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)

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

ΑI	For the 2	2016 calenda	r year, or tax year beginning 07	-01 , 20 16, an	nd ending	0	6-30	, 2017
В	Check if ap	oplicable:	C Name of organization			D Employ	er identi	ification number
	Address ch	nange	NORTHWESTERN HS BAND BOOSTERS INC			56-	226808	30
1	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address) $ \\$		Room/suite	E Telepho	ne numb	per
ı	nitial returr	n						
F	Final return	n/terminated	PO BOX 37183			(80	3)487-	-0105
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code			F Group E	xemptio	n
	Application	pending	ROCK HILL, SC 29732			Number	•	
G /	Accounti	ing Method:	☐ Cash ☐ Accrual Other (specify) ►		H	H Check ► 2	d if the	organization is not
ı ı	Website	e: ► www.:	PURPLEREGIMENT.ORG			required to a	attach Sc	chedule B
J.	Tax-exe	empt status (check only one) - x 501(c)(3) 501(c)() ◀ (insert no	o.) 4947(a)(1)	or 527	(Form 990, 9	990-EZ,	or 990-PF).
K	Form of	organization:		on Other				
L	Add lines	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts	are \$200,000 or	more, or if tota	al assets		
(Pa	rt II, colu	umn (B) below	y) are \$500,000 or more, file Form 990 instead of Form 99	90-EZ			▶ \$	166,349
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets o					art I)
		Check if t	he organization used Schedule O to respond to a	ny question in t	this Part I			<u>x</u>
	1	Contributions	, gifts, grants, and similar amounts received				1	6,884
	2		vice revenue including government fees and contracts				2	
	3	-	dues and assessments				3	54,297
	4	Investment in	icome			[4	16
	5a	Gross amou	nt from sale of assets other than inventory	5	a			
	b	Less: cost or	other basis and sales expenses	51	b			
) from sale of assets other than inventory (Subtract line 5	b from line 5a)			5c	
	6		fundraising events	,				
		_	e from gaming (attach Schedule G if greater than					
ē				6	a			
en	b	•	e from fundraising events (not including \$		of contribution	nns		
Revenue			ing events reported on line 1) (attach Schedule G if the		_ 0. 00111110411			
_			gross income and contributions exceeds \$15,000)	6	h	105,152		
				60		54,246		
			or (loss) from gaming and fundraising events (add lines 6)		-	34,240		
	_ u				naci		6d	50,906
	72	•	of inventory, less returns and allowances	1			ou	50,900
		Less: cost of						
			or (loss) from sales of inventory (Subtract line 7b from line				70	
		•	le (describe in Schedule O)	,		-	7c 8	
	8		·			-		110 102
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	112,103
	10		imilar amounts paid (list in Schedule O)				10	11 000
	11	•	to or for members			H	11	11,000
S	12		. , ,			H	12	
ž	13		fees and other payments to independent contractors				13	1,236
Expenses	14		rent, utilities, and maintenance			H	14	
ш	15	•	ications, postage, and shipping			H	15	
	16		ses (describe in Schedule O)			-	16	64,945
	17		ses. Add lines 10 through 16				17	77,181
s	18						18	34,922
Net Assets	19		r fund balances at beginning of year (from line 27, column					
As		-	, , ,				19	78,170
N E	20	_	es in net assets or fund balances (explain in Schedule O				20	1,806
	21	Net assets o	r fund balances at end of year. Combine lines 18 through	120		▶	21	114,898

