (A), in E) (A)				
Expens			raising expenses (Part IX,					
Ä			enses (Part IX, column (A)				317,059	520,080
		•		ust equal Part IX, column (A), lin	e 25) .		317,059	520,080
	<b>19</b> R	evenue l	ess expenses. Subtract lir	ne 18 from line 12			466	24,546
Ses of						Beginning o	of Current Year	End of Year
Net Assets or Fund Balances	20 T		ets (Part X, line 16)		[		176,272	130,395
et A	21 T		lities (Part X, line 26)		• • • •		177,124	106,707
			s or fund balances. Subtra	ict line 21 from line 20	<u>. : : - l</u>		(852)	23,688
			ure Block	this return, including accompanying sche	dules and state	mante and	to the best of m	w knowledge, and belief it is
				than officer) is based on all information o				y knowledge and belief, it is
			mary 19 / 1 20:	·	•		1.3 /	May 2019
Sig	n	Signa	ture of officer	~			Date	7
He	re 📗	<u> </u>	regory M. Wil	liamon Treasure	<u>^</u>			
	[ ]		or print name and title				· ,	
Pa	id	Print/Typ	e preparer's name	Preparer's signature	D	ate	Check [	<del>-</del> 1
	eparer	ļ				<del></del>	self-empl	oyed
	a Only	Firm's na	me 🕨				Firm's EIN ▶	<del></del>
Us	e Only	Firm's ad	Iduana N			- 1	Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Yes No
Form 990 (2017)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of the PESH Band Boosters is to support the students, Directors and families of the Plano East Senior High Band
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	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 organization's program service accomplishments for each of its three largest program services, as measured by
4	
	expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 313,296 including grants of \$ ) (Revenue \$ 312,661)
	Spring Trip The booster club administered the band's spring trip to New York, NY that included a performance at the Eisemann Center for
	Performing Arts While in New York the students attended a performance by the New York Philharmonic along with a question and answer
	session with some of its members. Transportation, lodging, meals and entrance fees not provided by the school district were provided by
	the booster club. All students participating in the band program were eligible to attend subject to the UIL grade policies
	10100
4b	(Code:) (Expenses \$111,220 including grants of \$) (Revenue \$124,813)
	Marching Program The booster club manages the marching band's competition and weekly football game performances. The booster
	club provides uniform enhancements, drill preparation, music arrangement, visual performance cost, competition fees and meals for all
	students participating in the marching band
4c	(Code:) (Expenses \$ 31,345 including grants of \$) (Revenue \$)  The Booster club provided instrumental and marching clinicians to develop the performing abilities of all students
	The Booster club provided instrumental and marching clinicians to develop the performing abilities of all students
	•••••••••••••••••••••••••••••••••••••••
4d	Other program services (Describe in Schedule O.)
74	(Expenses \$ 50,111 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 505,972

Part IV	Checklist of Re	equired Schedule	S

			162	110
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	<b>4</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			•
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<b>√</b>
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		<b>√</b>
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, for escrow or custodial account liability, 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		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<b>✓</b>
b	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	11b		<b>√</b>
С	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	11c		<b>√</b>
d	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	11d		<b>√</b>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>✓</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			,
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<b>√</b>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	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 (see instructions)	17		✓
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	<b>√</b>	
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		<b>√</b>
		Form	<u>, 990</u>	(2017)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<b>√</b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>√</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>~</b>
00		22		_
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		<b>√</b>
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
2 <del>4</del> a	\$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 25a	24a		<b>√</b>
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>V</b>
	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		<b>→</b>
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>→</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	250		<u> </u>
b	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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>V</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>y</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
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		<b>&gt;</b>
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		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		<b>V</b>
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		<b>&gt;</b>
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,	37		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	

Form **990** (2017)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• •		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	ł		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ł		
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	-	<del>                                     </del>
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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			1.
	account)?	4a		<b>/</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).		. <del>.</del>	<del></del>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 50		
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
	gifts were not tax deductible?	6b		1
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			
	and services provided to the payor?	7a	ļ	<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 		,
	required to file Form 8282?	7c		<u> </u>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:	1		ł
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
_	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		1		
C 1/a	Enter the amount of reserves on hand	14a	-	1
14a h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		+

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<b>-</b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	<b>\</b>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<b>√</b>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<b>√</b>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>✓</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	L
9 	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
		40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>✓</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		<b>√</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	L	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords		

