Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

A	For th	e 2009 calend	ar year,	or tax year beginning	July 1	, 2009,	and ending	Ju	ıne 30		, 20	10	
В	Check it					D Emplo	yer ide	entific	cation numbe	er:			
=		s change	use IRS label or	Fayetteville Band Boosters, Inc	: .				86-1140151				
===	Name	_	print or	Number and street (or P.O. box, if me	ail is not delivered to str	eet address)	Room/suite	E Teleph	none nu	mbe	·		
H	Initial re Termin		type. See	PO Box 9623					479	9.57	5.9631		
님		ed return	Specific	City or town, state or country, and Z	IP + 4		l	F Grou	n Exer	nntic			
H		ation pending	instruc- tions.	Fayetteville, AR 72703				•	ber ▶	-			
=			organiz	rations and 4947(a)(1) nonexemp	nt charitable trusts i	muet attach	G Accou				Cash	ccrual	
	• 00	011011 30 1 (0)(0)		npleted Schedule A (Form 990 o		nust attacn	1	(specify)		سند	Oddii Li A	Joida	
										raan	ization is no		
I Website: ► fayettevilleband.com													
-				nly one) — ✓ 501(c) (3) ◀ (in	sert no) 1 /9/7(a)	(1) or 5	_ '	Z, or 990		·	ic b (i Oiiii	<i>33</i> 0,	
									<u>-</u>		POE 000		
	Check		_	zation is not a section 509(a)(3) supturn is not required, but if the org		_	•	_			ian \$25,000.	. А	
			·	e 9 to determine gross receipts; if \$5					ele rel	um,		45.020	
	art l			enses, and Changes in N					tions	for		45,920	
	_		···							101	raiti.)		
	1			ts, grants, and similar amounts					1		 ·	0	
	2	-		revenue including government				}	3		· · · · · · · · · · · · · · · · · · ·	45,171	
	3	·											
	4	Investment			· . · · · ·				4			147	
	5			m sale of assets other than in	•			602					
	1			er basis and sales expenses .			<u> </u>	<u> </u>					
ø				n sale of assets other than inve					5c			602	
Š	6	•		tivities (complete applicable parts of So			ling, check here						
Revenue	1			ot including \$			1						
æ		•) <i></i>		<u>Ja</u>							
			-	nses other than fundraising ex	-	6b	1						
	(Net income or (loss) from special events and activities (Stribtion line 6b from line 6a)										
	78			rentory, less returns and allow	ances	. <u>7a</u>							
		b Less: cost	_			. <u>7b</u>							
	(Gross prof	it or (lo	ss) from sales of inventory (Su	ıbtract line 7b from	iline 7a) .			7c				
	8	Other reve	•				····)	8				
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, a				. ▶	9			45,920	
	10			r amounts paid (attach sched	ule)				10				
	11	Benefits pa	aid to o	or for members					11		************	1,090	
es	12			mpensation, and employee be]	12				
enses	13			and other payments to indepe					13			22,675	
Expe	. 14	Occupanc	y, rent,	utilities, and maintenance .					14				
Ш	15	• • •		ons, postage, and shipping .					15			44	
	16	•	•	describe See Schedule 1		· · · · · · · · · · · · · · · · · · ·)	16			27,579	
	17			Add lines 10 through 16					17			51,388	
<u>y</u>	18			for the year (Subtract line 17					18			(5,468)	
Net Assets	19			d balances at beginning of y	•	, ,							
As	1	end-of-yea	end-of-year figure reported on prior year's return)						19			6,052	
ĕ	20			net assets or fund balances (a					20				
_	21	Net assets	or fund	d balances at end of year. Cor	mbine lines 18 thro	ugh 20 .		. ▶	21			584	
	art	Balance	e Shee	ets. If Total assets on line 25,		250,000 or				d o	Form 990	-EZ.	
	_			(See the instructions for Pa	rt II.)		(A) Be	ginning of			(B) End of ye	ear	
2	2 (Cash, savings	, and in				•	4	8,386	-		29,349	
2		Land and build								23			
2	4 (Other assets (describ	e ► See Schedule 2)		0	24		2,821	
2	5 -	Total assets						4	8,386	25		32,170	
2				cribe See Schedule 3)	4	2,334	26		31,586	
2	7	Net assets or	fund b	palances (line 27 of column (B) must agree with	line 21) .			6,052	27		584	