Form 990-EZ (2016) NORTHWESTERN HS BAND BOO	STERS INC			56-2	2268	080 Page 2
Part II Balance Sheets (see the instructions for Part II)						
Check if the organization used Schedule O to resp	oond to any question	n in this Part				
•• • • • • • • • • • • • • • • • • • • •		-	(A) Beg	ginning of year		(B) End of year
22 Cash, savings, and investments		· · · · · · · 		78,170	22	114,898
23 Land and buildings		-		0	23	0
24 Other assets (describe in Schedule O)				0	24	0
25 Total liabilities (describe in Schodule O)		· · · · · · -		78,170	25	114,898
26 Total liabilities (describe in Schedule O)27 Net assets or fund balances (line 27 of column (B) must agree		-		0 170	26 27	114 202
Part III Statement of Program Service Accomplishme	,		+ III\	78,170	21	114,898
Check if the organization used Schedule O to res	•		,			Expenses
What is the organization's primary exempt purpose? SUPPORT OF				• • • • • • □	(Red	quired for section
what is the digalizations primary exempt pulpose:	nigh behoon ba	ND FROGRA	uvi		501	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each		•	5,		orga	anizations; optional for
as measured by expenses. In a clear and concise manner, describe the persons benefited, and other relevant information for each program title		e number of			othe	ers.)
28 SUPPORT OF MARCHING BAND INCLUDING CAMPS,						
INSTRUCTION, TRANSPORTATION, LODGING AND T						
MUSICAL EQUIPMENT AND UNIFORMS						
	ludes foreign grants, cl	neck here .		▶ 🗍	28a	46,046
29 SUPPORT OF COLOR GUARD INCLUDING EQUIPMENT						1
UNIFORMS				 -		
(Grants \$) If this amount inc	cludes foreign grants, cl	neck here .		▶ 🗌	29a	1,965
30 SUPPORT OF BAND PROGRAMS INCLUDING JAZZ BA	ND, CONCERT BA	ND				
AND HOSPITALITY						
(Grants \$) If this amount inc	ludes foreign grants, cl	nack hara		▶ □	00-	
		icck ficic .		- 🗀	30a	5,306
,	<u> </u>				30a	5,306
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc	ludes foreign grants, cl	neck here		▶ □	30a 31a	
Other program services (describe in Schedule O)	ludes foreign grants, cl	neck here			31a 32	53,317
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo	cludes foreign grants, cl	neck here .			31a 32	53,317
Other program services (describe in Schedule O)	cludes foreign grants, cl	neck here .	· · · · · · · · · · · · · · · · · · ·		31a 32	53,317
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo	cludes foreign grants, cl	neck here ven if not compart IV (c) Reportable	pensate	ed - see the inst	31a 32 ructio	53,317 ons for Part IV)
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for expression in this Post of the control of the	neck here . ven if not compart IV	e n	▶ ☐ ▶ ed - see the inst	31a 32 ructio	53,317
31 Other program services (describe in Schedule O)	bludes foreign grants, cl	reck here	e n	ed - see the inst	31a 32 ructio	53,317 ons for Part IV)
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN	bludes foreign grants, cl by ees (list each one export any question in this P (b) Average hours per week devoted to position	reck here	e n n-HISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 ructio	53,317 ons for Part IV) (e) Estimated amount of other compensation
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for expression in this Post of the control of the	reck here	e n	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 ructio	53,317 ons for Part IV)
31 Other program services (describe in Schedule O)	bludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for expense (list each one expense) (b) Average hours per week devoted to position 6.00	reck here	e n n-HISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 ructio	53,317 ons for Part IV)
31 Other program services (describe in Schedule O)	bludes foreign grants, cl by ees (list each one export any question in this P (b) Average hours per week devoted to position	reck here	e n n-HISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 ructio	tons for Part IV) (e) Estimated amount of other compensation
31 Other program services (describe in Schedule O)	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for exposed (list each one exposed for	reck here	e n D-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 rructio	te 53,317 ons for Part IV)
31 Other program services (describe in Schedule O)	bludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for expense (list each one expense) (b) Average hours per week devoted to position 6.00	reck here	e n n-HISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 ructio	te 53,317 ons for Part IV)