Form 990 (2017)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

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.
- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee. Position (F) (A) (B) (D) Œ (do not check more than one Reportable Reportable **Estimated** Name and Title Average box, unless person is both an compensation compensation from amount of hours per officer and a director/trustee) related other eek (list an Officer Individual Institutional trustee Highest compensated employee compensation hours for (ey employee organizations director related organization (W-2/1099-MISC) from the (W-2/1099-MISC rganizations organization and related below dotted trustee organizations line) (1) Garry Sam and Stephanie Chrtton 15 Co-Presidents J 0 (2) Knsty Alexander 5 Senior Vice President O Λ n (3) Suzanne Gibson 10 Junior Vice President 0 0 (4) Greg and Pam Williamson 30 Co- Treasureres (5) Lon Sloan 5 0 Secretary (8) (9) (12) (13)

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title		(B) Average hours per week (list any	age box, unless person is a officer and a director/t				ıs both or/trust	an tee)	(D)  Reportable compensation from	(E) Reportable compensation froi	(F) Estimated n amount of other
		hours for related organizations below dotted line)	ndıvıdua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation
(15)											
(16)											
(17)											
(18)											
(19)		+									
(20)			,								
(21)					-						
(22)											
(23)											
(24)											
(25)											
1b c d	Sub-total			•	•			<b>&gt; &gt; &gt;</b>			
2	Total number of individuals (including but reportable compensation from the organi	t not limited					above	∍) w	ho received mo	ore than \$100,0	000 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							mp	oloyee, or high	est compensa	Yes No. ted 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization?										lual IIII IIII
Section	on B. Independent Contractors										
1	Complete this table for your five highest of compensation from the organization. Repyear										
	(A) Name and business add	iress							(B) Description of se	ervices	(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compens	7	-					) th	iose listed abo	ove) who	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1

Form **990** (2017)

Par	VIII	Statement of Reve							_
		Check if Schedule O	contains	a res	oonse or note to			· · · · ·	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns		1a	0			•	
E Z	ь	Membership dues .		1b	0				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events .		1c	0	•			'
T A	ď	Related organizations		1d	0				
۾ ۾	_	Government grants (con		1e	-				
Sins	e f	All other contributions, gr		16					
黃声	'	and similar amounts not incl		1f	8,162				
를 함	_				0,102		•	i .	
<u> </u>	g	Noncash contributions includ				8,162			· ·
	h	Total. Add lines 1a-11	· · · ·		Business Code	0,102			
ž	_					404.040	404.040	<del></del>	
ě	2a	Band Fees			900099	124,813			
æ	b	Spring Trip Fees			900099	312,661	312,661		
<u> Ş</u>	С								
Se	d								
Ë	е								
Program Service Revenue	f	All other program serv							l
_=_	9	Total. Add lines 2a-21				437,474	·		T
	3	Investment income (							
		and other similar amo			-	3	3		
	4	Income from investment		-	·				
	5	Royalties				<u>-</u>			
	_		(i) Real		(ii) Personal				
	6a	Gross rents							
•	b	Less. rental expenses							
	C	Rental income or (loss)							
	_d	Net rental income or (	i) Secunt						
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other				
	١.	assets other than inventory							
	b	Less. cost or other basis							•
		and sales expenses							
	C	Gain or (loss)							·
	d	Net gain or (loss) .			<b>&gt;</b>			,	
venue	8a	Gross Income from fu events (not including \$		0		,	,	,	
Other Reve		of contributions reporte See Part IV, line 18 .		· a					
ŏ	b	Less: direct expenses			L		ĺ		<del></del>
	C	Net income or (loss) fr			events . ►	40,089			
	ya	Gross income from ga						;	. '
								6	
		Less: direct expenses							
	C	Net income or (loss) fr	_	_	vities ▶	<del></del>		· · · · -	
	10a	Gross sales of in returns and allowance			41.650		' !	, , , , , , , , , , , , , , , , , , , ,	,
	<u> </u>			_	41,550				
	b	Less: cost of goods s				45.042	<del></del>	<del> </del>	
	C	Net income or (loss) fr		OT INVE	<del>,                                     </del>	15,943			
	<u> </u>	Miscellaneous R	evenue		Business Code	05.000			
	11a	Other revenue			900099	35,030			
	b	Sponsorship / Donations	; 		900099	7,925			
	C	A II			-				
	d	All other revenue .			L	41111		<del></del>	
	e	Total. Add lines 11a-			🟲	42,955	427470		
	12	Total revenue. See in	ISTRUCTIONS			544 626	un/7 [7]		İ

	10 (2017)	··			rage 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				·—-
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses	14,108		14,108	•
14	Information technology				
15	Royalties	_			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	4,332	4,332		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance			21 1	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e, if			4 4 4	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	` ^			
а	Eismann Concert and New York trip	313,296	313,296		
b	Band Program Expenses	188,344	188,344		
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	520,080	505,972	14,108	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)			,	