Par	t III Statement of Program Service Accom	plishments (See the instri	uctions for Part III	.)		Expenses			
What is the organization's primary exempt purpose? See Schedule 4 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise									
		(3) and 501(c)(4) izations and section							
	ner, describe the services provided, the number of	of persons benefited, and o	ther relevant infor	mation for	4947(a)(1) trusts; optional			
each	program title.				for ot	ners.)			
28	Providing travel support for Fayetteville Band progra	m through payment of exper	nses related						
	to travel to and from various out of state competition	s and performances							
		includes foreign grants, che		. ▶□	28a	2,176			
29	Supplementing school district support of Fayetteville								
	monetary support through grants and payment of va	monetary support through grants and payment of various expenses incurred by and for							
	the band program		•						
		includes foreign grants, che		. ▶ ⊔	29a	25,062			
30		aff through payments for clin	icians						
	for marching and concert bands	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		includes foreign grants, cho	eck here	<u>. ▶ ⊔</u>	30a	22,675			
31	Other program services (attach schedule)								
		includes foreign grants, che	eck here	<u>. ▶↓</u>	31a				
	Total program service expenses (add lines 28a t		· · · · · ·		32	49,913			
Par	t IV List of Officers, Directors, Trustees, and Key			 _					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	t plans &	(e) Expense account and			
		devoted to position	enter -0)	deferred compe	nsation	other allowances			
		President, 10 hours				_			
<u> </u>	etteville, AR		-0-		-0-	-0-			
	nelle Yocum	Vice President, 5 hours			_	_			
	etteville, AR		-0-		-0-	-0-			
	Hall	Treasurer, 10 hours			•				
	etteville, AR		-0-		-0-	-0-			
	/ Lynn Mantooth	Secretary, 5 hours							
	etteville, AR		-0-		-0-	-0-			
	y Harper	Board Member, 1 hour							
raye	etteville, AR		-0-		-0-	-0-			
		{		Į.					
				 					
				 					
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	DA/AGO	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a None	20 (2008)		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? .	38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► None ; section 4912 ► None ; section 4955 ► None			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed. ► Arkansas	· · · · · ·	·	
42a	The organization's books are in care of ▶ Rick Hall Telephone no. ▶	479.57	5.963	1
	Located at ► Fayetteville, AR ZIP + 4 ►	72	703	
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		Yes	No
	account)?	42b	o Grafia de Santo	/
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	<u></u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ 🗆
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
4=	Form 990-EZ	44	1 10 10 10 10 10 10 10 10 10 10 10 10 10	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		√

								-90 •
Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) n 947(a)(1) nonexempt o and 51.	onexempt charitable tru	charitabl usts must	e trusts only. A answer questio	ll sec ns 46	tion 5–491)
46	Did the organization engage in direct or indire candidates for public office? If "Yes," complete						Yes	No
	•	•				46		/
47	Did the organization engage in lobbying activiti	•				47		√
48	Is the organization a school as described in sect					48	ļ	/
49a	Did the organization make any transfers to an e		•			49a		V
p p	If "Yes," was the related organization a section	•				49b		
50	Complete this table for the organization's five employees) who each received more than \$100	0,000 of compensation f	rom the orga	nization. If	there is none, en	ter "N	one."	,
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Con	npensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Exper count a allowa	ınd
None								
			 					
