

Red Oak Band Boosters
Profit & Loss
 July 2020 through June 2021

| | Jul '20 - Jun 21 |
|-------------------------------------|------------------|
| Ordinary Income/Expense | |
| Income | |
| BOOSTER | |
| Membership Dues | 00.00 |
| Total BOOSTER | 00.00 |
| FUNDRAISERS | 17,244.00 |
| CONTRIBUTIONS | 1,857.00 |
| SPONSORSHIPS | 21,000.00 |
| Total Income | 40,101.00 |
| Expense | |
| ACTIVITIES | |
| Banquet | 14,122.12 |
| Pool Party | 100.00 |
| Other- Ice Cream/Spirit Camp | 824.58 |
| Total ACTIVITIES | 15,046.70 |
| MARCHING SHOW EXPENSES | 2,943.88 |
| Total MARCHING SHOW EXPENSES | 2,943.88 |
| OTHER EXPENSES | |
| Gifts - Directors/Senior | 1,212.96 |
| Website | 233.86 |
| Dues | 140.00 |
| Professional Fees | 279.00 |
| E&O Insurance | 583.00 |
| Band Hall Supplies | 468.25 |
| Total OTHER EXPENSES | 2,917.07 |
| PERFORMER EXPENSES | |
| Meals | 1,250.83 |
| Shoes | 1,350.00 |
| Show Hoodies | 1,856.60 |
| Region/S&E | 530.00 |
| Total PERFORMER EXPENSES | 4,987.43 |
| SCHOLARSHIPS | 4,500.00 |
| Private Lessons | 63.00 |
| Total Expense | 30,458.08 |
| Net Ordinary Income | 9,642.92 |
| OTHER INCOME | |
| Interest | 5.92 |
| Last Year Fees | 225.00 |
| Total Other Income | 230.92 |
| Net Income | 9,873.84 |

FORM 990-EZ

Department of Treasury
Internal Revenue Service

**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

2020

Open To Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01/2020, and ending 06/30/2021

| | | |
|--|--|--|
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of Organization <u>RED OAK BAND BOOSTERS ASSOCIATION</u> | D Employer ID number <u>75-2846166</u> |
| | Number and Street (or P.O. box, if mail is not delivered to street address) _____ | E Telephone number _____ |
| | City or town, state or country, and Zip + 4 <u>RED OAK, TX 75154</u> | F Group Exemption Number _____ |

G Accounting method: Cash Accrual Other: _____

I Website: _____

J Tax-exempt status: 501(c)(3) 501(c) 4947(a)(1) 527

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I.

| | | | |
|-----------|---|----|-------|
| 1 | Contributions, gifts, grants, and similar amounts received. | \$ | 22857 |
| 2 | Program service revenue including government fees and contracts | \$ | 0 |
| 3 | Membership dues and assessments | \$ | 0 |
| 4 | Investment income | \$ | 0 |
| 5a | Gross amount from sale of assets other than inventory | \$ | 0 |
| 5b | Less: cost or other basis and sales expenses | \$ | 0 |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | \$ | 0 |
| 6 | Gaming and fundraising events | | |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | \$ | 0 |
| 6b | Gross income from fundraising events (Not including 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | \$ | 17244 |
| 6c | Less: direct expenses from gaming and fundraising events | \$ | 0 |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | \$ | 17244 |
| 7a | Gross sales of inventory, less returns and allowances | \$ | 0 |
| 7b | Less: cost of goods sold | \$ | 0 |
| 7c | Gross profit or (loss) from sales of inventory | \$ | 0 |
| 8 | Other revenue | \$ | 231 |
| 9 | Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | \$ | 40332 |
| 10 | Grants and similar amounts paid (list in Schedule O) | \$ | 0 |
| 11 | Benefits paid to or for members | \$ | 27546 |
| 12 | Salaries, other compensation, and employee benefits | \$ | 0 |
| 13 | Professional fees and other payments to independent contractors | | 279 |
| 14 | Occupancy, rent, utilities, and maintenance | \$ | 0 |
| 15 | Printing, publications, postage, and shipping | \$ | 0 |
| 16 | Other expenses (describe in Schedule O) | \$ | 2633 |
| 17 | Total expenses Add lines 10 through 16 | \$ | 30458 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | \$ | 9874 |
| 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 years return) | \$ | 34361 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | \$ | 0 |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | \$ | 44235 |

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

| | | | |
|----|--|----------|----------|
| 22 | Cash, savings, and investments | \$ 34361 | \$ 44235 |
| 23 | Land and buildings | \$ 0 | \$ 0 |
| 24 | Other assets (describe in Schedule O) | \$ 0 | \$ 0 |
| 25 | Total assets | \$ 34361 | \$ 44235 |
| 26 | Total liabilities (describe in Schedule O) | \$ 0 | \$ 0 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | \$ 34361 | \$ 44235 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organizations primary exempt purpose?

Support the Red Oak ISD Band, its members, and its directors

| | |
|---|---|
| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; |
| 28 Description: (Grants: \$) <input type="checkbox"/> If this amount includes foreign grants, check here | 28a \$ |
| 29 Description: (Grants: \$) <input type="checkbox"/> If this amount includes foreign grants, check here | 29a \$ |
| 30 Description: (Grants: \$) <input type="checkbox"/> If this amount includes foreign grants, check here | 30a \$ |
| 31 Other program services (describe in Schedule O) (Grants: \$) <input type="checkbox"/> Check if this amount includes foreign grants | 31a |
| 32 Total program service expenses (add lines 28a through 31a) | \$ 0 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|--|---|---|--|
| Jennifer C Low, President | 60.00 | \$ 0 | \$ 0 | \$ 0 |

Part V 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 name. Otherwise, explain the change on Schedule O. See instructions | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35a | 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)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35c | 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. | | \$ 0 |
| 37b | Did the organization file Form 1120-POL for this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 tax year covered by this return? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved. | | \$ |
| 39 | Section 501(c)(7) organizations. Enter: | | |

| | | | |
|------------|---|--------------------------|-------------------------------------|
| 39a | Initiation fees and capital contributions included on line 9 | | \$ |
| 39b | Gross receipts, included on line 9, for public use of club facilities | | \$ |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4911: Section 4912: section 4955: | | |
| 40b | 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 1. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4192, 4955, and 4958. | | |
| 40d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. | | |
| 40e | 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 41 | List the states with which a copy of this return is filed: | | |
| 42a | The organization books are in care of Jennifer Low, Telephone no. 972-743-5804 Located at 130 Autumn Trail, Red Oak , TX, 75154 | | |
| 42b | 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 42c | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041: Enter the amount of tax-exempt interest received or accrued during the tax year. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 44b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 44c | Did the organization receive any payments for indoor tanning services during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 44d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 45b | 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) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part V.

| | | Yes | No |
|------------|---|--------------------------|-------------------------------------|
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49b | If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 50 | Complete this table for the organizations 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." -- none -- | | |
| 50f | Total number of other employees paid over \$100,000 | | 0 |
| 51 | Complete this table for the organizations five highest compensated independent contractors who received more than \$100,000 of compensation from the organization. If there is none, enter "None." -- none -- | | |
| 51d | Total number of other independent contractors each receiving over \$100,000 | | 0 |
| 52 | Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |