Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-1150

2013

Department of the Treasury

		nue Service	Information about Form 990-EZ and its instructions is at www.irs.gov/formation	rm990.		тореопол
A	For the	2013 calenda	r year, or tax year beginning 07-01 , 2013, and ending	9	06-30	,2014
B	Check if a	pplicable:	C Name of organization	D Emplo	ver identif	ication number
	Address o	hange	NORTHWESTERN HS BAND BOOSTERS INC		2268080	
	Name cha	inge	New London Control of the Control of		one numbe	r
	Initial retu	rn		- reiepite	one numbe	
П	Terminate	ed .	P O BOX 37183			
	Amended		0:		3)325-15	140
	Applicatio				Exemption	
****			ROCK HILL, SC 29732	Number		
G		nting Method:		heck ▶	XI if the o	organization is not
1	websii	te: ▶ <u>www.</u> i		quired to a	attach Sche	edule B
				orm 990, 9	990-EZ, or	990-PF).
		organization:	☐ Corporation ☐ Trust ☐ Association ☐ Other			
L	Add line	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets			
(Pa	rt II, colu	ımn (B) below)	are \$500,000 or more, file Form 990 instead of Form 990-EZ		. > \$	112,729
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	tructions fo	or Part I)	
		Check if the	organization used Schedule O to respond to any question in this Part I		650	
	1		gifts, grants, and similar amounts received		1	•
	2		ice revenue including government fees and contracts			6,235
	3				2	
	4				3	6,909
	8	Investment in		• • • •	4	
	1		t from sale of assets other than inventory 5a		70.0	
	1	Less: cost or				
	С	Gain or (loss)		5c		
	6	Gaming and f		10		
	a	Gross income	from gaming (attach Schedule G if greater than			
Revenue		\$15,000) .	••••• 6a			
Vel	b	Gross income	from fundraising events (not including \$ of contributions		STATE	
Re			ng events reported on line 1) (attach Schedule G if the			
	1	sum of such g	9,535			
	C			6,488		
			0,400			
			(loss) from gaming and fundraising events (add lines 6a and 6b and subtract		0-1	
	70	850	Figurantes less setures and all surveys	• • • • •	6d	53,047
	1		f inventory, less returns and allowances			
		Less: cost of g	The second secon			
			(loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		e (describe in Schedule O)		8	50
	9	The second secon	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	66,241
	10	Grants and sir	nilar amounts paid (list in Schedule O)		10	
	11	Benefits paid t	o or for members		11	
w	12	Salaries, other	compensation, and employee benefits		12	
Se	13	Professional fe	ees and other payments to independent contractors	[13	12,487
Ser	14		ent, utilities, and maintenance		14	244
Expenses	15		cations, postage, and shipping		15	641
	16		es (describe in Schedule O)		16	
	17		es. Add lines 10 through 16			46,915
	18	*****			17	60,287
ts			(icit) for the year (Subtract line 17 from line 9)	• • • •	18	5,954
SSe	19		fund balances at beginning of year (from line 27, column (A)) (must agree with	1		_4_2_
Net Assets			ure reported on prior year's return)		19	76,780
Net	20		s in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or	fund balances at end of year. Combine lines 18 through 20	▶	21	82,734

Form 990-EZ	(2013)	NORTHWESTERN HS	BAND	BOOSTERS	INC		56-2268080
Part II Balance Sheets (see the instructions for Part II)							
	Check if the organ	nization used Schedule	O to res	pond to any o	uestion in this Part II		