			··· ·		 			
			 		<u></u>			
		20.000				<u> </u>		
f	Total number of other employees paid over \$10	00,000	None	.				
	\$100,000 of compensation from the organization. (a) Name and address of each independent contract		er Norie.	(b) Typ	e of service	(c) Co	mpens	ation
None						_		
d	Total number of other independent contractors	s each receiving over \$1	00.000	>	None			
	Under penalties of perjury, I declare that I have exam			dules and stat	ements and to the he	st of m	v know	ledge
	and belief, it is true, correct, and complete. Declaration	on of preparer (other than office	er) is based on a	II information	of which preparer has	any kn	owledg	je.
Sign		علا		1				
Here	Signature of officer	Signature of officer						
	Rick Hall, Treasurer Type or print name and title							
		Dat	e Cha	eck if	Preparer's identifying nu	mber (S	ee instru	ctions)
Paid	Preparer's signature		l self	oloved ► 🗸		54626		- 10110)
Prepar	rer's Firm's name (or A David L Bader CPA	PLIC					1530	
Use O	yours if self-employed), address, and ZIP + 4 PO Box 9402, Fayett	`			EIN ► 27-1608 Phone no. ► 479.582.			
May th	ne IRS discuss this return with the preparer show		ons) Pho		Yes		No
.v.ay ti		3,50,01,000 #100 #001		· · · ·				(2009)

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.

4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service

Inspection
Employer identification number

Name	OT T	ie organization							Employer	igenuncat	ion num	er	
Fay	ette	ille Band Bo	oosters, Inc.						86	1	140151		
Par	tΙ	Reason	for Public Ch	arity Status (All org	ganizatio	ons mus	t comple	ete this p	oart.) Se	e instruc	tions.		
The	orga	nization is no	ot a private foun	dation because it is:	(For lines	1 throug	jh 11, che	eck only	one box.)				
1		A church, co	nvention of chu	rches, or association	of churcl	hes desc	ribed in s	ection 1	70(b)(1)(A)(i).			
2		A school des	scribed in <mark>sectio</mark>	n 170(b)(1)(A)(ii). (Att	ach Sche	edule E.)							
3		A hospital or	a cooperative h	nospital service organ	ization d	escribed	in sectio i	n 170(b)(1)(A)(iii).				
4			esearch organiza me, city, and sta	tion operated in conj	unction v	with a ho	spital des	cribed ir	section	170(b)(1)	(A)(iii).	Enter	the
5			ion operated for (b)(1)(A)(iv). (Cor	the benefit of a colleg	ge or uni	versity ov	vned or o	perated	oy a gove	rnmental	unit de	scribe	d in
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit	describe	d in secti	on 170(t)(1)(A)(v)				
7				receives a substantia 1)(A)(vi). (Complete P		its suppo	ort from a	governm	ental unit	or from t	he gen	eral pu	ıblic
8				in section 170(b)(1)	•	omplete	Part II.)						
9	V	An organizat	ion that normally	receives: (1) more tha	an 33½ %	of its su	pport fror						
		support from	n gross investme	ed to its exempt funct ent income and unre after June 30, 1975.	lated bus	siness ta	kable inc	ome (les	section				
40		•	-					-	-	-1/41			
10		_	•	nd operated exclusive and operated exclusive	-	•	-		_				مال ا
11		purposes of	one or more pul	olicly supported organ t describes the type	nizations	describe	d in secti	on 509(a)	(1) or sec	tion 509(a)(2). Se	e sec	
		a Type				e III-Fun			-		Type		ωr
е				ify that the organizat			•						
C	ш			n managers and other									
			section 509(a)(2).				,		0				
f		If the organi	ization received	a written determinati	on from	the IRS	that it is	a Type I	, Type II,	or Type	III sup	porting	g
		_	, check this box										
g				the organization acce	epted any	gift or c	ontributio	n from a	ny of the				
		following per									ſ	Vac	
				r indirectly controls, e				h person	s describ	ed in (ii)	44 (1)	Yes	No
		. ,		ning body of the sup		ganizatio	n? .				11g(i)		
				rson described in (i) a				· - •			11g(ii) 11g(iii)	+	
.				of a person described ation about the suppo				· · ·			riginj		
<u>h</u>	Nome	of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi) l	s the	(vii) /	\mount	
W		anization	(11)	(described on lines 1–9		sted in your		ization in		ion in col.		upport	OI .
				above or IRC section (see instructions))	governing	document?	col. (i)	of your ort?	(i) organiz	zed in the			
				(oco mod dozonoj)	Yes	No	Yes	No	Yes	No			
						1	100	110	700				
					<u> </u>	 							
						 							