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u></u> 🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	171,610	1	125,730
	2	Savings and temporary cash investments	4,662	2	4,665
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	. "	4	
	5	Loans and other receivables from current and former officers, directors,			,
	_	trustees, key employees, and highest compensated employees.			e e e
		Complete Part II of Schedule L		5	
	G	Loans and other receivables from other disqualified persons (as defined under section	,		
	"	4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and			
	!	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	1		
s		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Asi	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	-		
	''-	other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	•	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	176,272	16	130,395
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	177,124		106,707
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	······································	21	
S	22	Loans and other payables to current and former officers, directors,			
ţį	22	trustees, key employees, highest compensated employees, and			
賣		disqualified persons. Complete Part II of Schedule L		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			•
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	177,124		106707
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	<del></del>		
es		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	-858	27	23,688
ig B	28	Temporarily restricted net assets		28	·
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □			
ř		complete lines 30 through 34.			•
ŝ	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>=</u>	33	Total net assets or fund balances	-858		23,688
Z	34	Total liabilities and net assets/fund balances	-858		23,688

om 99	0 (2017)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		54	4,626
2	Total expenses (must equal Part IX, column (A), line 25)	2		52	0,080
3	Revenue less expenses. Subtract line 2 from line 1	3		2	4,546
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			-858
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	•		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2	3,688
Part	XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other				l
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in			Į
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or	•		ļ
	reviewed on a separate basis, consolidated basis, or both.				I
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				لب
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>√</u> ,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a			l l
	separate basis, consolidated basis, or both:				- 1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		1		
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		<del></del> ;
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.		1		

**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.

За

3b

Form **990** (2017)

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

## **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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

**Employer identification number** 75-2301679 **PESH Band Boosters** 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 section 170(b)(1)(A)(iv). (Complete Part II.)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R

An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 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 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).

12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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.

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.

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.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) þ 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.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Provide the following information about the supported organization(s). (i) Name of supported organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization listed in your governing other support (see (described on lines 1-10 support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

	(Complete only if you checked the Part III. If the organization fails to						alify under
Saati	on A. Public Support	quality unde	er the tests in	sted below, p	lease comple	ete Fart III.)	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(6) 2014	(0) 2010	(4) 2010	(0) 2011	(,) 19.8.
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	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		<u></u>		/	<u> </u>	
	on B. Total Support		1		/		<del>,</del>
Calen	dar year (or fiscal year beginning in) 🕨 🏻	(a) 2013	<b>(b)</b> 2014	(c) 2015/	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
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 VI)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th						
	organization, check this box and stop her			<u> </u>	<u> </u>		🟲 📋
	on C. Computation of Public Suppor			14 1 (0)		1 4 4 1	
14	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch			11, column (t))		15	<u>%</u>
15 16a	331/3% support test—2017. If the organization qual	zation did not	check the bo	x on line 13, a			
b	331/3% support test—2016. If the organization this box and stop here. The organization	zation did not	check a box	on line 13 or 16	Sa, and line 15		nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "torganization	17. If the org	anization did r and-circumst	not check a bo ances" test, c	ox on line 13, 1 heck this box	and <b>stop here</b>	. Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets th	ne "facts-and-	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization did	d not check a	box on line 13	s, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

	If the organization fails to quality	under the tes	its listed belo	w, piease co	mpiete Part II	.)	
	on A. Public Support	,	· .		· · · · · · · · · · · · · · · · · · ·	- r	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise	630,670	248,971	528,719	389,270	601,349	2,398,979
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		··				
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	630,670	248,971	528,719	389,270	601,349	2,398,979
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						2,398,979
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	630,670	248,971	528,719	389,270	601,349	2,398,979
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		İ	İ			
	royalties, and income from similar sources	95	17	7	7	3	129
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			4-		<del>-</del>	400
	Add lines 10a and 10b	95	95	17	7	7	129
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				<del></del>		
	and 12.)	630,765	248,988	528.726	389,277	601,352	2,399,108
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	or fifth tax ye		501(c)(3)
Secti	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2017 (line 8			3, column (f))		15	99 99 %
16	Public support percentage from 2016 Sch		-			16	99 99 %
	on D. Computation of Investment Inc			· · ·		. ,	
17	Investment income percentage for 2017 (I			line 13, colun	nn (f))	17	0 01 %
18	Investment income percentage from 2016	Schedule A, F	Part III, line 17			18	0 01 %
19a	331/3% support tests-2017. If the organi	zation did not	check the box	on line 14, an	id line 15 is me		
	17 is not more than 331/3%, check this box	and <b>stop here</b> .	The organization	on qualifies as a	publicly suppo	rted organization	on . 🕨 🗸
b	331/3% support tests-2016. If the organiz	ation did not ch	neck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🗌