31 Other program services (describe in Schedule O)	bludes foreign grants, claudes	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 rructic 0 0	53,317 Ons for Part IV) (e) Estimated amount of other compensation 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT PATRICK CRANE VICE PRESIDENT DANI KIMBRELL SECRETARY MARY LYNNE EDWARDS SENIOR TREASURER	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for exposed (list each one exposed for	reck here	e n D-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 rructio	53,317 ons for Part IV) (e) Estimated amount of other compensation 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc. 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT PATRICK CRANE VICE PRESIDENT DANI KIMBRELL SECRETARY MARY LYNNE EDWARDS SENIOR TREASURER TIMOTHY CAREY	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for grants and grants for expenses for each of the control of the contro	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 32 struction of the struction of	tons for Part IV) (e) Estimated amount of other compensation 0 0 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT PATRICK CRANE VICE PRESIDENT DANI KIMBRELL SECRETARY MARY LYNNE EDWARDS SENIOR TREASURER	bludes foreign grants, claudes	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 rructic 0 0	tons for Part IV) (e) Estimated amount of other compensation 0 0 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc. 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT PATRICK CRANE VICE PRESIDENT DANI KIMBRELL SECRETARY MARY LYNNE EDWARDS SENIOR TREASURER TIMOTHY CAREY	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for grants and grants for expenses for each of the control of the contro	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 32 struction of the struction of	tons for Part IV) (e) Estimated amount of other compensation 0 0 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc. 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT PATRICK CRANE VICE PRESIDENT DANI KIMBRELL SECRETARY MARY LYNNE EDWARDS SENIOR TREASURER TIMOTHY CAREY	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for grants and grants for expenses for each of the control of the contro	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 32 struction of the struction of	tons for Part IV) (e) Estimated amount of other compensation 0 0 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc. 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT PATRICK CRANE VICE PRESIDENT DANI KIMBRELL SECRETARY MARY LYNNE EDWARDS SENIOR TREASURER TIMOTHY CAREY	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for grants and grants for expenses for each of the control of the contro	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 32 struction of the struction of	tons for Part IV) (e) Estimated amount of other compensation 0 0 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc. 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT PATRICK CRANE VICE PRESIDENT DANI KIMBRELL SECRETARY MARY LYNNE EDWARDS SENIOR TREASURER TIMOTHY CAREY	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for grants and grants for expenses for each of the control of the contro	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 32 struction of the struction of	tons for Part IV) (e) Estimated amount of other compensation 0 0 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc. 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT PATRICK CRANE VICE PRESIDENT DANI KIMBRELL SECRETARY MARY LYNNE EDWARDS SENIOR TREASURER TIMOTHY CAREY	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for grants and grants for expenses for each of the control of the contro	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 32 struction of the struction of	tons for Part IV) (e) Estimated amount of other compensation 0 0 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc. 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT PATRICK CRANE VICE PRESIDENT DANI KIMBRELL SECRETARY MARY LYNNE EDWARDS SENIOR TREASURER TIMOTHY CAREY	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for grants and grants for expenses for each of the control of the contro	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 32 struction of the struction of	tons for Part IV) (e) Estimated amount of other compensation 0 0 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc. 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT PATRICK CRANE VICE PRESIDENT DANI KIMBRELL SECRETARY MARY LYNNE EDWARDS SENIOR TREASURER TIMOTHY CAREY	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for grants and grants for expenses for each of the control of the contro	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 32 struction of the struction of	tons for Part IV) (e) Estimated amount of other compensation 0 0 0
31 Other program services (describe in Schedule O) (Grants \$) If this amount inc. 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to (a) Name and title DAVE CORBIN PRESIDENT PATRICK CRANE VICE PRESIDENT DANI KIMBRELL SECRETARY MARY LYNNE EDWARDS SENIOR TREASURER TIMOTHY CAREY	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for grants and grants for expenses for each of the control of the contro	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 32 struction of the struction of	tons for Part IV) (e) Estimated amount of other compensation 0 0 0
31 Other program services (describe in Schedule O)	cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes foreign grants, cludes for grants and grants for expenses for each of the control of the contro	reck here	e n n-MISC) ter -0-)	ed - see the inst (d) Health benefits contributions to emp benefit plans, and	31a 32 32 struction of the struction of	tons for Part IV) (e) Estimated amount of other compensation 0 0 0