Pa	Balance Sheets (see the instructions for Part II)					_
	Check if the organization used Schedule O to respond to a	ny question in this Part				<u>U</u>
			(A) Beg	inning of year		(B) End of year
22 (Cash, savings, and investments			76,780	22	82,734
23 L	and and buildings			0	23	0
24 (Other assets (describe in Schedule O)			0	24	0
25 7	Total assets			76,780	25	82,734
26 7	Total liabilities (describe in Schedule O)			0	26	0
	let assets or fund balances (line 27 of column (B) must agree	with line 21)		76,780	27	82,734
Pai	t III Statement of Program Service Accomplis	shments (see the in	structions for Part III)		T	Expenses
	Check if the organization used Schedule O to respond to a	any question in this Part	III		(Rec	quired for section
What		ANIZATION FOR HS			1	(c)(3) and 501(c)(4)
Dosc	360				1	enizations and section
as m	ribe the organization's program service accomplishments for each o easured by expenses. In a clear and concise manner, describe the s	or its triree largest progra	m services,		1	7(a)(1) trusts; optional
perso	ons benefited, and other relevant information for each program title.	services provided, the m	THISE OF		1	others.)
	TO PROVIDE MUSIC INSTRUCTION, TRAINING, TRAVEL A	AND			1000	1
	COMPETITION EXPENSE FOR THE BENEFIT OF APPROXIMA					
-	HIGH SCHOOL STUDENTS					
(Grants \$) If this amount inc	ludes foreign grants, che	eck here		28a	47,639
7155688	TO PROVIDE SHOW EQUIPMENT AND UNIFORMS	addo foroign granto, on	control	••••	200	47,039
	The same of the sa					
-						
((Grants \$) If this amount inc	ludes foreign grants, che	ack horo	П	29a	4 406
-	O PROVIDE HOSPITALITY, BANQUETS AND AWARDS FOR	***************************************	eck nere		230	4,406
	ACTIVITIES	VARIOUS BAND				
-	2027.477750					
70	Grants \$) If this amount inc	ludes foreign grants, che	ack horo	П	30a	0 242
-	Other program services (describe in Schedule O)	iddes ioreign grants, chi	eck here		304	8,242
		ludos foreign grants, ch	all hara		240	
-	otal program service expenses (add lines 28a through 31a)	ludes foreign grants, che			31a	
Par	t IV List of Officers, Directors, Trustees, and Key Emplo					60,287
- 41	Check if the organization used Schedule O to respond to a					
	Officer, if the digariladiion used Schedule O to respond to a	l question in this Fait				•••••
	(a) Name and title	(b) Average	(c) Reportable compensation	(d) Health benefits contributions to emp		(e) Estimated amount of
	(a) Name and the	hours per week devoted to position	(Form W-2/1099-MISC)	benefit plans, and	1	other compensation
Ca			(if not paid, enter -0-)	deferred compensa	tion	
DDE5	muel Jennings Bailey	5			0	0
RACE					-	
	OR TREASURER	1 4			0	0
****	amuel L. Williams, Jr.	3.				•
	PRESIDENT / JR TRESURER	J 1	0		- 0	- 0
	rica R. Neade	3				
			0		0	0
150	oni Freeman Howard	1	0			^
لك	unier Treasurer	0			4	
				St		
					_	****
					_	

Page 2

Page 3

-	990-EZ (2013) NORTHWESTERN HS BAND BOOSTERS INC 56-22680	80	F	Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			100000
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			\Box
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
- 35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		- 41
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		Λ
1000.00	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	30		Λ
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	370		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	200		Х
h	1 1	38a		Λ
39	Section 501(c)(7) organizations. Enter:	4		
	1-00-0		T ₇₇	
		-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 section 4912			
h	, cooper 1000 /			
U	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			37
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	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			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
12	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		<u>X</u>
41	List the states with which a copy of this return is filed sc			
42 a	The organization's books are in care of RACHEL HUI-HUBBARD Telephone no. 803-32	25-154	0	
-	Located at ▶ P O BOX 37183, ROCK HILL, SC ZIP+4 ▶ 29732			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.		- 1	
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		_X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
_	Form 990-EZ (see instructions)	45b		X

