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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 of denor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

2008

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No. 1545-1150

Α	For the	2008 calenda	ar year,	, or tax year beg	inning	January 1	, 2008	3, and end	ding	Decem	ber 31	, 2	08 0	
В	Check if ap		Please	C Name of organi	zation					D Emplo	yer ider	ntification	number	
						31	1740030							
닍		ame change print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel						E Teleph	lephone number					
님	Initial retu Terminatio		type. See	P.O. Box 1720)82			l l		(817	')	483-	6462	
Z	Amended		Specific Instruc-	City or town, st	ate or country, a	nd ZIP + 4				F Group	Exemp	tion		
		_ 8	tions.	Arlington, Tex	cas 76003				i	Numb		. ▶	N/A	
	• 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 me Other (specify)							_		☑ Cash	Accrual			
_									1			raanstatio	n ic not	
•	Websit	e: • www	.martir	nchoir.com							if the organization is not ach Schedule B (Form 990,			
J	Organiz	ation type (cl	heck or	nly one)— 🗹 501	(c) (3) ⊲ (ins	ert no.) 🔲 49	47(a)(1) or	☐ 527		990-EZ, or 990-PF).				
	Check ▶	If the org	anızatıc	on is not a section	509(a)(3) supp	orting organizati	on and its gr	ross receip	ots are nom	nally not	more th	an \$25,00	0. A return is	
_				ne 9 to determine					ead of Form	990-F7	▶ \$		45,967	
_	art I			nses, and Ch								r Part I		
	1					· · · · · · · · · · · · · · · · · · ·	Tuna Da	ianoes (OCC THE I	11001000	1	21 1 Care 1	19,837	
	1			s, grants, and sin						• •	2		10,001	
	2	-		revenue includir						• •	3		· · · · · · · · · · · · · · · · · · ·	
	3	Investment	•	s and assessme	ents					• • •	4			
								5a		• • •	-			
	5a			m sale of asset		•		5b						
	Ь			er basis and sal	•			· · · · · · · · · · · · · · · · · · ·		1.1.	5c			
9	_			sale of assets of						aule) .	30			
Revenue	6	Special events	ano acu	vities (comple te appl ot including \$ _	RECE	negure of any a	nount is from (gaming, co	ieck nere					
<u>8</u>	а		-	Т -			nbutions	6a		19,181				
00.		reported or				3010		6b		9,257				
	D	Less: direct	c expe	nses other than ss) from specia	unidiaisiua?	expenses	l		C-\		6c		9,924	
	i _			1 1		<u> </u>	lact line of	7a	ie oaj	6,949	00		0,024	
	7a			entory, less ret		wances		7b		4,159	[
	b		51 goods 301d						7c		2,790			
	8	Other rever		ss) from sales of inventory (Subtract line 7b from line 7a)				• • •	8					
	9			dd lines 1, 2, 3,	4. 5c. 6c. 7c	and 8				—_,' i	9		32,551	
	1										10		650	
	10			r amounts paid	-	-				• •	11			
ø	11			or for members						• •	12		···	
98	12			mpensation, an							13			
Ехрепвев	13			and other payn							14		667	
ă	14			utilities, and ma							15			
	15	Other expe	noce (ons, postage, a describe ▶ <u>Ge</u>	na snipping . Pneral exn. m		ions fine			etc .	16		26,398	
2	17			Add lines 10 th							17		27,715	
<u>=</u>	+										18		4,836	
∑ ⊜ ∑ Assets	18			for the year (S									4,000	
≓§	19	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		28,490			
ੁ ਵ	20			net assets or fu							20			
	21			d balances at e							21		33,326	
												of Form		
الغ	art II 2 Casl	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 99 (See the instructions for Part II.) (A) Beginning							(B) End					
7 2	2 Cash	n eavinge a				•				23.2	49 22	1	28,085	
Ž 2		Cash, savings, and investments						23						
22			-								24			
W 2		assets (ue al assets .		cribe				23,249		<u> </u>	28,085			
2		u assets . d liabilities (d				• • • •			<u> </u>		49 25 26		,	
2	7 Net	assets or fu	ind ba	lances (line 27	of column (B) must agree v	with line 21)		23,2	49 27	1	28,085	
Fo				k Reduction Act					Cat. No.			Form 99	0-EZ (2008)	

