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NO STATUTE ISSUE
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Form **990-EZ**
Department of the 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 black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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.

OMB No 1545-1150

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning November 1, 2007, and ending October 31, 2008

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization: Backstage Boosters, Inc.
 Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 826
 City or town, state or country, and ZIP + 4: Norwood, MA 02062

D Employer identification number: 043262977

E Telephone number: (781) 769-2192

F Group Exemption Number:

G Accounting method: Cash Accrual
Other (specify) ▶

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

I Website: ▶

J Organization type (check only one)— 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 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 \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 28609

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	-0-
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	(554)
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ <u>-0-</u> of contributions reported on line 1)	6a	29 163
6b	Less: direct expenses other than fundraising expenses	6b	14 901	
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	14 262	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c		
8	Other revenue (describe: <u>RENTAL</u>)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	13 708	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	1 100
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	481
	16	Other expenses (describe: <u>TPR BRANCH OGDEN</u>)	16	
17	Total expenses. Add lines 10 through 16	17	1 581	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	12 127
	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	15 448
	20	Other changes in net assets or fund balances (attach explanation)	20	-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	27 575

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	15 448	27 575
23 Land and buildings		
24 Other assets (describe: <u></u>)		
25 Total assets	15 448	27 575
26 Total liabilities (describe: <u></u>)	-0-	-0-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15 448	27 575

64
3

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses
What is the organization's primary exempt purpose? <i>Education And Performing Arts Training</i>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<i>See Original Schedule A Attachment</i>	
	(Grants \$ <i>1100</i>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <i>14901</i>
29		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses. Add lines 28a through 31a	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<i>See Original Schedule A Attachment No Changes</i>				

Part V Other Information (Note the statement requirement in General Instruction V.)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change			X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? 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, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		K
	b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <i>37a NONE</i>			
	b Did the organization file Form 1120-POL for this year?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	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		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

	Yes	No
40b		X
40c		X
40d		X
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ NONE

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ NONE

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

41 List the states with which a copy of this return is filed. ▶ Massachusetts

42a The books are in care of ▶ Rachel Rabinovich Telephone no. ▶ (781) 769-2192
Located at ▶ 31 Nichols St., Norwood, MA ZIP + 4 ▶ 02062

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)?

	Yes	No
42b		X
42c		X

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

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: ▶ _____

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

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

Please Sign Here

Signature of officer: [Signature] Date: 9/29/11
Type or print name and title: Treasurer

Paid Preparer's Use Only

Preparer's signature: Alfred P. Porro Jr. Date: 9-29-11 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X): P00187162
Firm's name (or yours if self-employed), address, and ZIP + 4: Porro & Carvalho EIN: 04-3175393
470 Washington St #7, Norwood, MA 02062 Phone no: (781) 769-1111

BACKSTAGE BOOSTERS
04-32062977
FORM 990 EZ
10/31/2008

DESCRIPTION		AS ORIGINALLY FILED		AS AMENDED	
Line 1	Contributions, gifts, grants		\$368		\$0
Line 4	Investment Income		\$0		-\$554
Line 6a	Gross Revenue		\$28,049		\$29,163
Line 6b	Less Direct Expenses		\$18,282		\$14,901
Line 6c	Net Income or (Loss)		\$9,766		\$14,262
Line 9	Total Revenue		\$9,766		\$13,708
Line 10	Grants and similar amounts paid		\$1,100		\$1,100
Line 15	Printing, Publications, Postage and shipping		\$219		\$481
Line 16	Other Expenses		\$250		\$0
Line 17	Total Expenses		\$1,569		\$1,581
Line 18	Excess or (deficit)		\$8,198		\$12,127
Line 19	Net Assets or fund balance Beg		\$75,869		\$15,448
Line 21	Net Assets or fund balance End		\$84,067		\$27,575
		Beg Year	End Year	Beg. Year	End Year
Line 22	Cash, Savings and Investments	\$75,869	\$84,067	\$15,448	\$27,575
Line 25	Total Assets	\$0	\$0	\$15,448	\$27,575
Line 26	Total Liabilities	\$0	\$0	\$0	\$0
Line 27	Net Assets or Fund Balance	\$75,869	\$84,067	\$15,448	\$27,575