Form 99	90-EZ (201	13) N	ORTHWESTERN HS I	BAND BOOSTERS INC			56-2268080	F	age 4
	-				AND CONTRACT OF THE CONTRACT O			Yes	No
				political campaign activities	on behalf of or in oppositi	on			
Part		dates for public office? Section 501(c)(3					40	;	X
Fait				oniy s must answer questi	one 47 40h and 50	and complet	o the tables for	linoo	
	Í	50 and 51.	(o) organizations	s must answer questi	0115 47 -430 and 52,	and complet	e the tables to	mes	
			nization used So	hedule O to respond	to any question in t	hie Part VI			П
				riodalo o to rooporia	to any quodion in t	ino rait vi		Yes	No
47	Did the	organization engage ir	n lobbying activities or	have a section 501(h) electi	on in effect during the tax			1.00	
		"Yes," complete Sche					47	7	X
48	ls the or	ganization a school as	s described in section	170(b)(1)(A)(ii)? If "Yes," cor	mplete Schedule E		48	3	X
				ot non-charitable related org	anization?		49	а	X
		was the related organ					49	b	
				t compensated employees					
	employe	es) who each receive	d more than \$100,000	of compensation from the o	organization. If there is no	ne, enter "None."			
		227 24 257 27		(b) Average	(c) Reportable	(d) Health bene contributions to e		ated amou	int of
		(a) Name and title of each	employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and compensati	deferred other	compensat	
				devoted to position	(FOITIS VV-2/1099-WIGC)	Compensar	011		
NONE									
		~ * * * * * * * * * * * * * * * * * * *						-	
]			
					\$1000000000000000000000000000000000000				
	Total au	orbox of other annalous				<u> </u>			
		mber of other employed		t compensated independent	t contractors who cosh ros	-			
				there is none, enter "None."		selved more man			
							30 20 20	200	
	(a)	Name and business address	ss of each independent con	Iraclor	(b) Type of servic	e	(c) Compensa	ition	
					2. 1. 1913 R. Miller and Complete Discovery and The Second States and Confedence of the State of Association (Confedence of Confedence of C				
NONE									
			· · · · · · · · · · · · · · · · · · ·						

			-						
		mentivening special preparations. Incompany approach		receiving over \$100,000					
				All section 501(c)(3) orga	V. B. C.		▶ 🗓 Ye	ъ П	No
		npt charitable trusts m		uding accompanying schedules at	e e e e e e e e e e e			;5 <u> </u>	No
		· · · /s	9	bases on all information of which		,,	(2)		
		1 XIn		il,		11/10	114		
Sign		Signature of officer	1/20	1/ 5	r 1	Date	/		
Here		Samu	-el J. 130	ailey, Pres	ident				
		Type or print name ar							
		Print/Type preparer's nam		Preparer's signature	Date	Check	_		
Pald		GEOFFREY BRANDW		GEOFFREY BRANDWOOD	11-04-201		mployed P00207	054	
Prepa		N	INCENT KLISCH TE	X SERVICE		Firm's EIN	P		
Use O	my		045 OAKLAND AVE	19		Dhare	803-547-1204		
May th	e IRS di	1		pove? See instructions		Phone no.		TET A	No

Form 990-EZ (2013)

Form 990-EZ (2013)

EEA

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.