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	<u>.)                                    </u>	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If docignated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
_		1		<del> </del> -
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
•	organization was described in section 509(a)(1) or (2).	2	-	<u> </u>
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used	4b		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a 5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<u> </u>	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	130		<del>                                     </del>
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
ıva	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		ļ .	1

determine whether the organization had excess business holdings)

10b

	6 A ( Office of 330 L2) 2011		·····	_9.0
Part	Supporting Organizations (continued)		V	NI
	The state of the fellowing and		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations			
	······································		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	-		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	:		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	  -		_
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			لـــــا
		3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		····-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
_	·	2a	<b> </b>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	—	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			1
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	<del> </del>
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	7		-
7 Other expenses (see instructions)			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).  Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	·	
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			· · · · · ·
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	······		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	J	•	
9	Distributable amount for 2017 from Section C, line 6	• • • • • • • • • • • • • • • • • • • •		
10	Line 8 amount divided by line 9 amount			
		m	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in <b>Part VI</b> ) See instructions.			
3	Excess distributions carryover, if any, to 2017			
а		1		,
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)		N	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from	-		
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 <sub>j</sub> and 4c.			n dan emphasipa numan ann ann ann ann ann ann ann ann ann
8	Breakdown of line 7:	• • • • • • • • • • • • • • • • • • •	( / / / / / / / / / / / / / / / / / / /	
à	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015	1	The state of the s	
d	Excess from 2016		٥	
е	Excess from 2017	, ,		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•	
••••	

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

	of the organization					Employer identific	
	Band Boosters			<del></del>			2301679
Par	Fundraising Activities Form 990-EZ filers are				vered "Yes" on I	Form 990, Part IV,	line 17.
1	Indicate whether the organization				owing activities. C	heck all that apply.	·
a	Mail solicitations		e [		ion of non-govern		
b	☐ Internet and email solicitation	ons	f [		ion of government	-	
c	Phone solicitations	J.1.0	g 🖸		fundraising events	_	
d	☐ In-person solicitations		<b>9</b> –	_ opoo.u	and along over the	,	
2a	Did the organization have a wri or key employees listed in Forn						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 b	d individuals or	entities (fund		•	_	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or 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
1			Yes	No		·	
2							
3						· · · · · · · · · · · · · · · · · · ·	
4	•					<del></del>	
5			-				
6							
7		<u> </u>				<del></del>	
8						<del> </del>	
9							
		ļ					
10		<u></u>		<u> </u>			
Total				▶			
3	List all states in which the organized registration or licensing.	anization is regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
		·					

P	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		g	(a) Event #1 Marching Festival (event type)	(b) Event #2 Concessions (event type)	(c) Other events  17 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	30,604	16,860	23,746	71,210
<u></u>	2 3	Less: Contributions Gross income (line 1 minus line 2)	30,604	16,860	23,746	71,210
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		7,638		7,638
Direct	8	Entertainment				
	9	Other direct expenses .	12,576		10,906	23,483
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		31,121 40,089
Pa	art III	Gaming. Complete if the than \$15,000 on Form 9		ed "Yes" on Form 99	90, Part IV, line 19, or	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				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .	☐ Yes %	□ Yes %	□ Ves %	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes%   ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)	•	
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
9	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	in each of these states	s?	
10		/ere any of the organization's g "Yes," explain:	aming licenses revoked	, suspended, or termina	ated during the tax year	? .

Schedu	le G (Form 990 or 990-EZ) 2017 Page :	3
11	Does the organization conduct gaming activities with nonmembers?	)
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?	)
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	
b	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	
	Name ►	
	Address▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	2
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ▶ \$	
•	Description of services provided ▶	. <b>-</b>
	□ 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?	•
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. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	_
		-
		-
		-
		-
· · · · ·		-

#### **SCHEDULE 0** (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number				
PESH Band Boosters	75-2301679				
Part 3 – 4d Other Program Service Expenses include UIL and contest entry fees, Mass band rehearsal picnic	and Banquet expenses and				
copy /pnnting expense					
Part 6 2 Corn. Sam and Stanhania Chritton, the Co Presidents and Greg and Ram Williamson the Co Treas	urers are married couples				
Part 6 – 2 Garry Sam and Stephanie Chritton, the Co-Presidents and Greg and Pam Williamson the Co-Treasurers are mamed couples					
Part 6 – 11b The form 990 is given to the Audit Committee and is available to the membership upon request					
	·				
Part 8 – 11A Other Program Revenue include UIL and contest entry fees, Mass band rehearsal picnic and bar	nquet expenses				
Part 9 -24 Other Expenses include cost associated with the marching program and Spring trip. See additional	l explanation in Part 3				
'					
,					

Schedule O (Form 990 or 990-EZ) (2017)	
Name of the organization	Employer identification number
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