7 (2008)					Page 4		
Part III Statement of Program Service Accom					Expenses		
What is the organization's primary exempt purpose? Child advocacy through fine arts enrichment programs							
Describe what was achieved in carrying out the organiz	ation's exempt purposes. Ir	n a clear and cond	ise manner,	and	(4) organizations 4947(a)(1) trusts;		
describe the services provided, the number of persons benefited, or other relevant information for each program title. optional for others.) 28 Provided funds to allow students to attend music competitions at the local, regional and state levels							
to further enhance and enrich those high school education in a fine arts/music program.	students with an interest	in turthering the	ir	1			
	udes foreign grants, check		▶ □	28a	4,488		
Devide Sanda Anada a A				208	4,400		
venues at an out-of-state location to allow the fir							
talents of the high school students in the fine ar							
(Grants \$) If this amount incl							
30 Provide funds to pay for external talents such as	choreography and muci	cal accompianists	related		16,399		
to student musical/choir performances							
			•••••	1			
(Grants \$) If this amount incl	udes foreign grants, check			30a	4,146		
31 Other program services (attach schedule)							
(Grants \$) If this amount incl 32 Total program service expenses (add lines 28a th	udes foreign grants, check	here	<u>. ▶ Џ</u>	31a			
Part IV List of Officers, Directors, Trustees, and Key			d (Coothoir	32	25,033		
List of Onicers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense		
(a) Name and address	hours per week devoted to position		employee benefit deferred compe	plans &	account and other allowances		
Susan West	President (4 hours)	enter -o,	acienta compe	11300011	Ones allowances		
4501 W. Pleasant Ridge, Arlington, TX 76016	riesideni (4 nodis)	0		0	0		
Kara-King Lidell	Vice Pres (4 Hours)						
4501 W. Pleasant Ridge, Arlington, TX 76016	11001100 (1110210)	0		0	0		
Pam Cunningham	Secretary (2 Hours)						
4501 W. Pleasant Ridge, Arlington, TX 76016		0		0	0		
Cheryl Till	Co-Treasurer (2 Hours)			•			
4501 W. Pleasant Ridge, Arlington, TX 76016 Kelley Buchhorn		0		0			
4501 W. Pleasant Ridge, Arlington, TX 76016	Co-Treasurer (1 Hour)	o		0			
4301 W. Fleasant Ridge, Annigton, 12 70010		· · · · · · · · · · · · · · · · · · ·					
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Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
			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	33		1
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	34		1
	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 your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		√
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," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	37b		1
	·	0,0	 	-
	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? If "Yes," complete Schedule I. Part II and enter the total amount involved.	38a		✓
	The second secon	-		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	and deplete contributions included on the 5	1 !		
	arose rescipto, included on the city public dec of class residues.	-		
	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 (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," complete Schedule			
	L, Part I	40b		✓
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			·
	Enter amount of tax on line 40c reimbursed by the organization			
	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		✓
49a	The books are in care of ► Martin High School Choir-Parent Booster Club Telephone no. ► (817)) 68	B9-10	97
	Located at ► 4501 W. Pleasant Ridge, Arlington, TX ZIP + 4 ►	760		
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	140
	account)?	420		-
	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.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	If "Yes," enter the name of the foreign country:			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	· · ·	•	▶ ∟
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
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		,
				(CCCC)

Page	4

Form **990-EZ** (2008)

Form 000.E7 (2008)

Part	Section 501(c)(3) organizations only and complete the tables for lines 50 a	y. All section 501(and 51.	c)(3) organiz	zations mus	st answer quest	ions 4	6-49		
46 D								Vo	
	candidates for public office? If "Yes," complete Schedule C, Part I							√	
	The state of the s								
	B is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete schedule E 9a Did the organization make any transfers to an exempt non-chantable related organization?								
	"Yes," was the related organization(s) a section		rolator of go	D II LOCK		49b		<u> 7</u>	
50 C	omplete this table for the five highest compensach received more than \$100,000 of compensach	ated employees (oth				y empl	oyees) v	vho	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to position	· ' ·	Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expense ount and allowance	s	
NONE		N/A		N/A	N/A			N/A	
		-							
		-							
Total n	umber of other employees paid over \$100,000 ▶								
	omplete this table for the five highest compens ompensation from the organization. If there is n (a) Name and address of each independent contractor	one, enter "None."			pe of service		npensation	n	
NONE		******		N/A			1	N/A	
Total n	umber of other independent contractors each r	eceiving over \$100,0	000 ▶		<u></u>				
	Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete Declara								
Sign	\								
Here	Signature of officer				Date				
	Kelley Buchhorn, Co-Treasurer								
	Type or print name and title.								
Paid	Preparer's signature		Date	Check if self- employed	Preparer's Identifying	Number (See instruct	tions)	
Prepare	i rimis name (or yours		•		IN ▶				
Use On	if self-employed), address, and ZIP + 4				Phone no. ▶ ()				
May th	e IRS discuss this return with the preparer sho	wn above? See insti	uctions .			· 🗆 Y	es 🗌	No	

'SCHEDULE O (Form 990)

Supplemental Information to Form 990

20**08**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization **Employer identification number Choir-Parent Booster Club** 31 1740030 We are amending our 2008 Form 990EZ; Part II, Column A and Column B balances only. We erroneously picked up an incorrect beginning balance for column A (prior year) and that carried over to an incorrect ending balance in column B. This is the only change being made to the 2008 Form EZ filing. Thank you and we apologize for our error!

Schedule O (Form 990) 2008	Page Z
Name of the organization	Employer identification number
	
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