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

SORZEMENSCENSIN IS. BAND BOODTERS 3100			e organization							Employe	r identificati	on numbe	ī	
The comprehation is not a prevale foundation because it is: (For lines 1 through 11, check only one box). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches or association of churches described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital organization operated for the binefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A noganization operated for the binefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A noganization operated government or governmental unit described in section 170(b)(1)(A)(iv). A noganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II). A noganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from achieties related to its exempt functions—soluble to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (see section 514 tax) from businesses acquired by the organization after June 30, 1975. See section 569(a)(2). An organization organized and operated exclusively for the benefit of, to perform the functions of (3) and (4)					0: : //!!									
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church convention of churches, or association of churches described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization periated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospitals name, oit, 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)(v)(. Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)(. Complete Part II.) A norganization section 170(b)(1)(A)(v)(. Complete Part II.) A community flust described in section 170(b)(1)(A)(v)(. Complete Part II.) A community flust described in section 170(b)(1)(A)(v)(. Complete Part II.) A community flust described in section 170(b)(1)(A)(v)(. Complete Part II.) A community flust described in section 170(b)(1)(A)(v)(. Complete Part II.) A community flust described in section 170(b)(1)(A)(v)(. Complete Part II.) A community flust described in section 170(b)(1)(A)(v)(. Complete Part II.) A community flust described in section 170(b)(1)(A)(v)(. Complete Part II.) A community flust described in section 170(b)(1)(A)(v)(. Complete Part II.) A community flust described in tensor that the secoles the flust and the secoles that the secoles the flust and the secoles that the secoles the flust and the secoles of the section 170(b)(1)(A)(v)(. Complete Part II.) A community flust described in the secoles of the section 150(a)(1) or section 508(a)(2). See section 1508(a)(2). Complete Part II.) A community flust described in the secoles that the secoles the threat the secoles that the secoles the time section 150(a)(2). Complete Part II.) A community flust described in section 508(a)(2). Complete Part II.) A community flust desc									s part.) S	See instr	uctions.			
A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A noganization accompatible nospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital accompanies of the section 170(b)(1)(A)(iii). Enter the hospital accompanies of the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A noganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A noganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(iv). A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization organization after June 30, 1797. See section 596(a)(2). (Complete Part II.) An organization organizate and operated exclusively to test for public safety. See section 596(a)(2). (See		orgar 												
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospitals name, city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.) A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.) A norganization representation of the property of the section 170(b)(1)(A)(iv). (Complete Part II.) A norganization that normally receives: (1) more than 33 1/6% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/6% of its support from contributions, membership fees, and gross receipts from drivities related to the exempt functions - subject to certain exceptions, and (2) no more than 33 1/6% of its support from gross investment income and unrelated business trabelle income (esses section 511 sub) from businesses acquired by the organization after June 30, 1975. See section 599(a)(2). (Complete Part III.) A norganization organization after June 30, 1975. See section 599(a)(2). (Complete Part III.) A norganization organization and constructions of or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1). or section 509(a)(2). (See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines the through 11th. or Jype III. The formal foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). (See section 509(a)(1) or section 509(a)(2). (See section 509(a)(3). Or indirectly o		H	A church, convention	on of churches, or	association of churches	described	n section	170(b)(1)(A)(i).					
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospitals 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). A reganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). Complete Part II.) A community trust described in section 170(b)(1)(A)(iv), Complete Part III.) A community trust described in section 170(b)(1)(A)(iv), Complete Part III.) A community trust described in section 170(b)(1)(A)(iv), Complete Part III.) A community receives: (1) more than 33 16% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 16% of its support from gross investment income and unrelated business taxable income (less section 51 tax) from businesses acquired by the organization after June 30, 1975. See section 590(a)(2) Complete Part III.) An organization organizated 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 500(a)(1) or section 509(a)(2). See section 599(a)(3). Check the box that describes the type of supporting organization and complete lines 11 et through 11h. a Type b Type c Type III-functionally integrated d Type III-functionally integrated organization received a written determination from the IFIS that it is a Type I, Type II, or Type III supporting organization in col. (ii) blow in the properties organization		Н	A school described	in section 170(b)	(1)(A)(ii). (Attach Sched	lule E.)								
hospitals name, city, and state: A A A A A Fotoral, state, or local governmental unit described in section 170(b)(1)(A)(IV), (Complete Part II.) A A Fotoral, state, or local governmental unit described in section 170(b)(1)(A)(IV), A A Fotoral, state, or local governmental unit described in section 170(b)(1)(A)(IV), A A A Comparization that namely receives substantle part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(IV), A Comparization that namely receives substantle part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(IV), A A Comparization that namely receives (1) more than 33 16% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions -subject to certain exceptions, and (2) no more than 33 16% of its support from gross investment income and unrelated business stable income (less section 511 and) from businesses acquired by the organization are fune fune 30, 1975. See section 509(a)(2), (Complete Part III.) A Comparization organization and operated exclusively to 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 bot that describes the type of supporting organization and complete lines if it is through 11th. a Type b Type C Type III-functionally integrated Type III-functionally in		H												
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 III.) A factoral, state, or local government or governmental unit described in section 170(b)(1)A)(iv), (Complete Part III.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)A)(iv), (Complete Part III.) A community trust described in section 170(b)(1)A)(iv), (Complete Part III.) A community trust described in section 170(b)(1)A)(iv), (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Junes 30, 1975. See section 509(a)(2) Complete Part III.) An organization organizade and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11c through 11h. a Type b Type c Type III-functionally integrated d Type III-functionally integrated Type III-functionally integrated Type III-functionally int	4				ated in conjunction with	a hospital of	described i	n section	170(b)(1)	A)(iii). En	ter the			
section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization manumity trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 51 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organization agricult and operated exclusively to test for public safety. See section 509(a)(4). An organization organization adjusted 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 and complete lines 11e through 11th. a Type b Type II c Type III-Functionally integrated or ormore disqualified by the purposes of one or more publicly supported organizations and complete lines 11e through 11th. a Type II b Type III c Type IIII Functionally integrated or ormore disqualified or or received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization. Sol(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization. A feet with the organization accepted any gift or contribution from any of the following persons? (i) A family member of a person described in (i) above? (ii) A Salve, controlled she ship of a person described in (i) above? (iv) Name or supported organization in controlled directly or indirectly or ordanization in coling described in (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	_	П	10 10 10 10 10 10 10 10 10 10 10 10 10 1											
A rederal, 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)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) An organization organized and operated exclusively to certain exceptions, and (2) no more than 33 1.75% of its support from gress investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and complete intelling frustrated and part of the purposes of one or more publicly supported described in section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11 et through 11th. a Type II b Type II c Type III c Type I	5	Ш	An organization oper	rated for the benefit	of a college or university	owned or o	perated by	a governme	ental unit d	escribed in	I			
A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exercives (1) more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 59(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public selects of 59(a)(4), (Complete Part III.) An organization organized and operated exclusively to test for public selects of 59(a)(4), (See section 59(a)(4), (See sec	-													
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A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 501 (a)) from businessess acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10	1	IA.	An organization that	normally receives a	a substantial part of its sup	oport from a	governme	ntal unit or f	from the ge	eneral publi	С			
An organization that normally receives: (1) more than 33 1.3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1.7% 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, 1976. See section 509(a)(2). (Complete Part III.) 10	_													
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An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	12020													
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a		H	An organization org	anized and operat	ed exclusively to test for	public safe	ety. See se	ection 509	(a)(4).					
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	11	Ш												
a											section			
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other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (I) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (Ii) A family member of a person described in (i) above? (Iii) A 35% controlled entity of a person described in (i) or (ii) above? (Iv) Is the organization in col. (iv) if your organization in col. (iv) if your supported organization in col. (iv) if your supported organization in col. (iv) if your supported. (iv) granization in col. (iv) organization in col. (iv) orga		П		70.0× *C2740477 . 110.3×4	CHICACO INCO MACON PURCHASION							nally inte	grated	
or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 95% controlled entity of a person described in (i) or (ii) above? (iv) Is the organization organization in col. (ii) in the organization in col. (ii) in the organization in col. (ii) organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization	е	Ш												
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organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A family member of a person described in (i) acove? (ii) Name of supported organization in col. (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (C) (E) (E) (E) (I) (I) (I) (I) (I			0.50.5		1 P 2 2 8 8002.0									
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following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) is ded in your governing document? Yes No Yes No Yes No (vi) Is the organization in col. (i) or your support? Yes No Yes No Yes No (vi) Amount of monetary support (vii) Amount of monetary support? (viii) Amount of monetary support? (viii) Amount of monetary support? (viii) Amount of monetary support? (viiii) Amount of monetary support? (viiiii) Amount of monetary support? (viiiii) Amount of monetary support.	-													📙
(ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization (ii) EIN (iii) EIN (iii) EIN (iiii) Type of section (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (iii) Amount of monetary support? Yes No Yes No Yes No (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? Yes No Yes No Yes No (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? Yes No Yes No (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (iv) Is the organization in col. (ii) of your support? (iv) Is the organization in col. (ii) of your support? (iv) Is the organization in col. (ii) of your support? (iv) Is the organization in col. (ii) of your support? (iv) Is the organization in col. (ii) of your support? (iii) In the organization in col. (iii) In the organi	g			6, nas the organiza	ation accepted any gift or	contribution	from any o	of the						
(iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Yes No Yes No Yes No (iv) Is the organization in col. (i) of your support? (ii) Granized in the U.S.? Yes No Yes No (iii) Yes No Yes No (iv) Amount of monetary support? (vi) Amount of monetary support? (vii) Amount of monetary support? (viii) Amount of monetary support? (vii) Amount of monetary support? (viii) Amount of monetary support support? (viii) Amount of monetary support				ilaa akka a a ta altaa ak		w								
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(iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) Of your support? Yes No Yes No Yes No (G) (G) (G) (G) (D) (E)						? .							1	
h Provide the following information about the supported organization (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (B) (B) (B) (B) (C) (B) (B				or one Maria	AN CONTRACTOR PARTY PROPERTY FOR		• • • • •						-	
(ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiiii) organization in col. (iiiiiiii) organization in col. (iiiiiiiiiiiiiiiiiiiiiiiiiiii				1170	A-7450 - 35 - 50							11g(iii)		
(A) (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (C) (C) (D)												-		
above or IRC section (see instructions)) governing document? col. (i) of your support? (i) organized in the U.S.?				(II) EIN										netary
Yes No Yes No (A) (B) (C) (D) (E)					above or IRC section			col. (i) o	f your	(i) organiz	ed in the	1		
(A) (B) (C) (D) (E)					(see instructions))	<u></u>		-			T	-		
(B) (C) (D) (E)	/A)				ļ	Yes	No	Yes	No	Yes	No			
(C) (D) (E)	(A)													
(C) (D) (E)	/D)			ļ	 	-	_				ļ	 		
(D) (E)	(D)													
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Total	(E)													
Total					and the state of the state of the	-				113,12	Section 10 to			
	Total													

