Form **990**

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. 1545-0047 2017

Department of the Treasury

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

Open to Public

A	Fo	r the 2017 calen	dar year, or tax year l	o to www.irs.gov/Form					Inspection
В		eck if applicable:				7-01 , 2017 , ar	d ending		06-30 ,2018
		ress change	Doing business as	NORTHWESTERN HS	BAND BOOSTE	RS INC			D Employer Identification n
		ne change		20 5					56-2268080
		al return	PO BOX 3718	P.O. box if mail is not delivered t	o street address)		Room/suite		E Telephone number
	Fina	l return/terminated		ovince, country, and ZIP or forei					(803) 487-0105
		nded return	ROCK HILL,		gn postal code				G Gross receipts
		ication pending	F Name and address of p						\$ 310,137
		,	- Tranto and address of p	undpardinder:			H(a) is thi	a a dwnb tel	um for subordinates? Yes X N
	Tax-e	exempt status:	501(c)(3) 501(c)() 🔻 (insert no.)	7	 	H(b) Are	ati subordi:	nates included? Yes N.
J	Web		V. PURPLEREGIMEN	/ (insert no.)	4947(a)(1) or	527		lf "No," atta	ich a list. (see instructions)
ĸ	Form		Corporation Trust	[[H(c) Gr	oup exemp	tion number
Р	art I	Summar		_ Association Other ▶		L Year of formation:	M	State of	legal domicile: SC
		1 Briefly descri	ibe the organization's	nission or most significa	nt nativities				
ø			9	modern of most significa	it activities: St	JPPORT OF HIG	SH SCHOOL	BAND	PROGRAM
Activities & Governance									
Ĩ									
ð		2 Check this bo	ox if the organiz	ation discontinued its ope	arations or di-				
S.	;	3 Number of vo	ting members of the c	overning body (Part VI, I	ina (a)	d of more than 25%	of its net asso	ets.	
Se	4	4 Number of inc	dependent voting men	bers of the governing be	nie ia) · · · ·				100
ξ		5 Total number	of individuals employe	ed in calendar year 2017	Juy (Fart VI, line 15 (Bort V. Kar Ga)				100
Ç	6	3 Total number	of volunteers (estimat				• • • • • • •	!	5 0
4	7	a Total unrelate	d business revenue fr	om Part VIII, column (C),	line 10	• • • • • • • • •	• • • • • • •	6	
		b Net unrelated	business taxable inco	me from Form 990-T, lin	12 · · · · ·	* * * * * * * * * *	* * * * * * * *	• • 7	a 0
					9 34			7	
	8	Contributions	and grants (Part VIII, I	ine 1h)			Prior Y	ear	Current Year
Revenue	9	Program servi	ice revenue (Part VIII	line 2g)		* * * * * * * * * *			310,123
Ver	10	Investment inc	come (Part VIII, colum	n (A), lines 3, 4, and 7d)		• • • • • • • •			0
8	11	Other revenue	(Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10c,					14
	12	Total revenue	- add lines 8 through 1	1 (must equal Part VIII,	and 11e)				0
	13	Grants and sin	nilar amounts paid (Pa	of IX column (A) lines 4	20iumn (A), line 12)	<u> </u>			310,137
	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)								0
zh.	15	Salaries, other	compensation empir	yee benefits (Part IX, co.					0
Expenses	16	a Professional fu	Indraising fees (Part I)	(, column (A), line 11e)					0
per	1	b Total fundraisin	ig expenses (Part IX	column (D), line 25)		• • • • • • • • •			0
ŭ	17	Other expense	s (Part IX, column (A)	lines 11a-11d, 11f-24e)		25,193	18 图表 數學		
	18	Total expenses	. Add lines 13-17 (mu	st equal Part IX, column	(A) Itm 95)				347,595
	19	Revenue less e	expenses. Subtract lin	e 18 from line 12	(A), iiiie 25)	• • • • • • • • • •			347,595
Net Assets or Fund Balances		· · · · · · · · · · · · · · · · · · ·		- 10 HO H HITC 12 C T 1	· · · · · · · · · · · · · · · · · · ·				(37,458)
aets	20	Total assets (Pa	art X, line 16)				Beginning of Cur	теnt Year	End of Year
ξ B B	21	Total liabilities (i		****	*******		1	14,89	77,440
			ind balances. Subtrac	f line 21 from line 20		•••••			0
Pari		Signature	Block		· · · · · · · · · · · · · · · · · · ·	• • • • • • •		14,898	77,440
Under	penalti	es of perjury, I declare	that I have examined this re	lum, including accompanying so officer) is based on all informatio	had les and statement	14			
iide, co	AI CCI, I	and complete, Dectara	tion of preparer (other than o	lurn, including accompanying so officer) is based on all informatio	n of which preparer has	, and to the best of my kr any knowledge,	owledge and belief	, it is	
		i k	Y CAREY						- , <u>- , - , - , - , - , - , - , - , - ,</u>
3ign		Signature of							
Here		TIMOTH	Y CAREY, TREAS	o a di				Date	
			name and title	OREIN					
		Print/Type prepare	r's name	Dronner i im.		T			
² aid		Stephan D		Preparer's eignature		Date	Check	if F	PTIN
² repa		Firm's name		1 77		01-15-2019	self-empl	oyed	P00988590
Jse (ACCULTO				Firm's EIN		
	Ž			Gallant Road		-	Phone no.		
lay the	IRS	discuss this retur	m with the preparer of	L1 SC 29732 own above? (see instruc				803-36	66-9888
or Par	perwo	ork Reduction A	ct Notice, see the se	narate instructions	tions)				
ΞA .			, our me se	parate instructions.		-			Form 990 (2017)
									1 9101 000 (ZU17)