Form 99	0-EZ (2016) NORTHWESTERN HS BAND BOOSTERS INC 56-22680	80	F	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	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		X
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		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
	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		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	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			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Χ
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
		400		Λ
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		3.7
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed			
	The organization's books are in care of ► MARY LYNNE EDWARDS Telephone no. ► 803-4	87-0.	105	
	Located at ► PO BOX 37183, ROCK HILL, SC ZIP+4 ► 29732		V	NI -
	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 FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year▶ 43			
			Yes	No
	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
	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
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X

			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
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X

Form **990-EZ** (2016)

56-2268080

									Yes	s No
46		e organization engage, directly or indirectly, in		ties on beha	f of or in opp	osition				
_		didates for public office? If "Yes," complete S							46	X
Par	t VI	Section 501(c)(3) organizations of All section 501(c)(3) organizations		one 47 40	h and 52	and ca	malata tha ta	ablac f	or linor	
		50 and 51.	must answer questi	0115 47-48	b and 52,	and co	inpiete trie ta	abies i	or intes	,
		Check if the organization used Sch	adula () to respond	to any au	action in th	ie Part	VI			
		Check if the organization used Sch	edule O to respond	to arry qu	esuon in u	iis r ait	VI		Ye	s No
47	Did the	o craonization angago in labbuing activities of	r have a coation EO1(h) of	lastion in off	aat during tha	tov		Г	16:	5 NO
41		e organization engage in lobbying activities of If "Yes," complete Schedule C, Part II			_				47	
10	,	organization a school as described in section						<u> </u>	48	X
48		_					• • • • • •	<u> </u>		
49a		e organization make any transfers to an exem		-			• • • • • •		49a	_
b		s," was the related organization a section 527	· ·					• • _	49b	
50		ete this table for the organization's five highes		•	· ·		•			
	employ	yees) who each received more than \$100,000	or compensation from the	e organizatio	on. If there is					
			(b) Average	(c) Rep			alth benefits, ons to employee	(e) Es	timated am	ount of
		(a) Name and title of each employee	hours per week		ensation		ns, and deferred	oth	ner compen	sation
			devoted to position	(FOITIS W-2	/1099-MISC)	COI	npensation			
	_									
NON	E									
			_							
f		number of other employees paid over \$100,00								
51		ete this table for the organization's five highes	•		rs who each i	received	more than			
	\$100,0	000 of compensation from the organization. If	there is none, enter "Non	e."						
	(a	Name and business address of each independent contra-	ctor	(b)	Type of service		(4	c) Compe	nsation	
		,		, ,			,			
NON	E									
		number of other independent contractors each	•		·					
52		e organization complete Schedule A? Note:	All section 501(c)(3) orga	anizations m	ust attach a					ı
		eted Schedule A						<u> </u>	Yes _	No
Unde	r penaltie	es of perjury, I declare that I have examined this retu	urn, including accompanying	schedules an	d statements, a	nd to the	pest of my knowle	edge and	belief, it is	3
true,	correct, a	and complete. Declaration of preparer (other than o	fficer) is based on all informa	ation of which	oreparer has ar	ny knowled	dge.			
		MARY LYNNE EDWARDS								
Sig	I	Signature of officer				Date				
Her	e	MARY LYNNE EDWARDS, TREAS	URER							
		Type or print name and title			T					
		Print/Type preparer's name	Preparer's signature		Date		Check if	PTIN		
Paid		Stephan Dye			11-09-20	17	self-employed	P009	88590	
Prep	arer	Firm's name ► Accutrol Tax Ser	rvice			Firm	i's EIN ▶			
Use	Only	Firm's address ► 1036 Mt Gallant	Road							
		Rock Hill SC 297	'32			Pho	ne no. 803-	366-9	888	
Мау	the IRS	discuss this return with the preparer shown a	bove? See instructions)	X	Yes 🗌	No

SCHEDULE A

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.

OMB No. 1545-0047 2016

Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization NORTHWESTERN HS BAND BOOSTERS INC 56-2268080 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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. **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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Line Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes (A) (B) (C) (D) (E)

56-2268080 Pa

Part II 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.)

<u>Sec</u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	64,591	13,144	22,804	28,036	61,181	189,756
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	64,591	13,144	22,804	28,036	61,181	189,756
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						189,756
	tion B. Total Support	() 0040	(1) 0040	() 0044	(N 0045	() 0040	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4	64,591	13,144	22,804	28,036	61,181	189,756
	rents, royalties and income from similar sources		50	23	17		90
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	Total support. Add lines 7 through 10 .						189,846
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		· · · · · · · · · · · ·				▶ 🗌
Sec	tion C. Computation of Public Su	• •	_			I	
14	Public support percentage for 2016 (line 6, c))		14	99.95 %
15	Public support percentage from 2015 Sched					15	99.93 %
16a	33 1/3% support test - 2016. If the organiz						. 57
	box and stop here. The organization qualif		•				▶ 🛚 🗵
b	33 1/3% support test - 2015. If the organiz						. \Box
47-	this box and stop here. The organization q						· · · · • ⊔
17a	10%-facts-and-circumstances test - 2016	-					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fact		=				. □
h	organization						
b	10%-facts-and-circumstances test - 2015 15 is 10% or more, and if the organization r	_				ı ııı ı c	
	Explain in Part VI how the organization mee				•	rlv	
	supported organization			-		-	▶ □
18	Private foundation. If the organization did						
. •	instructions						▶ □
			· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	<u> </u>

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 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						
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.)						
	ction B. Total Support		1		_	1	
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su	_					
15	Public support percentage for 2016 (line 8, co	()	, ,	f))		15	%
16	Public support percentage from 2015 Schedul					16	%
	ction D. Computation of Investmer					T I	
17	Investment income percentage for 2016 (line						%
18	Investment income percentage from 2015 Sc	·	•			18	%
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and stop here.	eck the box on line The organization qu	14, and line 15 is lualifies as a public	more than 33 1/3% ly supported organ	, and line iization	▶ □
b	33 1/3% support tests - 2015. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶ □

Part IV Suppor

Supporting Organizations

(Complete only if you checked a box in line 12 of 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.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** 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 **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 **Part VI**, 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).
 - **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?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 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).
- **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).
- **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 **Part VI**.
- **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 **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** 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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
			Yes	No
	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)	44-		
	below, the governing body of a supported organization?	11a		
	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 Part VI . ion B. Type I Supporting Organizations	11c		
000	ion B. Type I dupporting 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 Part VI 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 carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion 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		
Sec	ion D. All Type III Supporting Organizations			
4	Did the consciention may ide to each of its supported conscientions, but he lost day of the fifth month of the		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	4		
	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			
	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ion 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 it	nstruc	tions)	:
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in		
	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	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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	O.L.		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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? Provide details in Part V	30		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	5. 1.5 Supported Signification of the root describe in Fair France Player by the organization in this regard.			

56-2268080

Schedule A (Form 990 or 990-EZ) 2016 NORTHWESTERN HS BAND BOOSTERS INC

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	
Sect	instructions. All other Type III non-functionally integrated supporting organicion A - Adjusted Net Income	zations	(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		
-	Add lines 1 through 3	4		
-	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or lection of gross income or for management, conservation, or			
	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (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	e 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		
Sect	ion 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			
em	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	-integra	ated Type III supportin	g organization (see
	instructions)	•	• • • • •	

EEA Schedule A (Form 990 or 990-EZ) 2016

Schedu	lle A (Form 990 or 990-EZ) 2016 NORTHWESTERN HS BAND BOOS		56-226	8080	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organia	zations (continued)		
Sec	tion D - Distributions			Current Ye	ear
1	Amounts paid to supported organizations to accomplish exen	npt purposes			
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported			
	organizations, in excess of income from activity				
	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions		
	Amounts paid to acquire exempt-use assets				
	Qualified set-aside amounts (prior IRS approval required)				
	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	e organization is respons	sive		
	(provide details in Part VI). See instructions.				
	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
s	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributa Amount for	
	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2016:				
а					
b					
	From 2013				
d	From 2014				
	From 2015				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2016 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2016, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2016. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2017. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а					
b	Excess from 2013				

c Excess from 2014 d Excess from 2015 e Excess from 2016

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, 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.

2016

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employ	er identification number
NORTHWESTERN HS BAND BOOSTER	RS INC				56	-2268080
Part I Fundraising Activities Form 990-EZ filers are not	•	•		swered "Yes" on I		
1 Indicate whether the organization rais		•	•	ities Check all that an	nnlv	
a ☐ Mail solicitations	oa rarrao a moagri		-	of non-government gra		
b Internet and email solicitations				of government grants		
c Phone solicitations				draising events		
d ☑ In-person solicitations		3 ==	opoolal rain	araionig overne		
2a Did the organization have a written or	oral agreement	with anv indiv	ridual (includ	ling officers, directors.	trustees.	
or key employees listed in Form 990,	ŭ	•	•	•	·	Yes 🛛 No
b If "Yes," list the 10 highest paid individ				-		. –
compensated at least \$5,000 by the c	,	<i>,</i> , ,		Ü		
, , , , , , , , , , , , , , , , , , , ,	9					
		(iii) Did fun	draiser have		(v) Amount paid	to (vi) Amount paid to
(i) Name and address of individual	(ii) Activity		r control of	(iv) Gross receipts from activity	(or retained by)	(or retained by)
or entity (fundraiser)	()	contrib	utions?	HOIH activity	fundraiser listed i col. (i)	n organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
•						
8						
9						
10						
<u>Total</u>						
3 List all states in which the organization	is registered or l	icensed to so	olicit contribu	itions or has been noti	fied it is exempt fro	m
registration or licensing.						

