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2008

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InspectionDepartment 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 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 \$1,000,000 and total assets less than \$2,500,000 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

<b>A For the 2008 calendar year, or tax year beginning</b>		December 1	, 2008, and ending	December 31	, 2008
<b>B Check if applicable</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>CENTERAL HIGH SHOW CHOIR BOOSTER INC</b> Number and street (or P O box, if mail is not delivered to street address) <b>1700 OAK FOREST DRIVE</b>		<b>D Employer identification number</b> <b>80 0067088</b> <b>E Telephone number</b> <b>( 608 ) 787-4529</b>	
		City or town, state or country, and ZIP + 4 <b>ONALASKA WI 54650</b>		<b>F Group Exemption Number</b> <b>►</b>	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$

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

	Revenue	1	6780
	5a	2	
	5b	3	10762
	5c	4	
	6a	5	
	6b	6c	36314
	7a	7b	
	7c	8	
	9	9	53855
	10	10	37414
	11	11	
	12	12	
	13	13	
	14	14	
	15	15	
	16	16	2389
	17	17	39803
	18	18	14052
	19	19	17318
	20	20	
	21	21	31370
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	6780
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	10762
	4 Investment income . . . . .	4	
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less: cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6	
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	53985
	b Less: direct expenses other than fundraising expenses . . . . .	6b	17671
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	36314
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	
	b Less: cost of goods sold . . . . .	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8 Other revenue (describe ► _____) . . . . .	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ► _____	9	53855
<b>Expenses</b>	10 Grants and similar amounts paid (attach schedule) . . . . .	10	37414
	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	
	16 Other expenses (describe ► _____) . . . . .	16	2389
	17 Total expenses. Add lines 10 through 16. ► _____	17	39803
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	14052
	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	17318
	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	31370

<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$2,500,000 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 . . . . .	31370	22 17318
23	Land and buildings . . . . .	23	
24	Other assets (describe ► _____) . . . . .	24	
25	<b>Total assets</b> . . . . .	25	
26	Total liabilities (describe ► _____) . . . . .	26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	31370	27 17318

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**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

#### What is the organization's primary exempt purpose?

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.

**Expenses**  
(Required for 501(c)(3)  
and (4) organizations  
and 4947(a)(1) trusts;  
optional for others)

28				
(Grants \$		) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
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)		► <input type="checkbox"/>	32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

**Part 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	✓
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	✓
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 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 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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <u>37a</u>		
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 unpaid at the start of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► <u>0</u> ; section 4912 ► <u>0</u> ; section 4955 ► <u>0</u>		
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		0
d 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.		
41 List the states with which a copy of this return is filed ► <u>none</u>		
42a The books are in care of ► <u>Mary Isaacs</u> Telephone no. ► ( ) Located at ► <u>W4749 Cherrywood Drive, La Crosse, WI 54601</u> ZIP + 4 ►		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	✓
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	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <u>43</u>		
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 only.** All section 501(c)(3) organizations must answer questions 46–49 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 Yes  No  46

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

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

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

b If "Yes," was the related organization(s) a section 527 organization? Yes  No  49b

50 Complete this table for the 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
<b>None</b>				
<b>Total number of other employees paid over \$100,000 ►</b>	<b>0</b>			

51 Complete this table for the 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
<b>None</b>		
<b>Total number of other independent contractors each receiving over \$100,000 ►</b>		

<b>Sign Here</b>	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	
	<i>Mary T. Isaacs</i> Signature of officer	<i>8/9/2010</i> Date
► <b>Mary T. Isaacs, Treasurer</b> Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►		EIN ► <input type="checkbox"/>	Phone no ► ( )

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

**Central High School Show Choir Booster #80-00667008**  
**Special Activities-Form 990EZ Line 6**  
**Year Ended 12/31/2008**

	<b>Income</b>	<b>Expense</b>	<b>Net</b>
Jazz Fest	404	0	
Garage Sale	1,600	417	
Bulb Sale	3,281	1,532	
Raffle	2,982	541	
Benefit Concert	2,259	0	
Oktoberfest	3,350	400	
Chicken Q	4,969	2,909	
S & S Ticket Salling	4,378	0	
Fruit Sale	7,652	5,155	
Lasagna Dinner/ Silent Auction	23,109	6,718	
	<b>53,985</b>	<b>17,671</b>	<b>36,314</b>

**Central High School Show Choir Booster #80-00667008**  
**Grants & Similar Activities-Form 990EZ Line 10**  
**Year Ended 12/31/2008**

**Amounts Paid To Or on Behalf of Central High School:**

CHOREOGRAPHY	\$8,938
COSTUMES	16,182
BUSSING	8,931
EQUIPMENT	1,105
<b>TOTAL</b>	<b>\$35,155</b>

**Other Grants**

St. Clare Health Mission	
	\$2,259
<b>Grand Total</b>	<b>\$37,414</b>