

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning Jul 01, 2009, and ending Jun 30, 2010

Form header section containing: B Check if applicable (Address change, Name change, Initial return, Termination, Amended return, Application pending); C Name of organization, number and street, city, town, state, and ZIP code (Bamberg-Ehrhardt Band Parent Assoc, c/o Gwendolyn Folk, 198 Folkstone Rd, EHRHARDT SC 29081); D Employer identification number (20-3283513); E Telephone number (803-267-3850); F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual Other (specify)
H Check [X] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

I Website:
J Tax-exempt status (check only one) - [X] 501(c)(3) (insert no.) 4947(a)(1) or 527

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 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 \$5000,000 or more, file Form 990 instead of Form 990-EZ. \$ 46,721.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 46,721. Expenses total: 45,690. Net Assets total: 1,968. Includes a 'RECEIVED' stamp from IRS-OSC, OGDEN, UT dated NOV 15 2010.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 1,987. Total liabilities: 1,050. Net assets: 937.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction. Form 990-EZ (2009)

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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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
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	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
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	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	X
41	List the states with which a copy of this return is filed.		
42a	The organization's books are in care of <u>Gwendolyn Folk</u> Telephone no. <u>803-267-3850</u> Located at <u>195 Folkstone Rd SC EHRHARDT</u> ZIP + 4 <u>29081</u>		
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)? 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.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
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	X
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	X

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

	Yes	No
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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

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

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
NONE		

d Total number of other independent contractors each receiving over \$100,000

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: *Gwendolyn J. Folk* Date: *Nov. 3, 2010*

Type or print name and title: *Gwendolyn J. Folk*

Paid Preparer's Use Only

Preparer's signature: *Patricia Klejan* Date: *11-1-10* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: *Patricia Izlar*
PO Box 29
BAMBERG SC 29003-

Preparer's Identifying No. (See instr.): *P00040479*
EIN: *57-1011548*
Phone no: *803-245-1647*

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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	46038.	54400.	54604.	52094.	46721.	253857.
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	46038.	54400.	54604.	52094.	46721.	253857.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						253857.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	46038.	54400.	54604.	52094.	46721.	253857.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, & 12.)	46038.	54400.	54604.	52094.	46721.	253857.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00 %

19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

State of South Carolina
Office of the Secretary of State
Division of Public Charities

1205 Pendleton Street, Suite 525
Columbia, SC 29201
www.scsos.com

Telephone (803) 734-1790
Fax (803) 734-1604
charities@sos.sc.gov

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

Please type or print clearly.

Filing Fee - \$50.00

Check one: Initial Registration Renewal/Update

Enter Federal Employer's Identification Number: 2 0 - 3 2 8 3 5 1 3 Charity Public ID: 12751

Legal Name of Organization Bamberg-Ehrhardt Band Parent Association

Doing Business As (DBA) Names _____

Former Names used by the Charity _____

Organization's Website _____

Demographic Details

Current Fiscal Year End Date (month/day/year) 06-30-2010

Purpose for which this organization was formed: _____
To assist band students and to help raise funds for them to participate in activities of the organization

Enter the state and country in which the organization was legally established, as well as the date of establishment
South Carolina USA 5/31/2005

Form of organization. Check one: Corporation Association Trust LLC

Tax exempt status under the Internal Revenue Code: YES NO
If "Yes," please provide copy of IRS tax exempt documentation.

Is your organization currently, or has it in the past, been the subject of a legal or administrative action concerning a charitable solicitation, fundraising campaign, or campaign with a commercial co-venturer by another local, state or federal governmental authority including, but not limited to, registration or license revocation or denial, fines, injunctions or suspensions? YES NO If "Yes", please attach an explanation of all actions.

Have any of the organization's officers, directors, trustees or board members been the subject of a criminal conviction, including guilty or nolo contendere pleas, involving any charitable solicitations act, fraud, dishonesty, or false statement in a jurisdiction within the United States? YES NO If "Yes," please attach a description and date of any such conviction.

If any of the charitable organization's officers, directors, trustees or board members are related to one another by blood, marriage or adoption, please note in the following space.

If any of the charitable organization's officers, directors, trustees or board members are related by blood, marriage or adoption to a director or officer of a professional fundraising counsel or professional solicitor under contract with the charitable organization, please note in the following space.

Registered Agent for Service of Process (Include Name and Address [street address only] of the Registered Agent's Office)
Gewndolyn Folk 198 Folkstone Rd., Ehrhardt, SC 29081

Physical Address

Principal address of the organization 198 Folkstone Rd.
City Ehrhardt State SC Zip 29081

Charity Contact

Contact Person's Name Patricia K Izlar Title CPA
Contact Person's Mailing Address PO BOX 29
City Bamberg State SC Zip 29003
Contact Person's Phone Number (Daytime) 803 24-1647 Fax No. 803 245-7225
Contact Person's E-mail Address izlarp@bellsouth.net

CEO

CEO's Name Christa Rice Telephone Number 803 793-6664
CEO's Mailing Address 527 Lazy Lane
City Bamberg State SC Zip 29003

CFO

CFO's Name Gewndolyn Folk Telephone Number 803 267-3850
CFO's Mailing Address 198 Folkstone Rd
City Ehrhardt State SC Zip 29081

Charity Offices in South Carolina

Addresses of any of your organization's offices in this State:

City _____ State _____ Zip _____
City _____ State _____ Zip _____

Custody

If the organization does not maintain an office, please provide the name and address of the person having custody of the organization's financial records:

Gwendolyn Folk 198 Folkstone Rd., Ehrhardt, SC 29081

Charity Board Members

Name	Patricia Ramsey	Title	Director
Address	Orangeburg, SC	Phone	803 535-9355
Name	Larlene Grimes	Title	Director
Address	37 Grimes Cir., Bamberg SC 29003	Phone	803 245-1227
Name		Title	
Address		Phone	
Name		Title	
Address		Phone	

Chapter/Branch/Affiliates

Names and addresses of any chapters, branches or affiliates of your organization in this State. (Attach list if necessary.)