	orm 990 (2017) NORTHWESTERN HS BAND BOOSTERS INC Part III Statement of Program Service Accomplishments	56-226808	
1	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · ·	
•	The system of the significant of this along.		
	SUPPORT OF HIGH SCHOOL BAND PROGRAM		
2	Did the organization undertake any elemiform		
_	any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?	· · · - 🗌 Yes	x No
3			
·	and broaden and broaden of the state of the		
	services?	· · · · 🗌 Yes	X No
4			
•	as measured by the service accomplishments for each of its three larnest hands have as measured	t by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	iers,	
4a	(Code:) (Expenses \$ 29,800 including graphs of \$		
	23,500 including grants of 3 (Revenue	\$	19,524)
	SUPPORT OF MARCHING BAND INCLUDING CAMPS, MUSIC, INSTRUCTION, TRANSPORTATION, TRAVEL EXPENSES, MUSICAL EQUIPMENT AND UNIFORMS	LODGING A	AND
4b	/ CApended # 12,103 including grants of \$) (Revenue	\$	7,191)
	SUPPORT OF COLOR GUARD INCLUDING EQUIPMENT, INSTRUTION AND UNIFORMS		.,,
			
	(Code:) (Expenses \$ 1.325 including groups of the		
	T, 325 Including grants of \$ \ \(\text{Revenue}\)	\$	433)
	SUPPORT OF BAND PROGRAMS INCLUDING JAZZ BAND, CONCERT BAND AND HOSPITALITY		
_			
_			
			
(Other program services (Describe in Schedule O.)		
	(Expenses \$		
1	Total program parties)	·
	10tar program service expenses 43,228		