56-2268080

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

		gross receipts greater than	\$5,000.			
			(a) Event #1 CHICK FIL A (event type)	(b) Event #2 WGI COMPETIT (event type)	(c) Other events 12 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts				
	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	• ,		-	
Da	11 rt II	Net income summary. Subtract line Gaming. Complete if the or				moro
ı a		than \$15,000 on Form 990	-	res on ronn 990, ran	iv, line 19, or reported i	more
			-LZ, IIIIG 0a.			
venue		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				(c) Other gaming	
Revenue	1	Gross revenue			(c) Other gaming	
	1 2				(c) Other gaming	
		Gross revenue			(c) Other gaming	
Direct Expenses Revenue	2	Gross revenue			(c) Other gaming	
rect Expenses	2	Gross revenue	(a) Bingo		(c) Other gaming	
rect Expenses	2 3 4	Gross revenue			(c) Other gaming Yes % No	
rect Expenses	2 3 4 5	Gross revenue	(a) Bingo Yes % No	bingo/progressive bingo	☐ Yes%	
rect Expenses	2 3 4 5	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d)	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	
o Direct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) tract line 7 from line 1, colu	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activities in each or	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is If "	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activities in each or	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is If "	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activities in each of the column (d) gaming activities in each of the column (d)	bingo/progressive bingo Yes % No mn (d)	☐ Yes %	col. (a) through col. (c))

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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

NORTHWESTERN HS BAND BOOSTERS INC

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

56-2268080

01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT WINTERGUARD 25,064 MISC 1,909 JAZZ 976 1,200 SIBLING PAYMENT REGISTRATIONS 1,162 HOSPITALITY 4,330 912 BAND COUNCIL UNIFORMS 1,965 5,140 LOGISTICS CHAPERONES 602 PUBLIC RELATIONS 280 MEMBERSHIP AWARDS BANQUETS 1,995 INSTRUCTION 5,365 SCHOLARSHIP 2,417 HS BAND FEES PAID BY BOOSTERS 11,628 02. Other changes in net assets or fund balances (Part I, line 20) AMOUNT DESCRIPTION UNDEPOSITED FUNDS 898 908 MISC EXPENSE

990	Overflow Statement	2016 Page 1
Name(s) as shown on return		FEIN
NORTHWESTERN HS	BAND BOOSTERS INC	56-2268080

Description	A	<u>Amount</u>	
MEMBERSHIP	\$	390	
MISC		2,777	
UNIFORMS		1,361	
CORPORATE SPONSORS		1,000	
BAND COUNCIL		662	
REGISTRATIONS		694	
Total:	\$	6,884	

Description		Amount
MIDDLE SCHOOL BAND FEES	\$\$	905
JAZZ		1,326
WINTER GUARD		11,254
HAWAII		40,812
Total:	\$	54,297

Description		<u>Amount</u>
END OF YEAR BALANCE SCHOLARSHIP	_\$	8,261
END OF YEAR SAVINGS		45,521
END OF YEAR CHECKING		61,116
Total:	\$	114,898

Accutrol Tax Service

1036 Mt Gallant Road Rock Hill, SC 29732 accutroltax@yahoo.com

Invoice Date: 11/09/2017

Phone: (803)366-9888 | Fax: (803)366-9883

Northwestern Hs Band Boosters Inc PO Box 37183 Rock Hill, SC 29732

Thank you for the opportunity to serve your tax preparation needs for 2016. If you have questions during the year, please call the above number.

Description		Fee
_		
Federal and Supple	emental Forms	
Form 990EZ	- Organization Exempt from Income Tax EZ Page 1	
Form 990EZ pg 2	- Organization Exempt from Income Tax EZ Page 2	
Form 990EZ pg 3	- Organization Exempt from Income Tax EZ Page 3	
Form 990EZ pg 4	- Organization Exempt from Income Tax EZ Page 4	
Schedule A	- Organization Exempt Under Sec 501(c)(3) pg 1	
Schedule A pg 2	- Organization Exempt Under Sec 501(c)(3) pg 2	
Schedule A pg 3	- Organization Exempt Under Sec 501(c)(3) pg 3	
Schedule A pg 4	- Organization Exempt Under Sec 501(c)(3) pg 4	
Schedule A pg 5	- Organization Exempt Under Sec 501(c)(3) pg 5	
Schedule A pg 6	- Organization Exempt Under Sec 501(c)(3) pg 6	
Schedule A pg 7	- Organization Exempt Under Sec 501(c)(3) pg 7	
Schedule A pg 8	- Organization Exempt Under Sec 501(c)(3) pg 8	
Schedule G	- Fundraising and Gaming Activities Page 1	
Schedule G pg 2	- Fundraising and Gaming Activities Page 2	
Schedule O	- Supplemental Information Page 1	
Form 8879EO	- E-file Signature Auth for an Exempt Org	
EF Ack	- EF Ack	
Overflow	- Itemized Listing Attachment	
Total Forms: 18	Forms Subtotal	\$ 400.00
	- 	
	Total Balance Due	\$ 400.00