NORTHWESTERN HS BAND BOOSTERS INC

56-2268080 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	n A. Public Support						
Calenda	r year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
me	its, grants, contributions, and embership fees received. (Do not clude any "unusual grants.")	56,835	52,694	48,771	64,591	13,144	236,035
org	x revenues levied for the ganization's benefit and either paid or expended on its behalf						again anns agus anns an an an an ann an an an an ann an
fur	e value of services or facilities nished by a governmental unit to the ganization without charge						
4 To	tal. Add lines 1 through 3	56,835	52,694	48,771	64,591	13,144	236,035
	e portion of total contributions by	M Davids					
	ch person (other than a						
•	vernmental unit or publicly						
2000	pported organization) included on						
	e 1 that exceeds 2% of the amount		The second				
	own on line 11, column (f)					2.5. 19	
	blic support. Subtract line 5 from line 4						236,035
	n B. Total Support r year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	nounts from line 4	56,835	52,694	48,771	64,591	13,144	236,035
8 Gr pa	oss income from interest, dividends, yments received on securities loans, its, royalties and income from similar	50,633	52,054	20,771	04,331		
SO	urces	25	35	38		50	148
ac	et income from unrelated business tivities, whether or not the business regularly carried on						
los	her income. Do not include gain or ss from the sale of capital assets xplain in Part IV.)						
11 To	otal support. Add lines 7 through 10 .						236,183
12 Gr	oss receipts from related activities, etc. (see	instructions) .				12	.,
org	rst five years. If the Form 990 is for the oganization, check this box and stop here						▶□
-	n C. Computation of Public Su						
1000	rblic support percentage for 2013 (line 6, col	929499 10 000 1 10 000 000 000 100 000 000 100 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000				15	99.94 %
	iblic support percentage from 2012 Schedul			and line d 4 in 00	1/00/ or more ob		99.62 %
	1/3% support test - 2013. If the organiz				1/3% of more, cir	ECK IIIIS	▶ 🏋
	ex and stop here. The organization qualification qualification from the standard standard test - 2012. If the organization is a standard standard test - 2012.	A) (5.7)	N		is 33 1/3% or mor		••••
D OO	eck this box and stop here. The organiza	ation qualifies as a	nublicly supported	organization			▶ □
17a 10	%-facts-and-circumstances test - 2013	. If the organization	did not check a b	ox on line 13, 16a	or 16b. and line	14 is	Total Control
	% or more, and if the organization meets						
	art IV how the organization meets the "facts-						
	ganization						▶□
	%-facts-and-circumstances test - 2012						
	is 10% or more, and if the organization r						
	plain in Part IV how the organization meets						
	pported organization						▶ □
	ivate foundation. If the organization did	not check a box or	line 13, 16a, 16b,	17a, or 17b, chec	k this box and see)	. —
ins	structions						▶ ∐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 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					1	
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						
8	Public support (Subtract line 7c from line 6.)					E	N .
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6					1	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	▶□
Sec	tion C. Computation of Public Sup	port Percent	tage				
15	Public support percentage for 2013 (line 8, colu	mn (f) divided by li	ine 13, column (f))			15	%
16	Public support percentage from 2012 Schedule	A, Part III, line 15				.16	%
Sec	ction D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2013 (line	10c, column (f) c	livided by line 13,	column (f))		17	%
18	Investment income percentage from 2012 Sc					. 18	%
19a	33 1/3% support tests - 2013. If the organization of the support tests - 2013. If the organization is not more than 33 1/3%, check this box at						▶□
b	33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this between 18 is not more than 33 1/3%, check this between 18 is not more than 33 1/3%.	ation did not ched	ck a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3%, and	
20	Private foundation. If the organization did no	ot check a box or	line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶□