_	rm 990 (2017) NORTHWESTERN HS BAND BOOSTERS INC 5 Part IV Checklist of Required Schedules	6-22	6808	0	F	Page 3
1	Is the organization described in south a 504/3/03 at 6.27 3.44 4.00				Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		1			
2	le the propriention remained to account to the control of the proprient to the control of the co	• • •	•	1	X	ļ
3	Did the organization regarded to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	• • •	•••	2	-	X
	candidates for public office? If "Yes," complete Schedule C, Part I			_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		· -	3		X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II		İ			١,,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	٠	· . -	4		Х
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,					İ
	Part III · · · · · · · · · · · · · · · · ·			<u>,</u>		1,7
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			5		X
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If					
	"Yes," complete Schedule D, Part I			6		77
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		· · -	-		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		`	-		Α.
	complete Schedule D, Part III			8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			-		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				Ì	
	debt negotiation services? If "Yes," complete Schedule D, Part IV			9	}	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V		1	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		30			i.
	VII, VIII, IX, or X as applicable.			2)	trausan.	iki 20
i	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		(Seat	1000	Arden Welt, C	(746) Sa. 4
	complete Schedule D, Part VI		. 11	a	İ	Х
1	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		-			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		. 11	ь		Х
(Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		. 11	c		Χ
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets					
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		. 11	ď		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X			e		X
1	and a special of consolidated intallicial statellicias for the tax year incline a tootnote that addresses					
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		. 11	f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
h	Schedule D, Parts XI and XII		. 12	a	- 1	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If					
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		. 12	b		Х
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		. 13	3		Χ
b	Did the organization maintain an office, employees, or agents outside of the United States?		- 14	a		X
IJ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,					
	fundraising, business, investment, and program service activities outside the United States, or aggregate			ł		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14	b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or					
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		. 15	5		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other					
17	assistance to or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV		. 16			Χ
.,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7		
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		. 17			X
-	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1c and 8a2 if "Yes " complete Sabarty's Q. R. J. "				_ _	
9	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	2	x	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			T		
ΕFΑ	If "Yes," complete Schedule G, Part III		19		1	ζ.

Part IV

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? b 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? ff "Yes," complete Schedule L, Part t 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a Χ If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization?If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Χ 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O. 38

Form 990 (2017)

NORTHWESTERN HS BAND BOOSTERS INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4	Foliation and the Burgott and the Control of the Co		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	19.5	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	의		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 80610 1096	r Şəhelə	
2a	reportable gaming (gambling) winnings to prize winners?	· 1c	462 N. S.	X
2u	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	0	it salvate	AND S
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	· 2b	, Llaver	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		v
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	-	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	+	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
ь	If "Yes," enter the name of the foreign country:		A Salar	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		65.57	
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	a tanain a trad	X
đ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-\	11
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		·	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	4857		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		100	
	and services provided to the payor?	7a	Washington Complete	Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a ,	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Jak Augenteien	<u>X</u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	Proceed CHECK		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1000		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders		is di	
D.				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If IIV and III and and III and	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	L COM		
a	Is the organization licensed to issue qualified health plans in more than one state?	1911		
u	Note. See the instructions for additional information the organization must report on Schedule O.	13a	151854 W.F.	grageria:
b	Enter the amount of reserves the organization is required to maintain by the states in which		kālatie:	
~	the approximation in Second 4. January 195, 11, 199			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	44-	UNE SEE	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		<u>X</u>
	A TOTAL TO THE PARTY OF THE PAR	1 1 1 1 1	· ·	

Form 990 (2017) NORTHWESTERN HS BAND BOOSTERS INC Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Νо Enter the number of voting members of the governing body at the end of the tax year 100 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 100 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ Each committee with authority to act on behalf of the governing body? Χ 8b is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a Χ If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed South Carolina 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

MARY LYNNE EDWARDS (803) 487-0105, PO BOX 37183, ROCK HILL, SC 29732

20

C0222	000	(2017)	
ווווט	990	120171	

NORTHWESTERN HS BAND BOOSTERS INC

_	_	_	_	_	_	~	^	_	
5	ь.	-2	2	ь	ช	u	ਲ	U	

age 7

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

(C)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Pessition (do not check more than one box, unless person is both an officer and a director/truslee) Former Former Former Former Former Former Former			n)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) DAVE CORBIN PRESIDENT	6.00			Х				0	0	0
(2) PATRICK CRANE VICE PRESIDENT	5.00			Х				0	0	0
(3) DANI_KIMBRELL SECRETARY	3.00			Х				0		
(4) MARY LYNNE EDWARDS SENIOR TREASURER	4.00			X				0	0	0
(5) TIMOTHY CAREY JUNIOR TREASURER	6.00			Х				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)	·									
(11)										
(12)							_			
(13)					\dagger					
(14)			1	1		1	+			
FFA		1_								