Governmental Authority

Other governmental authorities that have authorized your organization to solicit contributions
Enter a "1" if you are already registered, a "2" if your registration is pending and leave blank if you are not registered to solicit contributions with a particular state.

AL		AK		AR		AZ		CA		CO		CT		DC		DE	
FL		GA		HI		IA		ID		IL		IN		KS		KY	
LA		MA		MD		ME		MI		MN		MO		MS		MT	
NC		ND		NE		NH		NJ		NM		NV		NY		OH	
OK		OR		PA		PR		RI		SC	1	SD		TN		TX	
UT		VA		VT		WA		WI		WV		WY					

If any other governmental authority that is not listed above has authorized your organization to solicit contributions, enter the name of the governmental authority _____

Professional Fundraisers Contracted With

If your organization intends to use professional solicitors, professional fundraising counsel, commercial co-venturers or hire individuals to solicit, please list their names, addresses, telephone numbers, and dates during which they will be engaged. Please attach a separate page if necessary.

N/A

Charity Organization Category and Purpose

Complete either Section 1 or Section 2 below which describes both the charity's category and the purpose of the charity's solicited donations.

Section 1: Enter up to three NTEE (National Taxonomy of Exempt Entities) Codes here:

_____ , _____ , _____

Section 2: Check up to three boxes below that best describe your organization:

- | | | |
|---|--|---|
| <input type="checkbox"/> A Arts, Culture, Humanities
(inc historical) | <input type="checkbox"/> L Housing, Shelter
(inc senior citizen housing) | <input type="checkbox"/> T Philanthropy, Volunteerism,
Grant-making (inc foundations) |
| <input type="checkbox"/> B Educational Institutions
(inc literacy) | <input type="checkbox"/> M Public Safety, Disaster
Preparedness and Relief
(inc rescue squads, auto safety) | <input type="checkbox"/> U Science and Technology
Research Institutes
(inc computer science, engineering) |
| <input type="checkbox"/> C Environment, Beautification
(inc gardening, outdoor education) | <input type="checkbox"/> N Recreation, Sports, Leisure,
Athletics
(inc social clubs, Special Olympics) | <input type="checkbox"/> V Social Sciences Institutes
(inc institutes for studies on population,
minorities and economics) |
| <input type="checkbox"/> D Animal-Related
(inc wildlife sanctuaries) | <input checked="" type="checkbox"/> O Youth Development | <input type="checkbox"/> W Public Affairs, Society Benefit
(inc citizen participation, con-
sumer protection, veterans'
orgs , leadership development) |
| <input type="checkbox"/> E Health-General, Rehabilitative
(inc nursing, family planning) | <input type="checkbox"/> P Human Services
(inc thrift stores, YMCAs and YWCAs,
hearing- or sight-impaired orgs) | <input type="checkbox"/> X Religion, Spiritual Development
(inc religious broadcasters and
interfaith coalitions) |
| <input type="checkbox"/> F Mental Health, Crisis Intervention
(inc alcoholism, services for rape and abuse
victims) | <input type="checkbox"/> Q International, Foreign Affairs,
National Security (inc cultural
exchange) | <input type="checkbox"/> Y Mutual / Membership Benefit
(inc fraternal organizations,
cemeteries) |
| <input type="checkbox"/> G Disease, Disorders, Medical Disciplines | <input type="checkbox"/> R Civil Rights, Social Action,
Advocacy (inc right to life and
right to die, reproductive rights) | <input type="checkbox"/> Z Unknown, Other
Please Specify |
| <input type="checkbox"/> H Medical Research | <input type="checkbox"/> S Community Improvement,
Capacity Building
(inc neighborhood associations,
service clubs, bus development) | |
| <input type="checkbox"/> I Crime, Legal-Related
(inc prevention of abuse, delinquency) | | |
| <input type="checkbox"/> J Employment, Job-Related
(inc voc rehabilitation, unions) | | |
| <input type="checkbox"/> K Agriculture, Food, Nutrition
(inc livestock breeding) | | |

I certify that the information furnished in this application and all attached supplementary information is true and correct to the best of my knowledge, information and belief. I understand the giving of false or incorrect information may constitute a misdemeanor carrying a penalty upon conviction, for a first offense of not more than two thousand dollars or imprisonment for not more than one year, or both. A second, or subsequent offense is a felony and upon conviction must be fined not more than five thousand dollars or imprisoned not more than five years, or both.

CHIEF FINANCIAL OFFICER:

Gwendolyn J. Folk
Signature

Gwendolyn J Folk
Print Name

11-3-10
Date

CHIEF EXECUTIVE OFFICER:

Christa Rice
Signature

Christa Rice
Print Name

11-3-10
Date

Filing Instructions:

- This form must be signed and accompanied by a fee of \$50. Please make checks payable to the Secretary of State.
- Please return the form and fee to: South Carolina Secretary of State, Attn: Division of Public Charities, 1205 Pendleton Street, Columbia, SC 29201
- If the annual financial report for the immediately preceding fiscal year has not already been filed with the Secretary of State's Office, please attach the report on forms prescribed by the Secretary of State or on IRS Form 990, 990EZ or 990PF.