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

NOR	THWESTERN HS BAND BOOSTERS I	NC					56-226	8080		
Pai	Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 9							ine 17.		
1	Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
a	Mail solicitations	a lunas through a			s. Check all that apply. of non-government grai					
b	Internet and email solicitations				or non-government grai of government grants	nts				
c	Phone solicitations				fraising events					
d	In-person solicitations		9 121	Opecial fullo	raising events					
2a	Did the organization have a written or o	ral agreement wil	th any individ	ual /including	officers directors true	tans				
	or key employees listed in Form 990. P	art VII) or entity in	connection	with professio	nal fundraising service	c2	Πv	es 🛛 No		
b	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be									
	compensated at least \$5,000 by the organization	ganization.	, ,			io randiale.	51 10 10 50			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(or retain	ount paid to ained by) er listed in al. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No			n. (1)	A particular de la companya de la co		
1										
2				0		***		· · · · · · · · · · · · · · · · · · ·		
3		**************************************								
4			1							
5			 							
6					10					
7								The state of the s		
8		48-2-18/				************		· · · · · · · · · · · · · · · · · · ·		
9			1							
10			 							
		·	<u> </u>							
Total										
	ist all states in which the organization is egistration or licensing.				or has been notified it	is exempt t	from			
				······································	***************************************					
					MI		**************************************	11		

	dule G		THWESTERN HS BAND B			2268080 Page 2		
LP	41 L II	Fundraising Events. Com than \$15,000 of fundraising						
		gross receipts greater than	\$5 000	a gross income on com	1 990-EZ, lines 1 and 60	. List events with		
		greet rescipte greater than	(a) Event #1	(b) Event #2	(c) Other events			
			PANTHERSGAME	OLD ENGLISH	11	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
e				((0.00.00.00)			
Revenue	1	Gross receipts	21,937	13,458	64,140	99,535		
	2	Less: Contributions	a ^b					
	3	Gross income (line 1 minus						
		line 2)	21,937	13,458	64,140	99,535		
	4	Cash prizes						
	10000	WORKS (150)						
	5	Noncash prizes						
	_							
ses	6	Rent/facility costs						
Direct Expenses	_	-						
Δ.	7	Food and beverages						
rec								
	8	Entertainment	- 					
	9	Other direct evenence			46,488			
	9	Other direct expenses	46,488					
	10	Direct expense summary. Add lines 4	through 9 in column (d)			46 400		
	11	Net income summary. Subtract line 1				46,488 53,047		
Pa	rt II	Gaming. Complete if the o						
		than \$15,000 on Form 990			iv, mio io, di ioponida n	.010		
(I)				(b) Pull tabs/instant		(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Seve								
	1	Gross revenue						
S	2	Cash prizes						
Direct Expenses								
xpe	3	Noncash prizes						
to:		D15-3"						
Dire	4	Rent/facility costs						
	_	Other direct expenses						
	5	Other direct expenses	□ vos	П у «	П у «			
	6	Volunteer labor	☐ Yes%	☐ Yes % ☐ No	│			
	U	volunteer labor [□ NO	☐ NO	LI NO			
	7	Direct expense summary. Add lines 2	through 5 in column (d)	THE RESIDENCE OF SECURES IN SECURE AN ADDRESS.	.			
		Birest expense summary. And intest	through 5 in column (u)					
	8	Net gaming income summary. Subtra	ct line 7 from line 1. column	(d)				
-			termetres and a substitution of the substituti	and the second s				
9	Ent	er the state(s) in which the organizatio	n operates gaming activities	ī.		2		
а		he organization licensed to operate gal				Yes No		
b			7.00			09500/C Jesus		
	_							
10a	We	ere any of the organization's gaming lice		or terminated during the tax	year?	Yes No		
b	If "\	Yes," explain:		A CONTRACTOR OF THE CONTRACTOR				

SCHEDULE O (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

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Inspection
Employer identification number

NORTHWESTERN HS BAND BOOSTERS INC 56-2268080 01. Description of other revenue (Part I, line 8) DESCRIPTION AMOUNT INTEREST INCOME 50 02. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT SHOW DESIGN AND COSTUMES 4,406 ENSEMBLES AND STATE ACTIVITIES 11,360 DIRECTOR EXPENSES 191 TRAVEL 17,900 AWARD AND BANQUETS 3,138 SCHOLARSHIPS 325 FUEL AND MAINT 318 HOSPITALITY EXPENSE 4,779 RENTAL EXPENSE 3,600 OTHER OPERATING EXPENSES 898