Form 990 (2017) NORTHWESTERN HS Part VII Section A. Officers, Directors, Trusto				to				to d Constant of	56-2268	080 Page 8
(A) Name and title	(B) Average hours per week (list any	(do no box, u officer	(C) Position do not check more than one ox, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)							-			
(16)										
(17)										
<u>(18)</u>			\dagger			İ				
(19)										
(20)										TO MEANING.
(21)				+						
(22)			-	1			+			
(23)			+	-						
(24)				-		+				
(25)				-						
1b Sub-total	ction A					• • •	•			
Total number of individuals (including but not limit reportable compensation from the organization.)	ted to those listed	above) who	o re	ceive	ed mo	re th	0) nan \$100,000 of	00	0
 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of organization and related organizations greater the individual 	tor, or trustee, key e J for such individ reportable compe	<i>dual</i> nsation	and	 oth	er co	 mper	 nsati	on from the		Yes No
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes Section B. Independent Contractors	compensation fro "complete Sched	om any dule J fo	unre or su	elate oh p	ed org	ganiza ganiza		or individual		5 X
Complete this table for your five highest compens compensation from the organization. Report compens. year.	ated independent pensation for the o	contra	ctors or yea	tha ar e	at rec	eived with	l mo or v	re than \$100,000 o	of ion's tax	
(A) Name and business addre	ss		-					(B) Description of se	rvices	(C) Compensation
Total number of independent contractors (including received more than \$100,000 of compensation from the contractors of the	g but not limited to m the organization	those	liste	d at	oove)	who	<u> </u>		i i i i i i i i i i i i i i i i i i i	

	Check if Schedule O contains a response or note to any line in this Part VIII									
		To the part of the second seco			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
nts	1a		 		建设设施设施		· 医复动物病有限	Great street		
Gra	b		<u> </u>		THE SALE AND ADDRESS OF THE SALES AND ADDRESS					
ffs, r An	0	J	1c	1,7,000				Share to the second		
nija G	d		10			0.000,000,000				
ons Sir	e		·)			Section of the sectio			
Contributions, Gifts, Grants and Other Similar Amounts	'	and similar amounts not inclu		4 005		distribution of the		progressor state		
d O	g				a Charles of Liver		400 P 15			
ပ္ပန	h		· · · · · · · · · · ·	*	210 122	The property				
				Business Code	310,123			4 600 5 5 5 5		
nue	2a			Dasiness obas				医哺乳等现代性原治		
Zeve	b			· -						
íce F	С									
Serv	d									
ra m	е						-			
Program Service Revenue		All other program service reve								
	g	Total, Add lines 2a-2f · · ·				(61.46.75 Bit 5.40)	and of Comme	and State of		
	3	Investment income (including and other similar amounts)			1.	4 14				
	4	Income from investment of tax								
	5	Royalties		1			Ava Virgini vie viele 4 de la company			
	69	Gross rents	(i) Real	(ii) Personal						
	i	Less: rental expenses				12-17-18-18-18				
	t	Rental income or (loss)		<u> </u>	-					
				1						
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
	b	Less: cost or other basis and sales expenses				A CARL OF CHIEF				
	c	Gain or (foss)			Q1-1 0-24 (6-8)	\$10 0 evel650				
		Net gain or (loss) · · · · · ·			- 1000 45 No. 4-1977 (49) elith-					
enne	8a	Gross income from fundraising						grading room Michigan		
		events (not including \$	77,388		ACHERIE	karabijara da				
r R		of contributions reported on line				State Services				
Other Re		See Part IV, line 18 · · · · ·								
0		Less: direct expenses			1917; 74 fth 35-56 i	19.40.452501.4	gud wit das i	and character		
		Net income or (loss) from fundra		· · · · · · · · · · · · · · · · · · ·	AND THE RESERVE OF THE PARTY OF					
		Gross income from gaming actives to the state of the stat					and an angle of			
		See Part IV, line 19 Less: direct expenses			Maring Contract		STORENS OF			
		Net income or (loss) from gamin			Date State State					
			ig activities					×6		
	ı	Gross sales of inventory, less returns and allowances								
		Less: cost of goods sold								
-	<u> </u>	Net income or (loss) from sales	of inventory			A COLUMN TO A COLU	. a. in consequential and sequential sequences	made 1 man		
-	110	Miscellaneous Revenue		Business Code	Transfer of Line					
	11a _ b						Anticont of Parkers (1997)	- recommende extended containing		
	C -									
		All other revenue								
						enderdie de America				
		Total revenue. See instructions			_ :			ir greingardar		
	[otal revenue. See Instructions			310,137	14	0	0		

Form 990 (2017)

NORTHWESTERN HS BAND BOOSTERS INC

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete all columns.

