

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning **JANUARY 1**, 2009, and ending **DECEMBER 31**, 20 **09**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions. C Name of organization GRANT COUNTY BAND BOOSTERS INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 194 City or town, state or country, and ZIP + 4 DRY RIDGE, KY 41035	D Employer identification number 30-0130377 E Telephone number 859-242-0478 F Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method. Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.GRANTCOUNTYBAND.ORG
J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **109082**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1		54718
	2 Program service revenue including government fees and contracts	2		30461
	3 Membership dues and assessments	3		114.00
	4 Investment income	4		0.0
	5a Gross amount from sale of assets other than inventory	5a	0.0	
	b Less: cost or other basis and sales expenses	5b	0.0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		0.00
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>			
	a Gross revenue (not including \$ 16324 of contributions reported on line 1)	6a	14809	
	b Less: direct expenses other than fundraising expenses	6b	21526	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		(6717)	
7a Gross sales of inventory, less returns and allowances	7a	7718		
b Less: cost of goods sold	7b	6338		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		1379	
8 Other revenue (describe ▶ INTEREST, RETURNED CHECKS/FEES)	8		1263	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9		81218	
Expenses	10 Grants and similar amounts paid (attach schedule)	10		0
	11 Benefits paid to or for members	11		0
	12 Salaries, other compensation, and employee benefits	12		0
	13 Professional fees and other payments to independent contractors	13		16225
	14 Occupancy, rent, utilities, and maintenance	14		0
	15 Printing, publications, postage, and shipping	15		3086
	16 Other expenses (describe ▶ UNIFORMS, EQUIPMENT, MUSIC, TRAVEL, RETURNED CHECKS)	16		44868
17 Total expenses. Add lines 10 through 16	17		64179	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18		17039
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		0
	20 Other changes in net assets or fund balances (attach explanation)	20		0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21		17039

Part II Balance Sheet (If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	0	11484
23 Land and buildings	23	0	0
24 Other assets (describe ▶ TRAILOR, PIT CARTS, SEMI TRAILOR)	24	0	5555
25 Total assets	25	0	17039
26 Total liabilities (describe ▶)	26	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	0	17039

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
35b			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
36			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		✓
38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a 0		
b	Gross receipts, included on line 9, for public use of club facilities 39b 0		
39a			
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
40b			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
40e			
41	List the states with which a copy of this return is filed. ▶ KENTUCKY		
42a	The organization's books are in care of ▶ ANNETTE CRIMMINS Telephone no. ▶ 859-242-0478 Located at ▶ PO BOX 194 DRY RIDGE KY ZIP + 4 ▶ 41035		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
42b			
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
42c			
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45			

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46		Yes	No
			✓
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47			No
			✓
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48			No
			✓
- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a			No
			✓
- b If "Yes," was the related organization a section 527 organization?

49b			No
			✓
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 NONE

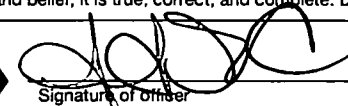
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 NONE

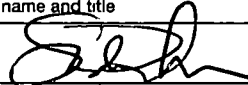
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer:  Date: 4-19-10

ANNETTE CRIMMINS, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 04-19-10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: 535 Arthur Ct #3 Florence Ky 41042 EIN: Phone no: 859-609-0017

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	No single event	grossed more than	\$5000	0
	2 Less: Charitable contributions				0
	3 Gross income (line 1 minus line 2)				0
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses				0
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(0)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				0

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