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2013, or fiscal year beginning 07-01-2013, and ending 06-30-2014

and the second s	
01-2013	and ending 06_30_2014

OMB No. 1545-1878

Department of the Treasury	Do not send to the IRS. K	Geep for your records.		2013					
Internal Revenue Service Name of exempt organization	▶ Information about Form 8879-EO and its inst	ructions is at www.irs.gov/for							
NORTHWESTERN HS BANK	BOOGEFRE THE		Employer identific	cation number					
Name and title of officer			56-2268080						
SAMUEL	ENNINGS BAILEY, PRE	SIDENT							
Part I Type of Re	eturn and Return Information (Whole Dol	llars Only)	MOTOR CONTRACTOR CONTRACTOR CONTRACTOR						
Check the box for the return	for which you are using this Form 8879-EO and enter th	e applicable amount, if any, from	the return. If you						
check the box on line 1a, 2	a, 3a, 4a, or 5a, below, and the amount on that line for	or the return being filed with this	s form was blank	, then					
the applicable line below.	r 5b, whichever is applicable, blank (do not enter -0-) 0o not complete more than 1 line in Part I.	. But, if you entered -0- on the	return, then ente	r -0- on					
1a Form 990 check here	b Total revenue, if any (Form 990, Part VII	II, column (A), line 12)		lb					
2a Form 990-EZ check here		line 9)		2b 66,241					
1940 AND SON SON SON STANDARD	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)								
4a Form 990-PF check here	= =	(Form 990-PF, Part VI, line 5)		lb					
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c	or Part II, line 8c)		ib					
	n and Signature Authorization of Office								
Under penalties of perjury, I	declare that I am an officer of the above organization and	d that I have examined a copy of	the						
are true correct and comple	c return and accompanying schedules and statements a te. I further declare that the amount in Part I above is the	and to the best of my knowledge	and belief, they						
organization's electronic retu	rn. I consent to allow my intermediate service provider, to	ransmitter, or electronic return or	iginator (ERO)						
to send the organization's r	eturn to the IRS and to receive from the IRS (a) an ac	cknowledgement of receipt or re	eason for rejection	n of					
authorize the LLS. Treasure:	ason for any delay in processing the return or refund, and its designated Financial Agent to initiate an electroni	and (c) the date of any refund	. If applicable, I						
financial institution account in	ndicated in the tax preparation software for payment of the	c funds withdrawai (direct debit) ne organization's federal taxes ov	entry to the ved on this						
return and the financial institu	ation to debit the entry to this account. To revoke a paym	ent, I must contact the U.S. Trea	sury Financial						
Agent at 1-888-353-4537 no	later than 2 business days prior to the payment (settlem	ent) date. I also authorize the fina	ancial institutions						
resolve issues related to the	the electronic payment of taxes to receive confidential in payment. I have selected a personal identification number	ntormation necessary to answer i	nquiries and						
electronic return and, if applie	cable, the organization's consent to electronic funds with	drawal.	ngamzanoms						
Officer's PIN: check one I									
X lauthorize vince	NT KLISCH TAX SERVICE to en	iter my PIN 68080	as my signatur	9					
	ERO firm name	Enter five numbers, bu	1						
on the organization's	s tax year 2013 electronically filed return. If I have indicat		of the return is						
being filed with a sta	te agency(ies) regulating charities as part of the IRS Fed	d/State program, I also authorize	the aforemention	ed					
ERO to enter my Pli	V on the return's disclosure consent screen.								
As an officer of the	organization, I will enter my PIN as my signature on the c	erganization's tay year 0019 class	renicelly filed rety						
If I have indicated w	ithin this return that a copy of the return is being filed with	n a state agency(ies) regulating c	harities as part of	III.					
the IRS Fed/State p	rogram, I will enter my PIN on the return's disclosure con	sent screen.	no parto.						
Officer's signature	kel) k	Date Date	11-04-2014						
Part III Certificati	on and Authentication								
-	r six-digit electronic filing identification								
number (EFIN) followed by y	our five-digit self-selected PIN.	5758		iter all zeros					
GO HOL EINER AN ZEIUS									
I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization									
indicated above. I confirm t	hat I am submitting this return in accordance with the	requirements of Pub. 4163. M	odernized e-File	(MeF)					
Information for Authorized IR	nformation for Authorized IRS e-file Providers for Business Returns.								
ERO's signature GEOFF	REY BRANDWOOD	Date D	11-04-2014						
	EDO Must Datain This Form	n - Coo Instructions							
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So									