Gection 301(C)(3) and 301(C)(4) organizations must complete all columns. All other organizations must complete column (A).								
_	Check if Schedule O contains a response or note t				<u> </u>			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising			
1	Grants and other assistance to domestic organizations		OADCH363	general expenses	expenses			
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
_	individuals. See Part IV, line 22			n de vige og skrikt som store				
3	Grants and other assistance to foreign			9 1000 AC (1945 61 65)				
٠	3							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16			SA CO. NO. OF CHIEF BY STOR				
4	Benefits paid to or for members			did the other than the objective place	Brand Colored States			
5	Compensation of current officers, directors,							
_	trustees, and key employees							
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees):							
а	Management]			
b	Legal							
С	Accounting							
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion							
13	Office expenses	1,200		1,200				
14	Information technology			1,200				
15	Royalties							
16	Occupancy							
17	Travel	247,329		247,329				
18	Payments of travel or entertainment expenses			241,323				
	for any federal, state, or local public officials			\ \				
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance							
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	FUNDRAISING	25,193			25 102			
b	PROGRAM SERVICES	43,228	43,228		25,193			
C	ADMINISTRATIVE	30,645	, , , , , , , , , , , , , , , , , , ,	30,645				
d								
	All other expenses							
5	Total functional expenses. Add lines 1 through 24e	347,595	43,228	279,174	25,193			
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here ▶ ☐ if							
	following SOP 98-2 (ASC 958-720)	f	i					

Part X

Form 990 (2017)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 114,898 1 77,440 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 Q 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a Less: accumulated depreciation 10b 10c 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 114,898 16 77,440 17 17 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕒 🐰 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 114,898 27 28 Temporarily restricted net assets 77,440 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 114,898 33 77,440 114,898 34 77,440

	m 990 (2017) NORTHWESTERN HS BAND BOOSTERS INC art XI Reconciliation of Net Assets	56-2268	080	Page 12
353	TOWN DAY AND THE STATE OF THE S			
1	Check if Schedule O contains a response or note to any line in this Part XI			, 🗍
2	Total evenue (must equal Part VIII, column (A), line 12)		3:	10,137
3	(Most equal Carrix, Column (A), line 25)	. 2		47,595
4	Revenue less expenses. Subtract line 2 from line 1	. 3		37,458)
5	hand balances at beginning of year (must equal Part X, line 33, column (A))			14,898
6	Denoted and the second			
7		. 6		
8		. 7		
9	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	. 8		
10	Net assets or fund hatances at end of your Combine live a site of the state of the	. 9		0
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))			
P	33, column (B))	. 10		77,440
	Check if Schedule O contains a response or note to any line in this Part XII			
	Sometime directionate of note to any life in this Part XII	· · · · · ·	· · · · ·	· · · 🔲
1	Accounting method used to prepare the Form 990; 🔣 Cash 🔲 Accrual 🗍 Other			Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		8695	
	Schedule O.			enie kans
28	Were the organization's financial statements compiled or reviewed by an independent accountant?			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		- 2a	<u>X</u>
	reviewed on a separate basis, consolidated basis, or both:			
	1 Community to the Comm			
b	Were the organization's financial statements audited by an independent accountant?			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		· 2b	X
	separate basis, consolidated basis, or both:			
	1 C ()			CAPTAGE GA ALIGNAS
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			ad on the
	If the organization changed either its oversight process or selection process during the tax year, explain in		2c	
	Schedule O.		600	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		建造 等	er ent
	the Single Audit Act and OMB Circular A-133?			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • • • • •	3a	X
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			
Α	and describe any steps taxen to undergo such audits		3b	
		•	Form 99() (2017)

Form 990 (2017)