						ļ							

Total

	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)			
	Section A. Public Support									
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge						······································			
4	Total. Add lines 1 through 3									
5	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.									
	tion B. Total Support									
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)									
11	Total support. Add lines 7 through 10 .									
12	Gross receipts from related activities, etc	•				12				
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				n 501(c)(3) ▶ □			
	tion C. Computation of Public Su			l						
14	Public support percentage for 2009 (line		•	i, column (T))		14	<u> %</u>			
15										
16a	and stop here. The organization qualifies as a publicly supported organization									
b	b 33½ % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17a	7a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances the trivate foundation. If the organization did	acts-and-circun ances" test. The	nstances" test, o organization qua	check this box	and stop here. cly supported or	Explain in Part ganization	IV how the			

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 contributions, Gifts. grants, membership fees received. (Do not include 69,232 5,332 6,894 74,013 -0-155,471 any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 47.481 44.082 65.552 97.861 89,393 344,369 organization's tax-exempt purpose . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 116,713 70,884 104,755 163,406 44,082 499,840 Total. Add lines 1 through 5 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 . . . c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) 499,840 Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) **(b)** 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 116,713 70,884 104,755 163,406 44,082 499,840 Amounts from line 6 . Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar 1,706 718 1,974 3,170 147 7,715 sources . . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,706 1,974 3,170 718 147 7,715 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 10,282 888 1,800 5,491 1,691 20,152 (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, 128,701 73.746 109,725 169,615 45.920 527.707 and 12.) . . . 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 Section C. Computation of Public Support Percentage 94.7 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 93.6 % Section D. Computation of Investment Income Percentage 1.5 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 18 1.4 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33\% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33\% %, and line

17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonup33\% % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33\% %, and line 18 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 🗹 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instruction	V	rm 990 or 990-EZ) 2009 Supplemental Information. Complete this part to provide the explanations required by Part II, lin	Pa
	-	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instruction	ons
	. .		

Fayetteville Band Boosters, Inc. Taxpayer ID 86-1140151 Form 990-EZ FYE June 2010

Schedule 1 Part I, Line 16, Other Expenses

Travel expenses for students in All Region and All State Bands Instrument repair	8,066 4,408
Flag corps expenses	3,200
Student awards	2,939
Props and other supplies for marching band performances	2,619
Equipment, music and uniform purchases	2,516
Meals for out of state contest performances	2,176
Concert expenses	955
Contest registration	550
Summer band party	150
Other Expenses - Total	27,579
Schedule 2	
Part II, Line 24, Other Assets	
Accounts Receivable from Fayetteville Public Schools	2,821
Schedule 3 Part II, Line 26, Liabilities	
Designated contributions	31,586

Fayetteville Band Boosters, Inc. Taxpayer ID 86-1140151 Form 990-EZ FYE June 2010

Schedule 4

Part III, What is the organizations primary exempt purpose?

The organization's by-laws (Article I, Item 2) defines the purpose of the Fayetteville Band Boosters as:

- (1) actively support and assist the band and Director in all band performances and activities
- (2) organize and implement all fund raising activities in support of band activities
- (3) supplement school district financial support of the band program
- (4) promote enthusiastic interest of students, parents and the public in band activities